

NIH OSTEOPOROSIS AND RELATED BONE DISEASES NATIONAL RESOURCE CENTER



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Osteoporosis and African American Women

National Institutes of Health Osteoporosis and Related Bone Diseases National Resource Center

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The NIH Osteoporosis and Related Bone Diseases National Resource Center is supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases with contributions from the National Institute on Aging, the National Institute of Diabetes and Digestive and Kidney Diseases, and the NIH Office of Research on Women's Health.

The National Institutes of Health (NIH) is a component of the U.S. Department of Health and Human Services (HHS).

December 2018

Although African American women tend to have higher bone mineral density (BMD) than white women throughout life, they can still be at risk of developing osteoporosis. The misperception that osteoporosis is only a concern for white women can delay prevention and treatment in African American women who do not believe they are at risk for the disease.

What is osteoporosis?

Osteoporosis is a metabolic bone disease characterized by low bone mass, which makes bones fragile and susceptible to fracture. Osteoporosis is known as a silent disease because symptoms and pain do not appear until a fracture (broken bone) occurs. Without prevention or treatment, osteoporosis can progress painlessly until a bone breaks, typically in the hip, spine, or wrist. A hip fracture can limit mobility and lead to a loss of independence, and vertebral fractures can result in a loss of height, stooped posture, and chronic pain.

What are the risk factors for osteoporosis?

Risk factors for developing osteoporosis include:

- A thin, small-boned frame.
- Previous fracture or family history of osteoporotic fracture.
- Estrogen deficiency resulting from early menopause (before age 45), either naturally, from surgical removal of the ovaries, or as a result of prolonged amenorrhea (abnormal absence of menstruation) in younger women.
- Advanced age.
- A diet low in calcium.
- Cigarette smoking.
- Excessive use of alcohol.
- Prolonged use of certain medications, such as those used to treat lupus, asthma, thyroid deficiencies, and seizures.

Are there special issues for African American women regarding bone Health?

Studies highlight the risk that African American women may face with regard to developing osteoporosis and fracture.

 African American women may be at increased risk for osteoporosis because they may consume less calcium than the Recommended Dietary Allowance.

- African Americans are more prone to lactose intolerance than are other groups. Lactose intolerance can hinder optimal calcium intake.
 People with lactose intolerance often may avoid milk and other dairy products that are excellent sources of calcium because they have trouble digesting lactose, the primary sugar in milk.
- African American women are less likely than white women to participate in health screenings for osteoporosis or to receive an osteoporosis therapy when they are diagnosed with the disease.

How can osteoporosis be prevented?

Osteoporosis prevention begins in childhood. The recommendations listed below should be followed throughout life to lower your risk of osteoporosis.

- Eat a well-balanced diet adequate in calcium and vitamin D.
- Exercise regularly, with an emphasis on weightbearing and resistance activities. Examples of weight-bearing exercises include walking, jogging, and dancing. Resistance exercises – such as lifting weights – can also make bones stronger.
- Live a healthy lifestyle. Avoid smoking and, if you drink alcohol, do so in moderation.

Talk to your doctor if you have a family history of osteoporosis or other risk factors that may put you at increased risk for the disease. Your doctor may suggest that you have your bone density measured to determine your risk for fracture, and to measure your response to osteoporosis treatment. The most widely recognized bone mineral density test is called a dual-energy x-ray absorptiometry, or DXA test. It is safe and painless, a bit like having an x-ray, but with much less exposure to radiation. This test can measure bone density at your hip and spine.

What treatments are available?

Although there is no cure for osteoporosis, several medications are available for the prevention and/or treatment of the disease, including:

bisphosphonates; calcitonin; estrogen (hormone) therapy; estrogen agonists/antagonists (also called selective estrogen receptor modulators or SERMs); parathyroid hormone (PTH) analog; parathyroid hormone-related protein (PTHrp) analog; RANK ligand (RANKL) inhibitor; and tissue-selective estrogen complex (TSEC).

Resources

For more information on osteoporosis including lactose intolerance, nutrition, exercise, treatment, and fall prevention for older adults, contact the:

NIH Osteoporosis and Related Bone Diseases National Resource Center

Website: https://www.bones.nih.gov

For more information on minority health, contact the:

Office of Minority Health Resource Center

Website: https://www.minorityhealth.hhs.gov

If you need more information about available resources in your language or another language, please visit our website or contact the NIH Osteoporosis and Related Bone Diseases ~ National Resource Center.

For your information

This publication contains information about medications used to treat the health condition discussed here. When this publication sheet was developed, we included the most up-to-date (accurate) information available. Occasionally, new information on medication is released.

For updates and for any questions about any medications you are taking, please contact the U.S. Food and Drug Administration toll free at 888-INFO-FDA (463-6332) or visit its website at www.fda.gov. For additional information on specific medications, visit Drugs@FDA at https://www.accessdata.fda.gov/scripts/cder/daf. Drugs@FDA is a searchable catalog of FDA-approved drug products.

NIH Pub. No. 18-7926