



# Get started with learning about your risks for osteoporosis!

Answer these 19 easy questions to learn more about your risks for osteoporosis and to help you better understand the status of your bone health. If you answer 'yes' to any of these questions, it does not mean that you have osteoporosis. It simply means that you have risk factors which may lead to osteoporosis and/or fractures. You can discuss these risk factors and learn how to manage them by speaking with your doctor or nurse.

Questions and answers have been adapted from the International Osteoporosis Foundation ([www.iofbonehealth.org](http://www.iofbonehealth.org)) by the Breast & Bone Health Program.

## ANSWER YES OR NO:

## WHAT IS THE LINK TO OSTEOPOROSIS?

**1** Have either of your parents been diagnosed with osteoporosis or broken a bone after a fall from standing height or less?

**YES NO**

If there is osteoporosis in the family you may be at higher risk of developing osteoporosis yourself. Diagnosis of osteoporosis has only recently become common, so if your parents suffered fractures after a fall from a standing height or less, this may indicate that they have, or had, osteoporosis.

**2** Did either of your parents have a stooped back (also called a curved back, dowager's hump, or hump back)?

**YES NO**

A "dowager's hump" – a curved back – likely indicates spinal fractures due to osteoporosis. Diagnosis of osteoporosis has only recently become common, so this may indicate that your parents may have, or had, osteoporosis.

**3** Are you 60 years or older?

**YES NO**

Bones get thinner and more porous as we age, with bone tissue loss generally beginning after the age of about 40 years. Generally, the risk of osteoporosis rises with age. Even if you have no other clinical risk factors, if you are a woman aged 60 years or over, you should discuss bone health at your next physical check-up. As you age, it is important that you try to slow down the rate of bone loss by practicing a 'bone-healthy' lifestyle which includes adequate calcium intake and weight-bearing exercise.

**4** Have you ever broken a bone after a fall from a standing height or less, as an adult?

**YES NO**

If you've suffered a fracture after a fall from a standing height or less, this may indicate that osteoporosis is the underlying factor which contributed to the fracture.

**5** Have you fallen more than once in the last year or do you have a fear of falling?

**YES NO**

As falls are the primary cause of fractures, you are at higher risk of fracture if you tend to fall. Exercise to improve muscle strength and balance, as well as fall prevention strategies at home, may help reduce the risk of falls. Examples of fall prevention strategies include: remove small carpets, wear slip-proof shoes, etc.

**ANSWER YES OR NO:**

**WHAT IS THE LINK TO OSTEOPOROSIS?**

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**6** After the age of 40, have you lost more than 3 cm in height (just over 1 inch)?

**YES NO**

If you've lost more than 3 cm (just over 1 inch) in height, the cause is may be spinal compression fractures caused by osteoporosis.

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**7** Is your Body Mass Index less than 19 kg/m<sup>2</sup>?

**YES NO**

*To calculate your Body Mass Index, use this formula >*

Being underweight can lead to lower estrogen levels in girls and women, similar to after menopause, which may contribute to the development of osteoporosis. At the same time, frail people are at higher risk of fracture.

Your Body Mass Index = weight (kg) / height<sup>2</sup> (meters)

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**8** Have you ever taken corticosteroid tablets (cortisone, prednisone, etc) for more than 3 consecutive months? Corticosteroids are often prescribed for conditions like asthma, rheumatoid arthritis, and some inflammatory diseases.

**YES NO**

Osteoporosis may be a side-effect of long-term corticosteroid use (for example prednisolone). Use of corticosteroids may lead to bone loss, which is most rapid in the first 3-6 months of treatment. This results in an increased fracture risk, occurring even with low doses and rising further with increasing daily dose.

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**9** Have you ever been diagnosed with rheumatoid arthritis?

**YES NO**

Rheumatoid arthritis itself and the use of corticosteroids to fight this disease may lead to osteoporosis.

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**10** Have you been diagnosed with an overactive thyroid, overactive parathyroid glands, type 1 diabetes or a nutritional/gastrointestinal disorder such as Crohn's or celiac disease?

**YES NO**

The listed medical conditions have been linked to osteoporosis and an increased risk of related fractures. For example, if you have been diagnosed with overactive thyroid (hyperthyroidism) and the condition remains untreated, it can impair bone metabolism. If you have an underactive thyroid and you receive too much L-Thyroxine, this can also increase the risk of osteoporosis. Overactive parathyroid glands produce too much parathyroid hormone, which leads to bone loss and osteoporosis. Both type 1 and type 2 diabetes have been associated with increased fracture risk, and conditions which lead to poor absorption of nutrients in food, such as Crohn's and celiac disease, can also lead to osteoporosis

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**11** If you have already experienced your menopause: Did your menopause occur before the age of 45?

