

## Bone Health Focus on Capitol Hill . . . Is It Yours?

Bone loss—along with its precarious repercussions—is a deadly opponent of men and women as they age. The deteriorating structure of bone tissue culminates in heightened fracture risks, from hip and vertebrae to wrist and pelvic.

In 2005 alone, osteoporosis caused over 2 million fractures. That number is estimated to reach over 3 million by 2025. According to the National Osteoporosis Foundation (NOF):

- Osteo-related fractures lower a patient's quality of life
- At six months after a hip fracture, only 15% of patients can walk across a room unaided
- The rate of hip fractures is two to three times higher in women than men—yet death occurring the year following a hip fracture is **doubled for men**
- Women with a hip fracture have a four-times greater risk for another
- A woman's risk of hip fracture is equal to her combined risk of breast, uterine and ovarian cancer

Per the CDC, “approximately 20% of those having hip fractures will die the year after the fracture usually from surgery complications, such as pneumonia or blood clots in the lung.”

What's around the corner for Americans? By 2010, it's estimated that over 52 million of us age 50 years and older will either have osteoporosis or be at increased risk because of low bone mass. And by 2020, the stats could jump to 61 million.

Not surprisingly, the NOF, World Health Organization and U.S. Surgeon General have declared the “silent disease” (aka osteoporosis) a public health crisis.

**And it's that concern that prompted the NOF to hit Capitol Hill with a proposed National Bone Health Program, designed to bolster educational activities on state and national levels.** In a May 21, 2009 press release, the NOF said it wants to engage Congress in an “action plan for making bone health a national priority” and encouraged lawmakers to sign on a Bone Health Promotion and Research Act.

Joined by the National Coalition for Osteoporosis and Related Bone Diseases, the NOF's plan is multifold:

- Establish an Osteoporosis and Related Bone Disease Advisory Committee to advise the CDC and the National Institutes of Health (NIH)
- Expand and intensify NIH's research activities
- Authorize grants to facilitate osteoporosis data collection, analysis and reporting

**Counting the cost.** There's no doubt that promoting good bone health and heightening fracture prevention can greatly reduce healthcare spending. Underscoring that, Congressman Michael C. Burgess (R-26<sup>th</sup>-TX)—and a physician for over 25 years—delivered remarks at the briefing, stating he knows the “importance of health education and disease prevention in improving the lives of Americans.”

The comprehensive bill will “improve bone health and directly address osteoporosis as a major public health issue,” Burgess said.

“Osteoporosis and related fractures take a significant physical, emotional and economic toll on our nation,” said Dr. Ethel Siris, the past president of NOF, professor of clinical medicine at the College of Physicians and Surgeons (Columbia University) and director of the Toni Stabile Osteoporosis Center (Columbia University Medical Center, New York-Presbyterian Hospital in New York).

In 2005, osteoporosis-related fractures were responsible for an estimated \$19 billion in costs. Experts predict by 2025, costs will escalate to \$25.3 billion—and exceed \$60 billion by 2030.

### Fast Facts From the NOF

- You can't feel your bones weakening and may not know you are osteoporotic until you break a bone.
- A person with osteoporosis can fracture a bone from a minor fall, but in serious cases, from a simple action such as a sneeze.
- Women can lose up to 20% of their bone mass in the five to seven years after menopause, making them more susceptible to osteoporosis.
- An estimated 24% of hip fracture patients aged 50 and over die in the year following their fracture—one in five who were ambulatory before their hip fracture requires long-term care afterward.

**Your Way Out: Prevention.** The 2008 America's Health Rankings™ showed our nation performing poorly in comparison to other countries, who achieved far better health outcomes at less cost. The report suggested we create a "culture of wellness and prevention" and turn the heavily tilted American healthcare system away from its failing diagnose-and-treat mentality.

**Three recommendations in the report were for Americans to (1) learn about their health, (2) identify risk factors and (3) change behaviors. These guidelines are particularly critical when it comes to your bone health.**

- **Have a bone mineral density (BMD) test, preferably a central DXA that is a dual-energy x-ray absorptiometry.** It measures bone density at various sites on the body, letting you know if you're losing bone density, predicting future fracture risk and helping determine treatment options.
- **Check your risk factors for osteoporosis:** decreased hormones (estrogen, testosterone, progesterone); poor nutrition (low calcium/vitamin D intake); inadequate physical exercise; smoking, excessive alcohol, drinking sodas; small, thin frame; prolonged exposure to certain medications (steroids to treat asthma/arthritis, anticonvulsants, certain cancer treatments, aluminum-containing antacids); chronic disease that alter hormones or affect kidneys, lungs, stomach and intestines; age (but osteoporosis can strike anyone at any age); heredity (family history).
- **Improve lifestyle choices.** Combat bone loss with the right exercise (such as resistance training to improve bone health and increase body strength), better nutrition (a low-glycemic diet rich in plant-based foods) and hormone optimization (if clinically indicated).

**Become proactive—and stay fit.** Cenegenics can show you the way with their smarter, healthier approach to medicine. Our proactive intervention based on solid science and comprehensive evaluation sidesteps the traditional, ineffective, diagnose-and-treat philosophies, criticized in the Health Rankings™ report.

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