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Bone health during MT

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BONE HEALTH DURING MENOPAUSAL TRANSITION

Osteoporosis is the most frequent bone disease. In Mexico the prevalence for osteopenia is 57% and 18% for osteoporosis. This is an important reason to evaluate the risk factors and measure the bone mineral density (BMD) in order to determine the high risk population. The incidence of osteoporosis-related fractures is higher than the incidence of heart attack, stroke, and breast cancer combined. Thus, clinicians have important decisions to make from the skeletal perspective: Who are the patients at risk for fracture and when should I initiate therapy.

Several tools are available to identify fracture risk, including the risk factor profile, which combines single-site bone density assessment and selected clinical risk factors to help estimate the risk of osteoporotic fracture for postmenopausal women over the next 5 years; DEXA to measure BMD; biomarkers of bone formation and bone resorption to determine status of bone metabolism and FRAX.

Aging is the biggest risk factor for fragility fractures. Low body mass index (BMI) is an independent risk factor, and Caucasians are at a higher fracture risk than individuals of other races. Other risk factors include late menarche and early menopause. Time of menarche is a huge determinant of peak bone gain.

Personal and/or family history of fractures helps determine an individual's genetic risk profile. Environment is a critical but often overlooked consideration for fracture risk.. Lifestyle issues, such as tobacco use and alcohol consumption, also increase fracture risk.

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