**YES NO**

The female hormone estrogen affects bone mineral metabolism. Once menopause begins, your body produces lower levels of estrogen, and the rate of bone tissue loss increases substantially. Women who experience early menopause are therefore more likely to develop osteoporosis and related fractures. **Women with breast cancer who experience menopause because of chemotherapy are particularly at risk of rapid bone loss.**

**12** Have your periods ever stopped for 12 consecutive months or more, for reasons other than pregnancy, menopause or hysterectomy?

**YES NO**

The lack of menstruation over a long period of time indicates low levels of estrogen production – a factor which favours the development of osteoporosis. Elite female athletes and people suffering from anorexia nervosa are particularly at risk. **Women with breast cancer who stop having their periods during chemotherapy are also at risk.**

**13** Were your ovaries removed before age 50, without you taking Hormone Replacement Therapy?

**YES NO**

Your ovaries are responsible for estrogen production and lack of ovaries means that you have had estrogen deficiency – a factor which increases the risk of osteoporosis. **Women with the BRCA mutation who have their ovaries removed to prevent ovarian cancer are particularly at risk.**

**14** Are you receiving treatment for breast cancer?

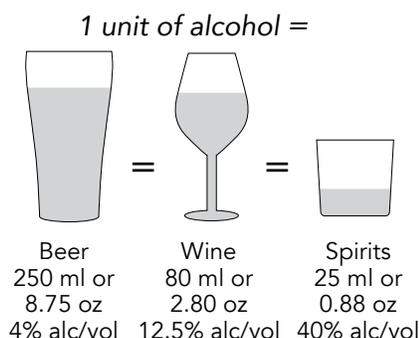
**YES NO**

Some treatment types for breast cancer that reduce estrogen levels may cause rapid bone loss. These may include: certain chemotherapy agents, Anastrozole (Arimidex), Exemestane (Aromasin), Letrozole (Femara), Goserelin (Zoladex), Triptorelin (Trelstar).

**15** Do you regularly drink more than 2 units of alcohol each day?

**YES NO**

Excessive alcohol use can have a detrimental effect on bone health and can also lead to frequent falls, which increases the risk of osteoporotic fractures. In addition, calcium and vitamin D intake is often reduced due to poor nutrition, which impacts negatively on bone metabolism.



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**16** Do you currently, or have you ever, smoked cigarettes?

**YES NO**

You should be aware that smoking doubles the risk of osteoporosis.

**17** Is your daily level of physical activity less than 30 minutes per day? This includes housework, walking, running, etc.

**YES NO**

The idea is 'move it or lose it'! Lack of exercise results in bone (and muscle) loss. Regular weight-bearing exercise helps build up and strengthen bones and muscles.

**18** Do you avoid or are you allergic to milk or dairy products?

**YES NO**

Calcium is the most important mineral for your bones. It is contained mostly in dairy products. If you avoid or are allergic to dairy products and have not been taking supplements, you have probably been calcium-deficient and are at higher risk of osteoporosis.

**19** Do you live in Canada?

**YES NO**

Vitamin D is made in the skin on exposure to UVB rays from the sun. Vitamin D is necessary for the absorption of calcium in the intestine. In Canada, because we live in a northern climate, we don't get as much sun as we need; and when we apply sunscreen in the summer, that disables the skin's ability to produce vitamin D from sun exposure. Additionally, as we age, the skin's ability to make vitamin D decreases and for all of these reasons, many Canadians are low on vitamin D (Osteoporosis Canada, 2014).

Remember, if you answer 'yes' to any of the questions above, it simply means that you may have one or more clinically-proven risk factors which may lead to osteoporosis and fractures. You can discuss these risk factors and learn how to manage your risk by speaking with your doctor or nurse!

To read more, go to the Osteoporosis Canada website ([osteoporosis.ca](http://osteoporosis.ca)) or the International Osteoporosis Foundation website ([www.iofbonehealth.org](http://www.iofbonehealth.org)).

Disclaimer: Note that these questions are intended to raise awareness about osteoporosis risk factors. This is not a scientifically validated test! This information should not be considered as medical advice. It is not to be used in place of a visit with a doctor, nurse, physiotherapist, or other healthcare professional. If you have questions about your individual medical situation, please consult with your healthcare professional.

[www.breastandbonehealth.ca](http://www.breastandbonehealth.ca)

