



What People With Inflammatory Bowel Disease Need to Know About Osteoporosis

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

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What Is Inflammatory Bowel Disease?

Crohn's disease and ulcerative colitis are also known as inflammatory bowel diseases. Crohn's disease tends to affect the small intestine, although any part of the digestive tract may be involved. Ulcerative colitis usually causes an inflammation in all or part of the large intestine. People with inflammatory bowel disease (IBD) often have diarrhea, abdominal pain, fever, and weight loss.

The causes of Crohn's disease and ulcerative colitis are unknown. It is sometimes difficult to distinguish one disease from the other, and there is no cure for either condition. Medications are often prescribed to control the symptoms of IBD; in some cases, surgical removal of the involved intestine may be necessary.

What Is Osteoporosis?

Osteoporosis is a condition in which the bones become less dense and more likely to fracture. Fractures from osteoporosis can result in significant pain and disability. In the United States, more than 53 million people either already have osteoporosis or are at high risk due to low bone mass. Although postmenopausal Caucasian women have the highest risk for the disease, men and certain ethnic populations are also at risk.

Risk factors for developing osteoporosis include:

- thinness or small frame
- family history of the disease
- being postmenopausal and particularly having had early menopause
- abnormal absence of menstrual periods (amenorrhea)
- prolonged use of certain medications, such as those used to treat lupus, asthma, thyroid deficiencies, and seizures
- low calcium intake
- lack of physical activity
- smoking
- excessive alcohol intake.

Osteoporosis often can be prevented. It is known as a silent disease because if undetected, bone loss can progress for many years without symptoms until a fracture occurs. Osteoporosis has been called a childhood disease with old age consequences because building healthy bones in youth helps prevent osteoporosis and fractures later in life. However, it is never too late to adopt new habits for healthy bones.

The Link Between IBD and Osteoporosis

People with IBD are often treated with medications known as glucocorticoids (such as prednisone or cortisone) to reduce the inflammation caused by their disease. Over time, these drugs interfere with the development and maintenance of healthy bones. Bone loss increases with the amount and length of glucocorticoid therapy.

In addition, people with severe inflammation of the small bowel or those who have parts of the small bowel surgically removed may have difficulty absorbing calcium and vitamin D. This is an additional concern for bone health.

Osteoporosis Management Strategies

To protect and promote bone health, people with IBD should eat a diet rich in calcium and vitamin D and participate in an appropriate exercise program. Not smoking and avoiding excessive use of alcohol are also important. In some cases, medication to prevent further bone loss may be recommended, especially for those on long-term glucocorticoid therapy.

Nutrition. A well-balanced diet rich in calcium and vitamin D is important for healthy bones. Good sources of calcium include low-fat dairy products; dark green, leafy vegetables; and calcium-fortified foods and beverages. Supplements can help ensure that you get adequate amounts of calcium each day, especially in people with a proven milk allergy. The Institute of Medicine recommends a daily calcium intake of 1,000 mg (milligrams) for adults up to age 50. Women over age 50 and men over age 70 should increase their intake to 1,200 mg daily.

Vitamin D plays an important role in calcium absorption and bone health. Many people, especially those who are older, may need vitamin D supplements to achieve the recommended intake of 600 to 800 IU (International Units) each day.

Exercise. Like muscle, bone is living tissue that responds to exercise by becoming stronger. The best activity for your bones is weight-bearing exercise that forces one to work against gravity. Some examples include walking, climbing stairs, dancing, and weight training. These and other types of exercise also strengthen muscles that support bone, enhance balance and flexibility, and preserve joint mobility, all of which help reduce the likelihood of falling and breaking a bone, especially among older people.

Healthy lifestyle. Smoking is bad for bones as well as the heart and lungs. Women who smoke tend to go through menopause earlier, resulting in earlier reduction in levels of the bone-preserving hormone estrogen and triggering earlier bone loss. In addition, smokers may absorb less calcium from their diets. Alcohol also can have a negative effect on bone health. Those who drink heavily are more prone to bone loss and fracture, because of both poor nutrition and increased risk of falling.

Bone density test. A bone mineral density (BMD) test measures bone density in various parts of the body. This safe and painless test can detect osteoporosis before a fracture occurs and can predict one's chances of fracturing in the future. Adults with IBD should talk to their doctors about whether they might be candidates for a BMD test. This test can help determine whether medication should be considered and can be used to monitor the effects of an osteoporosis treatment program.

Medication. Like Crohn's disease and ulcerative colitis, osteoporosis is a disease with no cure. However, several medications are available for the prevention and/or treatment of osteoporosis, including: bisphosphonates; estrogen agonists/antagonists (also called selective estrogen receptor modulators or SERMS); calcitonin; parathyroid hormone; estrogen therapy; hormone therapy; and a RANK ligand (RANKL) inhibitor.

Resources

For more information on osteoporosis, contact the:

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If you need more information about available resources in your language or another language, please visit our website or contact the NIH Osteoporosis and Related Bone Diseases ~ National Resource Center.

For more information on Crohn's disease and ulcerative colitis, contact the:

**National Institute of Diabetes and Digestive and
Kidney Diseases**

Website: www.niddk.nih.gov

For Your Information

This publication contains information about medications used to treat the health condition discussed here. When this publication was developed, 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 toll free at 888-INFO-FDA (463-6332) or visit its website at www.fda.gov. For additional information on specific medications, visit Drugs@FDA at www.accessdata.fda.gov/scripts/cder/drugsatfda. Drugs@FDA is a searchable catalog of FDA-approved drug products.

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