Osteoporosis Questionnaire
Reduce Your Risk

Information's for those who are affected or are interested

Published from Bundesselbsthilfeverband für Osteoporose e.V. (Alliance for Self-Help Osteoporosis e.V.)
Umbrella Association of Osteoporosis Alliance for Self-Help
The BfO as greatest nationwide active patient organisation will assist you with your concerns. With the growth of the structure over decades and their information networks as well as the over 300 existing self-helping groups we want to support you and assist you with your self-help.

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Notice:
The brochure has been set up according to the Osteoporosis guidelines 2006 of the DVO (umbrella association Osteoporosis)
Dear readers,

reducing a risk is only possible knowing the risk. Find out for yourself if you are carrying a risk getting Osteoporosis and the risk for Osteoporosis bone break is lying on the hands. Osteoporosis – also called bone structure reduction – is a silent thief; mainly recognized when is to late – when you already have been stolen; meaning the disease is developed and results of the first bone breaks.

In Germany about 8 million people are currently suffering Osteoporosis. The black figures of people that have Osteoporosis and not knowing; is not even included. A most scary situation. All the more, as one can pinpoint already now that up to the year 2050 the amount will double according the age development.

Need of action has urgently to be done. On behalf of the severity of the Osteoporosis an adapted therapy can be worked out reducing bone breaks on behalf of Osteoporosis.

Osteoporosis is a disease. Risk-factors can already be seen upfront and can partly be avoided.

With this brochure we want to show you the risk-factors for Osteoporosis. We want to encourage you to influence on the risks. And we want to encourage you to choice to live a bone friendly life style.

But you should also get to know about risk-factors that you do not have influence on. Recognising the disease Osteoporosis in early stage and treating it, one can often stop or lower subsequent damages such as bone breaks.

Further more we want to introduce you to possible problems during the Osteoporosis-therapy. Osteoporosis is mainly a chronic disease. An individual for you worked out treatment concept can only work if you know about conducting the action.

Get to know about your individual risks for a possible Osteoporosis. Take active care of preventing Osteoporosis and bone breaks.

Yours sincerely
Questions about risks on bone

Questionnaire according bone-break-risk

Bone breaks are momentous effects of Osteoporosis and can often give chronic pain, limitation of life quality and challenges for patients in need. Therefore it is important to recognize soonest if a risk for bone break is given and an Osteoporosis diagnostic could be made. Therefore it is important diagnosing at early stage if there is a risk given for bone breaks which could end up you having Osteoporosis.

Concerning: Women up to the age of 60 / Men up to the age of 70:

Have you already had a for Osteoporosis typical swirl body break?

- Ja
- No

Concerning: Women in the age of 60 – 70 / Men in the age of 70 – 80:

Women in the age of 60 – 70 / Men in the age of 70 – 80:
Have you already had on small occasions a swirl body break, a break of your forearm, wrist or thigh?

- Ja
- No

Did your father or mother have a break of neck of femur?

- Ja
- Nein

Do you smoke?

- Ja
- No

Is your body activity highly affected, for example being ill, exploring abduc-cing nerve paralysis, being challenged as patient in need, etc.?

- Ja
- Nein

Do you suffer on underweight?

- Ja
- No

Do you fall more than once per year without any influence?

- Ja
- Nein

Concerning: Women older than 70 / Men older than 80:

Woman: Are you older than 70? Man: Are you older than 80

- Ja
- No
Comments about bone breaks

The bone-break-risk is highly dependent on the age of the patient and doubles with every age decade. The questionnaires are therefore divided in three life phases.

Swirl-bone-breaks without accident or fall are typical breaks for Osteoporosis and should be diagnostically verified. Also breaks of arms, legs or rips on low occasions in young age can be a sign of Osteoporosis. In such case consult your doctor if an Osteoporosis-diagnostic is recommendable.

Should you have suffered bone break(s) in the age range on low occasions; this can be a hint that Osteoporosis lays on the hands.

The saying: “The daughter alike the mother” is specific for Osteoporosis. Osteoporosis is not always passed over. The familiarity accumulation is a high risk for Osteoporosis and can be a reason for getting Osteoporosis on own behalf.

Consuming nicotine is a risk-factor for men and women for Osteoporosis and suffering bone breaks.

Fracture of the neck of the femur and swirl-body-breaks are caused through the risk-factor of hardly or not exercising. Living with underweight is a demonstrable risk for a fracture of the neck of the femur.

Increased appearance of falls without external effect and without external occasion rise risks of bone breaks.

Vermehrt auftretende Stürze, ohne äußere Einwirkung und ohne äußeren Anlass, erhöhen das Risiko für einen Knochenbruch.

In this age group the danger of bone breaks is in general high so that further risks are not needed for the decision to go for diagnose. This has not to mean that one has Osteoporosis. Undertaking a diagnose is recommended.
# Questionnaire according life style

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do you smoke?</td>
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<tr>
<td>Do you regularly drink huge amount of alcohol (men: more than 2 glasses, women: more than 1 glass – per day)?</td>
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<tr>
<td>Do you mainly consume fast food, instant meal and soft drinks?</td>
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<tr>
<td>Do you rarely have milk products, fresh vegetables, fruits and fish in your eating plan?</td>
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<tr>
<td>Do you suffer of lactose intolerance?</td>
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<tr>
<td>Do you drink daily more than 4 cups of coffee?</td>
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<td></td>
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<tr>
<td>Are you doing less than 1 x hour per week sports?</td>
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<td>Are you less than 30 minutes daily outside?</td>
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<td>Were you lying in bed in the last 2 months (for example: sick)?</td>
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<tr>
<td>Do you suffer underweight or have a body-mass-index (BMI) less than 20?</td>
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<tr>
<td>Do you diet regularly?</td>
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Smoking is an important risk-factor for Osteoporosis. It doubles the risk for Osteoporosis.

