

Middle-Age Factors Predictive of Bone Health Later

BY NANCY WALSH
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TORONTO — Risk factors for fractures in later life are already present in middle age, and their early identification can provide a window of opportunity for intervention, Dr. Anna H. Holmberg said at a world congress on osteoporosis.

Diabetes and mental health problems were among the factors found to be predictive of an increased likelihood of later-life fractures in the Malmö Preventive Project, which was a prospective study that followed 22,444 men and 10,902 women from 1974 through 1999. The primary focus of the project was cardiovascular health, but the investigators also collected data on

all low-energy, or fragility, fractures as well as fractures of the forearm, vertebrae, proximal humerus, and ankle, said Dr. Holmberg of the department of orthopedics, Malmö (Sweden) University Hospital.

During follow-up, which averaged 19 years for men and 15 years for women, 1,262 men (5.6%) had 1,975 low-energy fractures, while 1,257 women (11.5%) had 1,805 low-energy fractures.

Among men, the risk factor with the highest impact on later fragility fracture

was diabetes, with a relative risk (RR) of 2.38. Other strong risk factors among men were prior hospitalization for mental health problems (RR 1.92), poor appetite (RR 1.72), sleep disturbances (RR 1.53), and poor self-rated health (RR 1.25).

An indirect measure of alcohol consumption, serum γ -glutamyl transferase level, also was associated with an increased fracture risk in men at all sites except the forearm. High body mass index in men was protective against fractures in general

(RR 0.88), Dr. Holmberg said at the meeting, which was sponsored by the International Osteoporosis Foundation.

Diabetes also was a strong risk factor for fractures in general among women (RR 1.87), and specifically was a significant risk factor for vertebral, ankle, and hip fractures. Previous fracture also was a risk factor for fracture in general (RR 2.00), and for all fracture types except that of the proximal humerus. Hormone therapy decreased fracture risk by 30%, she noted. ■

Inflammatory Diseases Raise Fracture Risk

DESTIN, FLA. — Patients with rheumatic disease and osteoporosis or low-impact fracture might benefit from early sequential therapy with anabolic and antiresorptive drugs to build and maintain bone, Dr. Nancy Lane reported at a rheumatology meeting sponsored by Virginia Commonwealth University.

"Although the exact treatment recommendation is still unclear, you could use parathyroid hormone for a year or two to change the bone architecture in a positive way and then maintain those gains with an antiresorptive agent—either a bisphosphonate or a selective estrogen receptor modulator," Dr. Lane said.

The continuous inflammation of diseases like systemic lupus erythematosus and rheumatoid arthritis appears to adversely affect bone health by increasing bone resorption and decreasing formation. Even premenopausal patients with relatively normal bone density are at high risk for skeletal problems, said Dr. Lane, director, the Center for Healthy Aging at the University of California, Davis.

In a study of vertebral fractures in 70 patients with systemic lupus erythematosus who were compared with 22 matched healthy controls, no bone mineral density differences were found between the two groups. However, 21% of the lupus group had at least one thoracic or lumbar spine fracture, compared with no subjects in the control group. The study included premenopausal women with a mean age of 31.5 years (Lupus 2005;14:529-33).

The first step is to address the problem of systemic inflammation, Dr. Lane said. But it's also critical to be aggressive in identifying and treating those who are at risk for fracture. Glucocorticoid therapy can also induce osteoporotic changes. Initiating therapy early is important, Dr. Lane said at the meeting, also sponsored by the International Society for Clinical Densitometry and the Alabama Chapter of the Arthritis Foundation.

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