



Osteoporosis and Post Menopause

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ABSTRACT:

Osteoporosis is most common in females; the problem increases with age and becomes adverse after menopause in females. Better care to be provided to the females before the severity of the osteoporosis. The Gynaecologist must provide routine health check-ups to the female patients visiting the hospitals.

Keywords: Women, osteoporosis, menopause, health, disorders

Introduction

Generally, osteoporosis and menopause are linked together but it doesn't always the scenario, it could affect women in any age group but the patients visit the hospital when the patients are in their old age. Osteoporosis does not affect physically but mentally also. According to WHO one in every four females suffer from it¹. Postmenopausal osteoporosis leads to vulnerability. The new bone formation in osteoporotic patients is delayed resulting in loss of bone density causing fractures in the wrist, ribs and spine mostly. A large number of studies stated that risk associated with osteoporosis can be modified but there are enough studies supporting that risk cannot be avoided². There are a number of contributing factors such as age, race, body structure, daily routine and eating habits leading to osteoporosis. Osteoporosis is more common in people with conditions like hyperthyroidism, chronic renal disease, rheumatoid arthritis, celiac disease, ankylosing spondylosis, and multiple myeloma. Smoking makes osteoporosis worse. Before female fractures begin, osteoporosis can be identified and properly treated. In the past, the risk factors for bone mass loss have been discovered, and effective pharmaceutical treatments have been developed, but the treatment is only available to a small number of people³. Beyond the age of 50, women should have a DEXA scan done. At all primary centres, osteoporosis detection and prevention should be required. Women ought to be urged to adopt a healthy diet, regular exercise, and a new way of life.

Management

Exercise, vitamin and mineral supplements, and pharmaceuticals are all possible treatments for osteoporosis that has already progressed. You may benefit from taking supplements and engaging in physical activity to avoid osteoporosis. Exercises including weight bearing, resistance, and balance are all crucial. Estrogen, testosterone, and the selective oestrogen receptor modulator raloxifene are all members of this class. Since oestrogen therapy increases the risk of blood clots, some malignancies, and heart disease⁴. Treatments for osteoporosis with bisphosphonates are regarded as antiresorptive medications⁵. They prevent bone tissue from being reabsorbed by the body⁶. Women should start therapy to lessen their risk of fracture if their T-scores on the bone density test are -2.5 or lower, such as -3.3 or -3.8. If they have osteopenia, a lot of women need treatment⁷.

Conclusions

Postmenopausal women frequently suffer from osteoporosis. Assessing risk factors for fracture, lowering modifiable risk variables through dietary and lifestyle modifications, and using pharmacologic therapy for individuals at considerable risk of osteoporosis or fracture are all part of managing skeletal health in postmenopausal women. Women with osteoporosis require lifelong treatment.

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