News & Notes

SMALL IS GOOD?
Are you petite, lightweight?
Susan E. Brown, PhD at www.womentowomen.com says“ bone density testing does not measure bone density, but rather is a measurement that reflects bone area. This means smaller individuals with smaller bones are reported to have lower bone density than they actually have.” In a follow up article, dated Oct. 26, 2010, Dr. Brown refers to “two different research projects looking at bone density cross-culturally to confirm this theory.” Susan Randall at NOF agrees that there is some truth to this, and says, “In order to get the density of anything, you need to know the area, the volume and the weight of the material. Density is how tightly material is packed inside of a volume.” Go figure!

IS A LOWER DOSE OF RECLAST SUFFICIENT TO DECREASE FRACTURE RISK?
At an Endocrine Society meeting in June 2011, Dr. A. Grey presented results of a study which “randomly assigned 180 postmenopausal women with osteopenia to a single treatment with placebo of zoledronic acid (Reclast) in a 1-mg, 2.5-mg or 5-mg dose. [None of the women had previously received treatment with any bisphosphonate medication.] The researchers found that annual administration of either 1-mg or 1.5-mg produced “substantial anitresorptive effects that approximate those of the 5-mg dose.”

My Bone Health History card
This new resource from NOF can help us keep track of our bone density test results, nutritional supplements and prescribed osteoporosis medicines. Copies are available at our meetings. Please help yourself.

Kale & K
Should we be taking Vitamin K as a supplement? This question appears on the “Frequently Asked Questions” page of www.nof.org. The reply is, “Like many vitamins and minerals, vitamin K appears to play a role in your bone health. The recommended daily intake is 90-120 micrograms (µg). There are two types of vitamin K. They are vitamin K1 and vitamin K2. Vitamin K1 sources include kale, brussels sprouts, spinach, mustard greens, turnip greens and vegetable oils. Vitamin K2 sources include egg yolks, organ meats and natto (a type of fermented soybean). At this time, research does not support the practice of taking vitamin K supplements to prevent osteoporosis and broken bones. Taking a supplement doesn’t always have the same effects as eating whole foods that contain that same nutrient. Also, because vitamin K plays a role in blood clotting, getting too much vitamin K could cause problems in individuals who take blood thinning medicines or are at risk of blood clots. More research will help us to determine the amount and type of vitamin K that is necessary for bone health. Until we know more, try to get enough vitamin K from food sources.”

Happy Thanksgiving!

Attendees at our October 2011 meeting link arms in support of strong bones. Guest, Elaine Trudell-Jackson, PT, PhD, front row