

## Changes that go right to the bone



**Menopause** is the stage in a woman's life when menstruation ceases, usually at around age 51. Prior to this, most women have irregular periods for a time – this is called perimenopause.

During menopause and perimenopause, women experience significant hormonal changes – and this can have a powerful impact on bone health.

### How does menopause affect my bones?

Oestrogen levels drop markedly after menopause, and there's a direct relationship between lack of oestrogen and bone loss – which can lead to the development of osteoporosis. Women typically lose 15-25% of their bone in the 10 years following menopause (about half of the total bone lost during their lifetime). Early menopause (before age 45 years) can lead to a greater amount of bone loss and a higher chance of osteoporosis at an earlier age.

### What can I do?

There are a number of measures you can adopt to reduce your risk of developing osteoporosis.

These include:

- Maintaining a healthy body weight (BMI of 20-25).
- Doing regular weight bearing exercise.
- Avoiding smoking.
- Having no more than three alcoholic drinks per day.
- Ensuring adequate dietary calcium intake (500mg/day).
- Getting 15-20 minutes of sun exposure each day to keep vitamin D levels up.
- Knowing your risk by completing the online risk assessment tool Know Your Bones™ to determine if you're at risk of osteoporosis – then take the summary report to your doctor, who can assess the findings.

Risk factors other than menopause include a family history of osteoporosis or broken bones, previous fragility fractures, low body weight some medical conditions, and taking certain medications.

Women who have one or more risk factors should begin screening for osteoporosis at menopause.

If this applies to you, make an appointment with your GP or healthcare professional.

If you're diagnosed with osteoporosis, your GP may recommend treatment. In younger women (less than 60 years) treatment options include hormone replacement therapy (HRT), bisphosphonate therapy (e.g. alendronate or zoledronate) or in a few cases selective oestrogen receptor modulator (SERM) (e.g. raloxifene). In women over 60 years, treatment usually takes the form of bisphosphonate therapy.

