



Health & Medicine



Bone Health – Prevention Of Osteoporosis (Part 2)



Dr. Kate Thomsen and Silky

In the last issue, I discussed how bone is formed and broken down. During the early menopausal years, women get screened for bone loss using a DEXA scan. This is a non-invasive test. While the patient is lying down, a type of X-ray is taken of the lower spine, hip and sometimes the wrist. Different types of bone are found at these sites. Bone density loss can be higher at one type of bone than another – it will vary in each individual. A computer averages the density of the bone at various sites and computes “T scores.” These T score values will be compared to a bell shaped curve of T scores of premenopausal women. In menopausal women, a T score of -1 or higher is “normal.” A T score of -1 to -2.5 indicates osteopenia (weakening bone). A T score of -2.5 or lower indicates osteoporosis.

There are some other ways to evaluate bone loss that can be done during the two years between DEXA scans or to evaluate the effectiveness of treatments. These include a urine test to look for how much collagen scaffolding is being broken down. This test looks for bone collagen excreted in

the urine such as, N-telopeptide, or pyridinoline and deoxypyridinoline. A 24 hour urine collection could be checked to see how much calcium is being excreted. A blood test for osteocalcin will also indicate if you have faster than normal bone break down. Other blood measurements test for adequate bone formation like growth factors, collagen proteins, and Vitamin D.

Risk factors for osteoporosis include: being female, increasing age, estrogen deficiency, low weight and BMI, family history of osteoporosis, cigarette smoking and a history of a prior fracture. Other causes of osteoporosis include: early menopause (before 45 years old), prolonged years with no menses (as with anorexia and aggressive athletes), use of steroid drugs like prednisone, being an organ transplant recipient, excess thyroid hormone, hyperthyroidism, anticonvulsant therapy, losing too much calcium in the urine, hyperparathyroidism, not absorbing nutrients effectively, celiac disease, cystic fibrosis, inflammatory bowel disease (eg, Crohn’s, colitis) and long term use of progestin injection contraception.

Actually, living in a developed nation with high dairy consumption is also a risk for osteoporosis. These nations have the highest fracture rates in the world as documented in 4 world-wide epidemiological studies. This is because high protein diets (and that includes too much “got milk?”) create an acid blood pH and the body breaks down bone in order to get

calcium to buffer the blood. A diet higher in fruits and vegetables is more alkaline and causes less bone breakdown. The reason you hear about milk being the perfect food for bones is the dairy industry. They have a very strong lobby and big marketing budgets, while our wholesome and less eaten fruits and vegetables have no loud advocates.

Treatments for decreasing bone loss include minerals (calcium, magnesium, boron, silica, zinc, copper, fluoride, phosphorous, manganese and potassium) and vitamins (A, C, D, B’s and K). Weight bearing exercise is crucial. Estrogen therapy can slow bone loss. One can increase the hormone calcitonin with a medication made from salmon. There is also parathyroid hormone given by injection. There are hormone stimulators that work on estrogen receptors (Evista®). And of course the now ubiquitously prescribed bisphosphonates (Fosamax®, Actonel®, and Boniva®) given by pill, liquid and injection, either daily, monthly, or yearly – to fit any lifestyle. And now denosumab, an anti-inflammatory medication.

I think these serious medications for prevention and/or treatment of osteoporosis are very overprescribed. Why aren’t we 1) aggressively monitoring and treating vitamin D deficiency, 2) including the multiple minerals and vitamins needed by the bones into your diet and supplement regimens, 3) performing weight bearing exercise, and 4) decreasing inflammation from our dietary, exposure

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and lifestyle choices? Again, I ask you, is it our lifestyle that has brought us this epidemic of osteoporosis or is it a milk or a drug deficiency?

Lastly, it is important to remember that measuring bone health is a long term process and the tools we use are not perfect. Looking for trends over the long term or highly significant changes in repeat scores is a better approach than having anxiety over small differences in numbers. In my opinion, there are too many scare tactics pressuring women to use medications earlier than they need to.

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Dr Kate Thomsen has a holistic health practice in Pennington, NJ. She is board certified in Family Medicine and in Integrative/Holistic Medicine. For more information see www.drkatethomsen.com. For information about appointments or the upcoming detoxification program call the office at 609-818-9700.

