

WOMEN'S
HEALTH

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Good things come to those who weight (bear)

HALF of women in the UK aged over 50 will suffer a broken bone, according to health statistics. Yet few of us realise that we can protect our bones and help prevent breakages from an early age.

Bones undergo continual removal and growth cycles. Oestrogen, one of the main female hormones, is responsible for keeping that turnover balanced so that the density, strength and shape of bones are maintained. When oestrogen declines, such as during the menopause - the time from when a woman's periods stop - bone density is no longer maintained, which weakens bones and puts women at a higher risk of breaking them.

The greatest density loss occurs within a decade after the menopause, with some women experiencing 20 per cent loss.

After that, there is a steady reduction through into old age. But the time to act is way before we reach the menopause, so that we give our bones the best chance to cope with this stress.

Our muscles play an important part in maintaining the strength of our bones, as they hold up our skeleton. A reduced muscle mass can be the first sign of weakened bones. This relates to the menopause because oestrogen is also responsible for maintaining muscle mass and a loss of oestrogen during the menopause can therefore deplete muscle mass, putting undue pressure on our bones.

KNOW YOUR RISK

If you have an early menopause, under the age of 45, or a premature menopause, under 40, oestrogen loss occurs at an earlier age so the loss of

bone density will be happening for longer, which means that a woman is more likely to develop osteoporosis later in life.

Early menopause can be very distressing and thinking about bone health at this stage in a woman's life may not be a priority. However, it is important that a woman feels supported and receives the right help early, so that they do not miss opportunity to support their bones.

Other risks to bone strength include a family history of osteoporosis, medical conditions such as rheumatoid arthritis, long-term steroid use, smoking, heavy alcohol consumption and being underweight. You may not know you are at risk, but a telling sign of weakened bones is breaking one as a result of the slightest injury.

The Royal Osteoporosis Society has produced a "risk-checker" questionnaire on their website that can prompt women to seek medical help early, should they need further support or treatment.

If you are at risk of developing osteoporosis then you may need further tests, which are often organised by a doctor, to determine if you have developed osteoporosis or osteopenia, the stage before osteoporosis. If you remain at risk, the tests can determine how high the risk is.

SUPPORT YOURSELF

Treatment is individualised to your specific needs. If you have not developed osteoporosis, the advice will usually be to follow a holistic approach that includes nutrition and lifestyle support to prevent the disease deteriorating. If you have developed osteoporosis, you will be offered medical treatments in addition to nutrition and lifestyle help.



LIFESTYLE AND NUTRITIONAL SUPPORT

Adhering to a Mediterranean diet provides essential nutrients, and a balanced level of proteins, fats and carbohydrates needed for bone renewal and growth.

Foods that are important for bone health include those rich in omega oils, such as salmon, mackerel and sardines; and calcium, from dairy products, green leafy vegetables, broccoli, beans, legumes and seeds.

Vitamin D is important because it enables calcium to be absorbed correctly and is best obtained through sunlight. When we have low amounts of sunlight, taking a vitamin D supplement with at least 1,000 international units is recommended. Limiting red meat, high-fat dairy, processed and sugary foods, and alcohol can help reduce joint inflammation and help maintain a healthy weight to minimise the impact on our bones. Not smoking can also reduce the risk of developing or making osteoporosis worse.

BUILD MUSCLE STRENGTH

Muscle mass can drop by as much as 10 per cent during the menopause, and maintaining and building muscle is one area we have some control over and through simple solutions.

Regular weight bearing, muscle strengthening, and balance exercises support bone strength. They also help keep us less wobbly on our feet and less likely to fall over, which is a common cause of fractures as women become older.

CONSIDER HRT

As a medical treatment for osteoporosis, hormone replacement therapy (HRT) replaces declining levels of oestrogen. We know that HRT prevents and treats osteoporosis in menopausal women. It is important as a preventative treatment in those with an early or premature menopause, as these women are at a much higher risk of fractures.

I get asked: "Should we all be considering HRT to prevent osteoporosis?" The latest guidance suggests not, and that women should be taking HRT only if they have symptoms - with the protection of bones being an added benefit. As a menopause specialist, I see the huge impact osteoporosis can have on people's lives and it is important



that each person's case is looked at individually and decisions made with patients to weigh up the risks and benefits.

Oestrogen also reduces inflammation in the skeletal joint spaces. A combination of weakened bones, less muscle mass and inflamed joints can result in debilitating symptoms that include painful, swollen and stiff joints, and muscle pain and weakness.

I commonly see women with symptoms such as "frozen shoulder" or "clicky knees", which can be misdiagnosed as conditions such as arthritis, struggling to find solutions when they had needed menopause support and treatments such as HRT. Curiously it might be the case that without such treatments, these symptoms have stopped people doing the exercises that support bones.

HRT also has other benefits such as the prevention of cardiovascular disease, improving brain cognition and insulin resistance, and preventing some cancers.

OTHER MEDICATIONS

The commonest non-hormonal medications are bisphosphonates, such as alendronate. These are effective treatments but can cause side effects such as heartburn.

If you are on these medications, you will need a "holiday" from the treatment three to five years after starting them as there are risks from long-term use such



as fractures of the thigh bones. If you have a very high risk of developing a fracture, you may be suitable for more specialist newer treatments, the options of which can be discussed with your doctor.

MY TAKE HOME MESSAGE

Being proactive and practising a lifestyle that supports the bones and muscles years before the onset of the menopause can give our bodies the best chance of coping with the stresses in later years. If you have reached the menopause, it is not too late to get support. Every little helps and it is important that a woman gets the right support as soon as possible.

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