



**National Institutes of Health
Osteoporosis and Related
Bone Diseases ~
National Resource Center**

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Osteoporosis and Hispanic Women

It is a common misconception that osteoporosis only affects white women. But, according to the *Surgeon General's Report on Bone Health and Osteoporosis*, in the United States, the prevalence of osteoporosis in Hispanic women is similar to that in white women. Fortunately, osteoporosis is preventable and treatable. As a Hispanic woman, it is important that you understand your risk for osteoporosis, the steps you can take to protect your bones, and, if you have the disease, the options for treating it.

What Is Osteoporosis?

Osteoporosis is a condition in which the bones become less dense and more likely to fracture. If not prevented or if left untreated, bone loss can progress painlessly until a bone breaks, typically in the hip, spine, or wrist. A hip fracture can limit mobility and lead to a loss of independence, and vertebral fractures can result in a loss of height, stooped posture, and chronic pain.

What Are the Risk Factors for Osteoporosis?

Several risk factors increase your chances of developing osteoporosis, including:

- a thin, small-boned frame
- previous fracture or family history of osteoporotic fracture
- estrogen deficiency resulting from early menopause (before age 45), either naturally, from surgical removal of the ovaries, or as a result of prolonged amenorrhea (abnormal absence of menstruation) in younger women
- advanced age

- a diet low in calcium
- Caucasian and Asian ancestry (African American and Hispanic women are at lower but significant risk)
- cigarette smoking
- excessive use of alcohol
- prolonged use of certain medications, such as those used to treat lupus, asthma, thyroid deficiencies, and seizures.

Are There Any Special Issues for Hispanic Women Regarding Bone Health?

Several studies indicate a number of facts that highlight the risk that Hispanic women face with regard to developing osteoporosis:

- An estimated 10 percent of Hispanic women age 50 and older have osteoporosis, and 49 percent are estimated to have bone mass that is low but not low enough for them to be diagnosed with osteoporosis.
- The incidence of hip fractures among some Hispanic women appears to be on the rise.
- Studies have shown that Hispanic women consume less calcium than the Recommended Dietary Allowance in all age groups.
- Hispanic women are twice as likely as Caucasian women to develop diabetes, which may increase their risk for osteoporosis.

How Can Osteoporosis Be Prevented?

Osteoporosis prevention begins in childhood. Building strong bones, especially before the age of 20, can be the best defense against developing bone loss. A healthy lifestyle can be critically important for keeping bones strong. The recommendations listed below should be followed throughout life to lower your risk of osteoporosis.

- Eat a well-balanced diet rich in calcium and vitamin D.
- Exercise regularly, with an emphasis on weight-bearing activities such as walking, jogging, dancing, and weight training.
- Don't smoke, and, if you drink alcohol, do so in moderation.

Talk to your doctor if you have a family history of osteoporosis or other factors that may put you at increased risk for the disease. Your doctor may suggest that you have your bone density measured through a safe and painless test that can determine your risk for fractures (broken bones), and measure your response to osteoporosis treatment. The most widely recognized bone mineral density (BMD)

test is called a dual-energy x-ray absorptiometry, or DXA test. The BMD test is painless – a bit like having an x ray, but with much less exposure to radiation. It can measure bone density at your hip and spine.

What Treatments Are Available?

Although there is no cure for osteoporosis, several medications approved by the Food and Drug Administration are available to help stop further bone loss and reduce the risk of fractures:

- bisphosphonate drugs: alendronate (Fosamax),¹ risedronate (Actonel), ibandronate (Boniva), and zoledronic acid (Reclast)
- calcitonin (Miacalcin and Fortical)
- raloxifene (Evista), a selective estrogen receptor modulator (SERM)
- teriparatide (Forteo), an injectable form of human parathyroid hormone (PTH), which is secreted by the parathyroid glands
- estrogen therapy (also called hormone therapy when estrogen and another hormone, progestin, are combined).

Resources

For more information in English and Spanish on osteoporosis, including nutrition, exercise, treatment, and fall prevention for the elderly, visit the National Institutes of Health Osteoporosis and Related Bone Diseases ~ National Resource Center Web site at www.niams.nih.gov/bone or call 1-800-624-2663.

For more information on minority health, visit the Office of Minority Health Resource Center Web site at <http://www.omhrc.gov/OMHRC> or call 1-800-444-6472.

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¹ Brand names included in this fact sheet are provided as examples only, and their inclusion does not mean that these products are endorsed by the National Institutes of Health or any other Government agency. Also, if a particular brand name is not mentioned, this does not mean or imply that the product is unsatisfactory.

For Your Information

This publication contains information about medications used to treat the health condition discussed here. When this fact sheet was printed, we included the most up-to-date (accurate) information available. Occasionally, new information on medication is released.

For updates and for any questions about any medications you are taking, please contact the Food and Drug Administration at 888-INFO-FDA (888-463-6332, a toll-free call) or visit its Web site at www.fda.gov.

For updates and questions about statistics, please contact the Centers for Disease Control and Prevention's National Center for Health Statistics toll free at 800-232-4636 or visit its Web site at www.cdc.gov/nchs.

Recognizing the National Bone and Joint Decade: 2002–2011