



Break Free: Empowering Lives with Osteoporosis Management and Prevention



According to the International Osteoporosis Foundation, osteoporosis impacts an estimated



Prevalence in Saudi Arabia

The prevalence of osteoporosis in Saudi Arabia (KSA) in men and women above the age of 50 years.







37.8% Women

28.2% Men

Signs and Symptoms



As the disease progresses, symptoms begin to appear causing:



- Back pain, due to fractured or slipped vertebra.
- Loss of height.
- Stooped posture.
- Easily broken bones.



Uncontrollable Risk Factors:

- Gender, women are more susceptible to osteoporosis than men.
- Age, the risk of osteoporosis increases with age.
- Family history.
- Small body frames.
- Menopause or hysterectomy.





Hormone deficiencies, such as a lack of estrogen in women and androgen deficiency in men.
Certain medical conditions such as autoimmune diseases (e.g. rheumatoid arthritis, lupus), and gastrointestinal disorders (e.g. Inflammatory bowel disease, Crohn's disease, and celiac disease).
Some medications, such as glucocorticoids and some anticonvulsants, can lead to loss of bone density and fractures.

Controllable risk factors:



Low body mass index (BMI)



Malnutrition



Alcohol consumption Smoking



Physical inactivity



Eating Disorders



Frequent falls



Vitamin D deficiency

Estrogen deficiency

TROGEN

No clear symptoms of osteoporosis until a fracture occurs.





Early screening is essential.

- Fracture Risk Assessment: Gives 10-yr probability of fracture
- Fragility Fractures mainly at hip or spine.



• Bone Mineral Density (BMD): (DXA) at a minimum of two sites: (femoral neck, lumbar spine, or distal radius).





Osteoporosis can be prevented by:





Pharmacological Treatment

Highly treatable medical condition as many fractures can be avoided with optimal management.

The management of individuals diagnosed with osteoporosis relies on a DXA scan and assessing the risk of fractures. For the majority of patients, **oral bisphosphonates** inhibit bone resorption and constitute the primary treatment, they include:





Zoledronic acid



Other medications include:



• Denosumab, Teriparatide, and Romosozumab:

are prescribed for patients at very high fracture risk or intolerance to Bisphosphonates.