

Osteoporosis Post-Fracture Care: Helping You Reduce the Risk of Another Fracture

If you have had a fracture, it may be a sign of osteoporosis.¹ It is very important that you take care of yourself in order to recover and reduce the risk of another fracture. This resource provides information to help you take care of your bones after a fracture and reduce the risk of osteoporosis-related fractures.

After an osteoporosis-related fracture, postmenopausal women are

5x
more likely

to fracture again within a year^{2,*}

WHAT IS OSTEOPOROSIS?^{1,3,4}

Osteoporosis is a bone disease that develops when the body loses too much bone, makes too little bone, or both. This can lead to a decrease in bone strength that can increase the risk of fractures (broken bones). Fractures can potentially lead to pain, loss of mobility, a change in lifestyle, and additional fractures in the future.

WHO CAN GET OSTEOPOROSIS?⁵⁻⁹

Osteoporosis is a very common disease. In fact, 1 in 2 women and 1 in 4 men over the age of 50 will break a bone due to osteoporosis. But **some people have a greater risk** of developing fractures due to osteoporosis. According to experts, your risk for osteoporosis is higher if you

- Are age 65 or older
- Have a parent who had a hip fracture
- Previous fragility fracture
- Have low body weight

WHAT FACTORS MAY INCREASE YOUR RISK OF ANOTHER OSTEOPOROSIS-RELATED FRACTURE?^{3,7,9}

- Previous osteoporosis-related fracture
- Cigarette smoking
- Excessive alcohol intake[†]
- Certain preexisting conditions such as
 - Rheumatoid arthritis
 - Diabetes
- Risk of falling

Drugs can affect your bone health.

Be aware of medications that can contribute to bone loss and fracture, including long-term corticosteroid use (such as prednisone)

Ask your doctor about steps you can take to **help** reduce your risk of falling

¹Data represent a population-based study of 4,140 postmenopausal women aged 50-90 years.²

[†]More than 3 alcoholic drinks per day.⁷



Monitoring Your Bone Density Is Important to Help Reduce Your Risk of an Osteoporosis-Related Fracture¹⁰



HOW IS OSTEOPOROSIS DIAGNOSED AND MONITORED?^{4,7,10}

Osteoporosis is typically diagnosed based on your experience of a prior fracture or the results of a bone density test that your physician may order. A bone density test is also called a DXA scan, which stands for dual-energy X-ray absorptiometry.

- With most types of bone density tests, a person remains fully dressed
- The test usually takes less than 15 minutes
- Bone density tests are noninvasive and painless
- A central DXA uses very little radiation. You are actually exposed to 10-15 times more radiation when you fly roundtrip between New York and San Francisco

Your bone density is given as a T-score. A T-score of -2.5 or lower means you have osteoporosis. If you have already had a fracture at the hip or spine, your doctor may diagnose osteoporosis with a bone density test. If your T-score is higher than -2.5 and your doctor determines that you have other risk factors, you could also be diagnosed with osteoporosis.

It is important that your bone density be monitored periodically to evaluate your bone health.

HOW OFTEN SHOULD YOU HAVE A BONE DENSITY TEST?⁷

After starting treatment for osteoporosis, your doctor will most likely recommend that you have a bone density test every 1 or 2 years to monitor your response to treatment.

You and your doctor will decide on the best care plan for you based on your individual needs. Your care plan is a key to helping strengthen your bones and helping you reduce your risk of another fracture

References: **1.** National Institutes of Health. Overview of Osteoporosis. <https://www.bones.nih.gov/health-info/bone/osteoporosis/overview>. Accessed March 12, 2021. **2.** van Geel TACM, van Helden S, Geusens PP, Winkens B, Dinant G-J. Clinical subsequent fractures cluster in time after first fractures. *Ann Rheum Dis*. 2009;68:99-102. **3.** National Osteoporosis Foundation. What is osteoporosis and what causes it? <https://www.nof.org/patients/what-is-osteoporosis/>. Accessed March 12, 2021. **4.** Curry SJ, Krist AH, Owens DK, et al; US Preventive Services Task Force. Screening for osteoporosis to prevent fractures: US Preventive Services Task Force recommendation statement. *JAMA*. 2018;319:2521-2531. **5.** US Department of Health and Human Services. Bone Health and Osteoporosis: A Report of the Surgeon General. 2004. **6.** National Osteoporosis Foundation. Just for men. <https://www.nof.org/preventing-fractures/general-facts/just-for-men/>. Accessed March 12, 2021. **7.** Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists/American College of Endocrinology clinical practice guidelines for the diagnosis and treatment of postmenopausal osteoporosis—2020 update. *Endocr Pract*. 2020;26(suppl1):1-46. **8.** National Osteoporosis Foundation. Are you at risk? <https://www.nof.org/preventing-fractures/general-facts/bone-basics/are-you-at-risk/>. Accessed March 12, 2021. **9.** Cosman F, de Beur SJ, LeBoff MS, et al. Clinician's guide to prevention and treatment of osteoporosis. *Osteoporos Int*. 2014;25:2359-2381. **10.** National Osteoporosis Foundation. Bone density exam/testing. <https://www.nof.org/patients/diagnosis-information/bone-density-examtesting>. Accessed March 12, 2021.

This patient education resource is provided by Amgen and UCB.