



Prevention of Osteoporosis in Older Persons

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DESCRIPTION

Living tissue that is continually modifying makes up bones. In order to maintain strong, healthy bones throughout our lives, humans depend on the minerals calcium and phosphate. It is frequently described as a "silent" disease. Before fractures happen, the condition can advance for years without being seen. Fragility fractures which are painful, incapacitating fractures can result from it. These fractures are linked to higher medical expenses, incapacity, a lower quality of life, and a higher mortality rate. Measures to identify and prevent osteoporosis and its complications are extremely important for the public's health because the prevalence of osteoporotic fractures rises with ageing.

Bone Mineral Density (BMD) is a useful indicator of fracture risk, a therapeutic decision-maker, and a treatment-monitoring tool. There are other more both controllable and unmodifiable risk factors for osteoporosis that have been discovered. In the United States, osteoporosis affects about 54 million individuals. Men and women both have the condition, although women are four times more likely to get it than males.

Osteoporosis risk rises with age, and many women experience menopausal osteoporosis. Estrogen aids in bone formation and repair. With menopause, estrogen levels in women fall, hastening bone loss. Because of this, elderly women are more susceptible to osteoporosis. The most expensive and well-reported complication of osteoporosis is hip fracture. 21 medical-scientific societies actively addressing bone diseases are under the backing of the Dachverband Osteologie (DVO), a tri-national umbrella body. DVO has developed a high standard of care for patients with bone diseases during the past 20 years.

A major contributor to DVO activity is undoubtedly osteoporosis, which affects 6-7 million individuals in Germany alone. Other contributors include Paget's disease, bone metastases, and primary benign and malignant bone conditions. The paper also included rare bone illnesses and other bone conditions like malignancies. The German osteological umbrella group DVO released recommendations for the identification and management of osteoporosis in March 2003. These guidelines suggest three therapy choices, including the medicines risedronate, alendronate, and raloxifene, as the first line of defence against fractures in postmenopausal and senile osteoporotic women. Currently, there is no proof that raloxifene prevents hip fractures. As a result, only risedronate and alendronate are advised for the prevention of hip fractures.

Decision-makers can allocate resources more effectively with the use of information on the cost-effectiveness of osteoporosis prevention and therapy. Exercise, calcium and vitamin D supplements, combined with the management of potentially modifiable risk factors, are crucial additions to the pharmaceutical therapy of osteoporosis. Falls risk can be decreased by enhancing home security. In nursing homes, hip guards have shown positive results.

A mineral called calcium helps to build strong bones. Dark green leafy vegetables like kale and collards, dairy products like milk, and supplements can all be sources of it. Women need 1,200 mg of calcium each day beyond the age of 50. Women needs 1,000 mg per day for men starting at age 51 and continuing until age 70, at which point women needs 1,200 mg per day. Calcium absorption by the body is aided by vitamin D. Moreover, it is created internally when ultraviolet (UV) rays from the sun strike the skin and start the synthesis of vitamin D.

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