“Fractures are the reason we worry about osteoporosis”

Dr. Ugis Grunmanis

We were very pleased to welcome Dr. Ugis Grunmanis, of University of Texas, Southwestern Medical Center, Dallas, to our April 9 meeting.

Dr. Grunmanis, who is Board Certified in Internal Medicine and Endocrinology, spent the whole hour answering our questions. Below are some of his responses as recorded by attendees:

Fractures: Dr. Grunmanis said that 30% of osteoporosis fractures are of the hip. In women older than 50 who experience a hip fracture, 20% die within a year; the rate is close to 40% for men.

Wrist, or forearm, fractures typically occur at a younger age than hip fractures and make the risk of another fracture higher.

He said we can expect a height loss of 1” as we age. It is not normal to lose more than 2 inches in height, and a check for compression fracture is indicated. When assessing whether a fracture is due to osteoporosis, consider the amount of impact. Fractures caused by greater impact make it less likely that the break was due to osteoporosis. Fractures often depend on how we fall. Fracture is a better indicator of osteoporosis than bone density score.

A fracture risk assessment tool, developed by the World Health Organization (WHO) predicts your 10 year fracture risk. Even if you have no fractures, check out your risk at this site, www.frax.com.

Calcium and Vitamin D:

With regards to serving sizes of supplemental calcium, Dr. Grunmanis said to look on the container for “elemental” calcium. Calcium carbonate contains 40% elemental calcium; calcium citrate, 28%.

(Group member, Suzanne O’Malley, says she found 21% in a couple of online sources.) Dr. Grunmanis recommended 1500 to 2000 iu of Vitamin D daily, “if you get no appreciable sun.” And added, “studies show upwards of 4,000 iu Vitamin D per day is safe.

Drug ‘holiday’ Dr. Grunmanis said that study results of patients on Posanax and Actonel showed no added benefit from taking the meds 10 years rather than 5 years. The bones store the meds, prolonging their benefit. If patients experience no fractures over a 5 year period on these drugs, and bone density is stable, then one generally can take a two year break. Actonel may “deactivate” sooner, so a shorter break may be indicated.

Can you help with the Health Fairs? Please see Jennie