

Skeltons Chemists

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Opening Times

Monday to Friday - 8.30am - 5.30pm

Saturday - 8.30am - 1pm

Sundays & Bank Holidays - Closed

Your FREE Healthy Living Leaflet for August 2025

1. What is osteoporosis?
2. How many fractures happen in the UK each year?
3. How much do these cost the NHS?
4. How many people die within the first year of having a broken hip?
5. How many hospital bed days do hip fractures use each year?
6. When are bones thickest and strongest?
7. What are the most common injuries?
8. What increases the risk of osteoporosis?
9. How is osteoporosis diagnosed?
10. What medicines are used to treat osteoporosis?



Answers on the bottom of P2

What is osteoporosis?

It is a health condition that weakens your bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break (fracture).

Currently in the UK 549,000 fractures happen each year, including 105,000 hip, 86,000 vertebrae and 358,000 other fractures (pelvis, ribs, arms, clavicle etc). These cause severe pain, disability and reduction in quality of life. Fragility fractures are estimated to account for 579,722 DALYs (Disability Adjusted Life Years) lost annually, which is about the same as those lost from

dementia. The cost to the NHS exceeds £4.7 billion each year, of which £2.6 billion occurs directly after a fracture and £1.7 billion for institutional care costs.

Hip fracture is the most common cause of emergency anaesthesia and surgery in older people. The mean hospital stay is 20 days accounting for half a million hospital bed days used each year with 3,600 hospital beds occupied at any one time by patients recovering from hip fractures. Loss of independence is common following a hip fracture with only 52% living at home after 120 days and 26% will die within 12 months of their fracture.



Causes of osteoporosis

Bones are thickest and strongest in your early adult life until your late 20s. You start losing bone from around the age of 35. Losing bone is a normal part of ageing but some people lose it much faster than normal.

This can lead to osteoporosis and an increased risk of broken bones. Women lose bone rapidly in the first few years after menopause, particularly if menopause begins early (before 45) or they have their ovaries removed and hence are prone to osteoporosis.

Many other factors also increase the risk of developing osteoporosis including:

- Taking high dose steroid tablets for more than 3 months
- Other medical conditions such as inflammatory conditions, hormone related conditions or malabsorption problems
- A family history of osteoporosis, particularly a hip fracture in a parent
- Long term use of certain medicines can affect bone strength or hormone levels such as anti-oestrogen tablets that women take after breast cancer
- Having or having had an eating disorder such as anorexia or bulimia
- Having a low BMI
- Not exercising regularly
- Heavy drinking and smoking
- Long periods of inactivity

If your GP suspects you have osteoporosis, they can work out your future risk of breaking a bone using an online programme such as FRAX. They may also refer you for a bone density scan. This is a short painless procedure that takes 10 to 20 minutes. Your scan can be compared to that of a healthy young adult. The difference is calculated as a standard deviation (SD) and is called a T-score. A T-score above -1 SD is normal, between -1 and -2.5 shows bone loss and is defined as osteopenia and below -2.5 is bone loss and is defined as osteoporosis.

Treating osteoporosis

Treating osteoporosis involves treating and preventing fractures and using medicines to strengthen bones. Although a diagnosis is based on the results of your bone density scan, the decision about what treatment you need if any, is based on a number of other factors including:

- ♦ Age
- ♦ Sex
- ♦ Risk of breaking a bone
- ♦ Previous injury history

A number of different medicines can be used to treat osteoporosis.

Bisphosphonates slow the rate that bone is broken down in your body. This maintains bone density and reduces your risk of a broken bone. They are given as a tablet, liquid or an injection.

Selective oestrogen receptor modulators (SERMs) have the same effect on bone as the hormone oestrogen. They help to maintain bone density and reduce the risk of fracture, particularly of the spine.

Parathyroid hormone is produced naturally in the body. It regulates the amount of calcium in the bone. These treatments are used to stimulate cells to create new bone. You take them as an injection once a day.

Biological medicines work by slowing down the rate at which your bones are broken down and speeding up the rate at which your cells build bone. They are given by injection every month or every few months.

Calcium and vitamin D supplements. Calcium is the main mineral found in bone and having enough calcium as part of a healthy balanced diet is important to maintain healthy bones.

Vitamin D helps the body absorb calcium.

HRT has been shown to keep bones strong and reduce the risk of breaking a bone.

Whether HRT is right for you depends on your age, symptoms and any risk factors you have. Discuss the benefits and risks with your GP.

For more information about this or any health concern you may have chat with one of our trained team.

Answers: Q1, It is a health condition that weakens bones making them more likely to break. Q2, 549,000. Q3, More than £4.7bn each year. Q4, 26%. Q5, Half a million. Q6, Up to your late 20s. Q7, Wrist, hip and vertebrae. Q8, Taking high dose steroids, certain medical conditions, family history of osteoporosis, eating disorders, low BMI, not exercising, heavy drinking and smoking, long periods of inactivity. Q9, Using an online programme such as FRAX or bone density scan (DEXA). Q10, Bisphosphonates, SERMs, parathyroid hormone, biological medicines, calcium and vitamin D, HRT.