



WOMEN'S HEALTH

Bone Health—What Every Woman Should Know

(NAPSA)—A recent study published in the *Journal of the American Medical Association* suggests that millions of women age 50 and older who have not been assessed for osteoporosis may be at increased risk of fracturing a bone. Despite the availability of simple, painless bone density tests to assess fracture risk and confirm osteoporosis, the disease often remains undiagnosed until a fracture occurs. According to the National Osteoporosis Foundation (NOF), osteoporosis and low-bone mass currently affect almost 44 million men and women in the U.S., representing 55 percent of those age 50 and older.

Your Bones Are Actually Alive

Throughout your life, your bones go through continuous bone-building cycles in which old bone is worn down and new bone is rebuilt. Between the ages of 25 and 35, bone mass usually peaks; but after age 35, women can lose vital bone—a loss that tends to accelerate after menopause. The good news is that it's possible to reverse bone loss and make your bones stronger.

Facts about Bone Loss and Osteoporosis

Did you know that you only have to lose 20 percent of your bone mass to have osteoporosis? What's more, this amount of bone loss usually occurs without symptoms, so many women learn they have osteoporosis only after a bone breaks. Nearly 40 percent of women in their 60s have osteoporosis and more than 75 percent of women over the age of 80 have it. Fortunately, bone loss can be detected and reversed.

How Strong Are Your Bones?

The best way to determine the strength of your bones is with a simple, painless bone density test. The NOF recommends postmenopausal women who meet the following criteria have a bone density test:

- Postmenopausal women 65 or older;
- Postmenopausal women under age 65 with one or more risk factors (such as a family history of

Underscore Your T-score:

T-score	What it means:
0 to -1.0	Bone mass is normal
-1.0	Bone mass is 10% below normal
-1.5	Bone mass is 15% below normal
-2.0	Bone mass is 20% below normal, which means osteoporosis 

osteoporosis, a thin build, Caucasian or Asian ancestry, and excessive smoking);

- Postmenopausal women who have fractures;
- Postmenopausal women considering therapy for osteoporosis to help facilitate the decision; and
- Postmenopausal women who have been on hormone replacement therapy for prolonged periods.

Take a Bone Density Test and Understand Your T-score

A safe, noninvasive bone density test can assess your bone health. Compared to many tests women must take, it's easy and you won't even have to undress. It simply is the most accurate way to measure the density of your bones. If you are age 65 or older and qualify, Medicare may cover the cost of your bone density test. The test result, called a T-score, can tell you whether your bone mass is normal or below normal.

The lower your T-score, the greater your risk of breaking a bone. For example, if you have a T-score of -2.0 at your spine, you may be five times more likely to break a bone in your spine compared to someone with a T-score of zero. If you have a T-score of 2.0 at your hip, you may be seven times more likely to break a bone in your hip compared to someone with a T-score of zero. Forty percent of 50-year-old Caucasian women will suffer a fracture in their remaining lifetime. The most common fractures are of the tip, spine, and wrist, but if bone loss is detected early, its effects may be prevented.

According to the NOF, all postmenopausal women with T-scores below -2.0, and all post-

menopausal women with T-scores below 1.5 with other risk factors, are candidates for prescription therapy.

Diet and Exercise Are Important But May Not Be Enough

To help minimize bone loss and protect your bones, be sure to exercise and get adequate amounts of calcium and vitamin D. If you're going to start an exercise program, be sure to talk with your doctor first. And, if you aren't getting enough calcium from your diet, supplements fortified with vitamin D can provide you with the recommended daily allowance.

If a bone density test and a complete medical workup indicate that you have osteoporosis or osteopenia (some bone loss but not quite osteoporosis), diet and exercise alone may not halt further bone loss. Fortunately, if your bone density test reveals thinning bones, there are therapies available that are clinically proven to help reverse bone loss and make bones stronger. One medication, called once weekly Fosamax®, offers these benefits plus the convenience of taking just one tablet every seven days.

Ask your Doctor if a Bone Density Test is Right for You

If you are postmenopausal and have osteoporosis or are at risk for it, you should know that Fosamax was clinically proven to help reverse bone loss and strengthen bone. Fosamax also was clinically proven to help build bone; increases in bone mass were seen as early as three months after therapy started. Available in a once weekly tablet, Fosamax is nonhormonal. A recent study examined the dosing preference and convenience of once weekly Fosamax, and nearly nine out of 10 postmenopausal women with osteoporosis said they prefer the once weekly dose to a daily dose.

For more information about osteoporosis and bone density testing, call 1-800-363-3507 or visit www.bonedensitytest.com.

Important Information about Fosamax Once Weekly

You should not take Fosamax if you have certain disorders of the esophagus, are unable to stand or sit upright for 30 minutes, have severe kidney disease, low blood calcium, or are allergic to Fosamax. Digestive side effects in studies were generally mild and included stomach pain, nausea, or heartburn/digestion. Be sure to discuss the use of Fosamax with your doctor. For complete indications, contraindications, warnings, precautions, adverse reactions, and dosing and administration for Fosamax, please go to www.fosamax.com.