Being addicted to alcohol can with a malnourishment and a high danger of falling increase the scale of high risk for bone breaks.

Plenty of cooking salt, phosphate and little potassium boost the expulsion of calcium in urine and cause high decrease of bone deterioration.

Calcium, the most important mineral for bones, must be collected daily via food as the body does not build it on its own. A daily ingestion of up to 1500 mg is recommended.

Seafood is a important food source for vitamin D. Having lactose intolerance the ingestion of calcium through milk products is not possible. Alternatives (for example: special products, vegetables, etc.) are here very important.

Coffee can lead to a high expulsion of calcium over the kidneys and a low ingestion of calcium from the gut.

Bones must be moved regularly or they will – like muscles – degenerate. Through solar irradiation the body produces over the skin vitamin D.

Vitamin D doesn’t only boost the calcium ingestion in the skeleton; it also strengthens the muscles and balance.

Long term of being bed-ridden weakens muscle and causes bone loss.

Underweight panders through muscle reduction Osteoporosis and the risk of bone breaks.

Unbalanced diets also increase the risk for Osteoporosis and bone breaks.
<table>
<thead>
<tr>
<th>Question</th>
<th>Ja</th>
<th>Nein</th>
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</thead>
<tbody>
<tr>
<td>Do you visit 1 x weekly an Osteoporosis-function-training?</td>
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<td>Are you daily at least for a half an hour outside?</td>
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<td>Do you take care about bone-friendly-food?</td>
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<td>Have you spoken with your doctor about the therapy aim and the period of the therapy as your personal treatment concept?</td>
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<tr>
<td>Do you take your medicine regularly as instructed from your doctor?</td>
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<tr>
<td>Have you informed yourself about possible interplays of your prescribed medicine?</td>
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<tr>
<td>Are you sufficiently supplied with calcium and vitamin D?</td>
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<tr>
<td>Do you know how to take Bisphosphonat – if has been exhibited?</td>
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<td>Have you been undertaken a pain-diagnostic and pain-therapy (only for pain-patients)?</td>
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<td>Are you informed about balance-training and fall-prophylaxis in daily routine?</td>
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<tr>
<td>Have you checked your home according fall traps and have you arranged your furniture accordingly?</td>
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Exercises, food and medicated therapy are the three most important pillars of an Osteoporosis-treatment. An Osteoporosis-gymnastic is important; which is a fall-prophylaxis and helps preventing falls and there decreases bone breaks.

To build up naturally vitamin D we need sun on our skin.

A bone-friendly-food belongs to the complete concept of your Osteoporosis treatment.

Osteoporosis is not an acute illness that is solved after a short treatment like influenza. Osteoporosis is mainly a chronic disease. You therefore should know about the aim of the therapy method and how long the treatment can take.

To receive an ideal effect of the medication you consequently have to keep the therapy going.

Some medicines taken with others or also with food have a interplay. You should know them and avoid it.

It is recommended to take 1.000 up to 1.500 mg calcium with your food or tablets. If someone isn’t on daily basis to often in the sun you should take 800 I.E. – 1200 units vitamin D daily or 20.000 units vitamin all 3 weeks (you get many vitamin D tablets in combination with calcium).

Bisphosphonates (as tablets) have special instructions for taking. Only by following the instructions the medicine will impact properly and side-effects can be avoided.

It is not necessarily that you have to accept pains with Osteoporosis. It is important that pain is diagnosed and gets treated. Only then you will be able to do the exercise-training without pains.

With muscle-building training as well as balance-training you will be able to prevent falls. Falls are for Osteoporosis patients a huge danger for bone breaks.

Stumbling blocks/pitfalls cause easily a fall; which with osteoporotic changed bones often causes bone breaks. Therefore all pitfalls should be removed and short be sorted out of the way.
Results and the next steps

Questionnaires about bone-break-risks
These questions show a high risk for bone breaks. At the same time you have the risk getting Osteoporosis. Answering one question with ‘yes’ means that a high risk lies on the hand and you should definitely consult your doctor according Osteoporosis and if applicable get a diagnose done if there is anything going into this direction.

Questionnaires about life style, habits
These questions are based on conduct of life which can influence risks getting Osteoporosis. They are based on fundamentals which you can control on; as they refer to our life style. (Merely with lactose intolerance this is not.) Answering a question with ‘yes’ you should inform yourself about a bone-friendly life style and should talk about this with your doctor.

Questionnaires about the Osteoporosis therapy – concept
These special questions for Osteoporosis patients are based on the necessity of the compliance of the broad treatment concepts. Only abidance running the individual therapy scheme can prevent you from bone breaks. Speak with your doctor about the questions that you answered with ‘no’.

Basic information derivative Osteoporosis
This type of Osteoporosis is very rare. Only about 5 % of all Osteoporosis-Diseases can be called derivative Osteoporosis. The secondary form of Osteoporosis is the result of a specific basic illness. For example:

- men having sex hormone defect
- over function of the parathyroid
- long term treatment – more than 3 months – with Glucocorticoid (cortisone)
- heavy chronically kidney default
- diabetes mellitus type I – insulin-liability diabetes mellitus
- Insert of anticonvulsants
- Diminished appetite
- Organ transplantation
- Chronical inflamed gastric disease, for example: Crohn’s disease (Morbus Crohn), Colitis ulcerosa.

If you are suffering of one of these basic diseases you should consult your doctor according Osteoporosis.
Help applied for self-help having Osteoporosis
Bundeshilfeverband fuer Osteoporose e.V.
(German Association of Self-Help for Osteoporosis e.V.)
www.osteoporose-deutschland.de