

Interpreting Your Bone Density Scan



The T Score is how we compare one person's bone density to another person and compare bone densities in different areas of the body (spine, hip and/or wrist). Your T Score is below.

DIAGNOSIS	T SCORE	YOUR SPINE	YOUR HIP
Normal	Up to - 1.0		
Osteopenia	-1.0 to - 2.5		
Osteoporosis	Less than - 2.5		
If your T-Score is:	Then Bone Mass is:	And Risk of Fracture to	
		The spine is:	The hip is:
0 to -0.9	Normal to low normal	Minimal	Minimal
-1.0 to -1.4	10% to 15% below normal	~2.3 x greater	~2.6 x greater
-1.5 to -1.9	15% to 20% below normal	~3 x greater	~4 x greater
-2.0 to -2.4	20% to 25% below normal	~5 x greater	~7 x greater

Why get a bone scan?

Osteoporosis is one of the most common medical conditions that affect women in the U.S. Luckily, it should be largely preventable but requires changes in diet, exercise and lifestyle that must start years before the symptoms of the disease. We start screening around menopause because the majority of bone loss begins with menopause. Osteoporosis results in more than 1.5 million fractures yearly. The lifetime risk for a 50-year-old woman to have a hip fracture is 1 in 6. The majority of these fractures are in women with osteopenia, or low bone density. We worry about these fractures because recovery may be difficult, can result in death from complications and often leave women unable to walk on their own.

What can I do to prevent bone loss?

Every woman, from teen to post menopausal years, should daily take a multi-vitamin with D and also take at least 1,000 mg calcium (before menopause) or 1,500 mg Calcium (after menopause) daily. This means 7 to 10 servings of dairy, soymilk or calcium enriched foods. The more you can get from your diet, the better. It's absorbed better from food but many women need to take supplements. There are many options and you may need to try several to find one that works for you. Take the supplement with juice to help absorb the calcium.

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Next, EXERCISE. Any weight-bearing exercise (except biking and swimming) will help strengthen your bones when you have taken the proper dose of calcium. You should try to exercise at least 4 or 5 times a week for 45 to 60 minutes each time. We all are very busy and often feel as if we don't have time to exercise but we have even less time to recover from a fractured hip. This may sound like a lot of time out of your schedule to exercise but if you consider how sedentary our lives have become, you will see the benefit of this amount of exercise.

Other factors that INCREASE your risk for osteoporosis and osteopenia are: smoking, excessive alcohol, anorexia, early menopause, small frame/thinness, White/Caucasian or Asian race, close relatives with osteoporosis, and certain medications (steroids, heparin, etc). Some of these you are born with but try to change the things you can.

What if I do all the right things and my bones still weak?

Sometimes, despite your best efforts, your bone density continues to worsen over time. Then, it's time to consider medication. There are several different types, and sometimes you have to try a few to find the best one for you. Below is a description of the current options for treatment of osteopenia or osteoporosis (in no particular order).

Please keep in mind: there are risks and benefits to any treatment, but untreated you risk fracture or worse.

Estrogen

We have known for a long time it is the lack of estrogen (menopause) that brings on most osteopenia & osteoporosis. Hormone therapy prevents bone loss in post-menopausal women but it also carries risks. The American College of Ob/Gyn recommends that we not use hormone therapy JUST to treat bone loss. Hormones are for the treatment of the symptoms of menopause – such as hot flushes, difficulty sleeping and vaginal dryness.

Anti-Resorptive Agents

These medications help stimulate bone growth in the presence of enough calcium. They include Fosamax, Actonel and Boniva. These are taken weekly (Fosamax and Actonel) or monthly (Boniva – the newest). The most common side effects include upset stomach, reflux and gastritis. Instructions are included with the prescription to decrease the potential for these side effects. Since they are taken less frequently than in the past, the GI side effects have decreased.

Selective Estrogen Receptor Modulators (SERM)

This medication (Evista) acts like estrogen on the bones and improves bone density but blocks estrogen receptors in the breast and has been shown to decrease the occurrence of breast cancer. It is taken daily. Side effects include hot flushes (generally mild and resolve quickly) and it does slightly increase the risk of a blood clot so it's not recommended if you have any prior history of a blood clot. There is some thought that it may make stronger bone than the anti-resorptive medicines.

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What do I do next?

We recommend you improve your diet, exercise, quit smoking and decrease your alcohol intake to improve your bone strength. If we have recommended a medication, please consider the above options. If you have access to a computer and the Internet, there is a broad range of information available. Please review any and all of the sites. Beware of sites that are written by private individuals or pharmaceutical companies (as they may be biased). You are better off with medical sites – ACOG-sponsored sites or Web MD, for example. If you have questions, please call us with a list. If you already know what medication you would like, we often have samples for a week or two to try. Please come by the office and pick them up. If you know just the one you want, call or e-mail with a pharmacy phone number AND fax number. We DO NOT CALL in prescriptions anymore. We fax to pharmacies or mail them to you.

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