

# STOP

# AT ONE



MAKE YOUR  
**FIRST BREAK**  
YOUR LAST

# WHAT IS OSTEOPOROSIS?

Osteoporosis is a disease in which bones become more fragile and weak, leading to an increased risk of fractures (broken bones). People with osteoporosis can experience a fracture even after a slight bump, or a fall from standing height, in the course of daily activities.

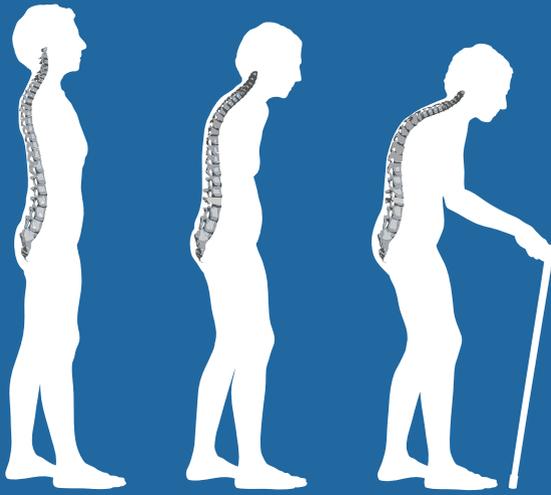
Osteoporosis has no signs or symptoms until a fracture occurs – this is why it is often called a ‘silent disease’.

Fractures due to osteoporosis occur most commonly at sites such as the wrist, upper arm, pelvis, hip and spine, and can result in severe pain, significant disability and even death.

*normal bone*



*osteoporotic bone*



## A COMMON DISEASE

It is estimated that worldwide, an osteoporotic fracture occurs every three seconds.

Up to one in two women and one in five men at the age of 50 will suffer a fracture in their remaining lifetimes.

In women over 45 years of age, fractures due to osteoporosis result in more days spent in hospital than many other diseases, including diabetes, heart attack and breast cancer.

# FRAGILITY FRACTURES *are no accident!*

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Each year millions of mostly older adults will suffer a devastating hip fracture caused by a simple fall. Millions more will suffer fractures of the wrist, shoulder, pelvis or spine. These fractures are no accident! It is likely that the underlying cause is osteoporosis.



IMAGE  
COURTESY OF  
THE NBHA (USA)  
**2MILLION2MANY**  
CAMPAIGN

# ONE FRACTURE

# LEADS TO ANOTHER

- An individual who has suffered an osteoporotic fracture is twice as likely to suffer a fracture in the future if no diagnosis of osteoporosis has been made and appropriate treatment provided.
- Approximately half of all people who have had one osteoporotic fracture will have another, with the risk of additional fractures increasing with each new broken bone.
- One in four women who have a new spine fracture will fracture again within one year.

# *Why should you* **BE CONCERNED?**

The consequences of a fracture due to osteoporosis can be extremely serious:



**quality  
of life**

Chronic pain, immobility,  
and long-term disability  
– often leading to loss of  
independence and reduced  
quality of life.

Twenty to twenty-four per cent of people who have had a hip fracture will die in the first year following the fracture, and many other fracture types are also associated with an increased risk of death.



**20-24%**  
**DIE**



Hip fracture survivors often experience loss of function and independence, with 40% unable to walk independently and 60% requiring assistance a year later. In the year following a hip fracture, 33% are in a nursing home or totally dependent, placing a significant burden on family members who may have to become caregivers for their loved ones.

Fractures are a huge burden on the healthcare system and to tax payers, resulting in the need for long-term nursing home care for many and causing millions of dollars of direct expenditure.





THIS IS  
GEORGETTE'S FIRST  
BREAK. LUCKILY, SHE  
HAS BEEN TESTED FOR  
OSTEOPOROSIS AND WILL  
RECEIVE APPROPRIATE  
CARE TO REDUCE THE  
RISK OF FUTURE  
FRACTURES.

# Fractures are WARNING SIGNS



Almost half of the patients who are treated in hospital for a hip fracture have had a previous fracture of some kind.

That first fracture was a warning sign! It should have resulted in immediate screening and, if indicated, management and treatment for osteoporosis.

Sadly, the reality is that most hospitals and clinics fail to 'capture' that first fracture – leaving patients open to a future of suffering and debility. Over 80% of fracture patients are never offered screening and/or treatment for osteoporosis, despite the fact that there are effective medications that can reduce fracture risk by as much as 30–70 %.

# HAD A FRACTURE? GET TESTED!

If you are 50 years or older and have had a fracture you should ask your doctor for a clinical assessment that will include a bone mineral density test and, if available for your country, a fracture risk assessment with the online FRAX calculator (WHO Fracture Risk Assessment Tool).

Based on the results, your doctor will be able to make recommendations about what you can do to reduce your likelihood of having future fractures.

*Take the*  
**IOF ONE-MINUTE  
OSTEOPOROSIS RISK TEST**  
at [www.iofbonehealth.org](http://www.iofbonehealth.org) to  
see whether you're potentially at  
risk and be sure to discuss your  
bone health with  
your doctor.

# PREVENT THE FIRST FRACTURE

## BE AWARE OF YOUR RISK FACTORS

Even if you haven't had a fracture, you should ***be aware of any other factors*** that place you at higher risk of osteoporosis and fragility fractures. These include:

- **loss of 3 cm in height** (JUST OVER 1 INCH)
- **early menopause** (BEFORE THE AGE OF 45)
- **long-term glucocorticoid therapy** (PREDNISONE OR PREDNISOLONE) **of 3 months or more**
- **digestive diseases such as Crohn's or celiac disease**
- **family history of osteoporosis**
- **rheumatoid arthritis**
- **primary/secondary hypogonadism in men**
- **being underweight** (BODY MASS INDEX LESS THAN 19 KG/M<sup>2</sup>)
- **lifestyle factors such as smoking, excessive alcohol intake, little physical activity and low levels of calcium and vitamin D**



World **Osteoporosis** Day  
October **20**

LOVE YOUR  
**BONES**



For further information about osteoporosis, consult your local osteoporosis patient or medical organization. You can find a list on [www.iofbonehealth.org](http://www.iofbonehealth.org).

Information is also available on the World Osteoporosis Day website [www.worldosteoporosisday.org](http://www.worldosteoporosisday.org).

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