

Definition



"A systemic skeletal disease characterized by low bone mass and micro architectural deterioration of bone tissue lead to bone fragility and susceptibility to fracture."

[Osteoporosis consensus development conference]

Common sites of osteoporotic Fracture



Vertebral Fracture

Hip Fracture

Incidence of osteoporosis

Osteoporosis in 8 times more common in females than male

1 in 8 men over 50 years have an osteoporosis related fracture where as in women the ratio is 1 in 2.

Classification

Primary osteoporosis

post menopausal osteoporosis and osteoporosis of aging

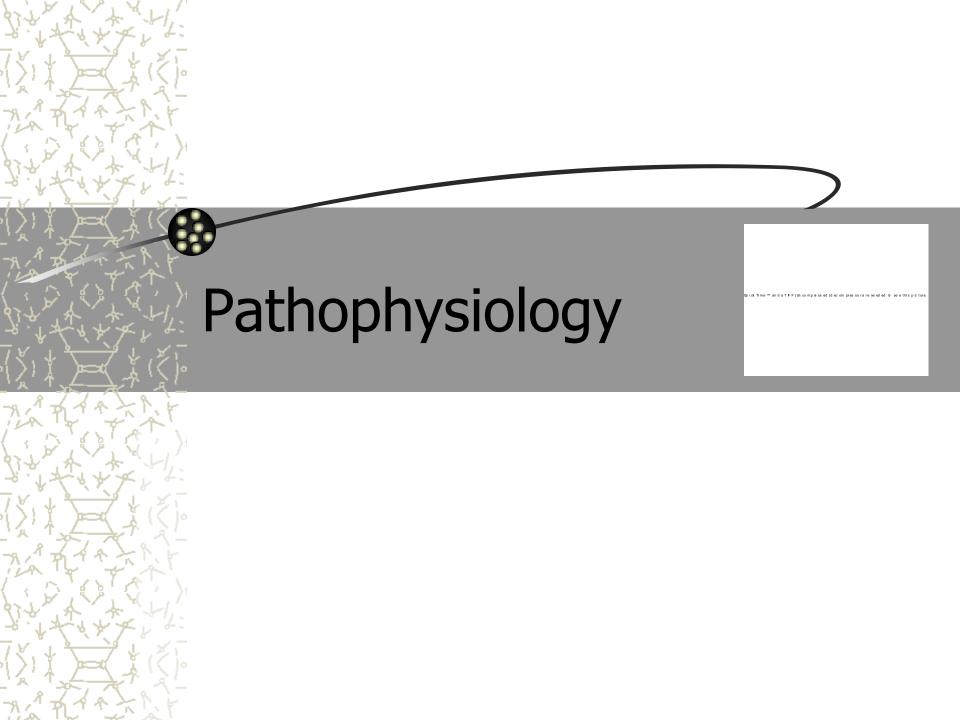
- Secondary osteoporosis
- Due to secondary reasons such as hyperparathyroidism, long term corticosteroidal administration

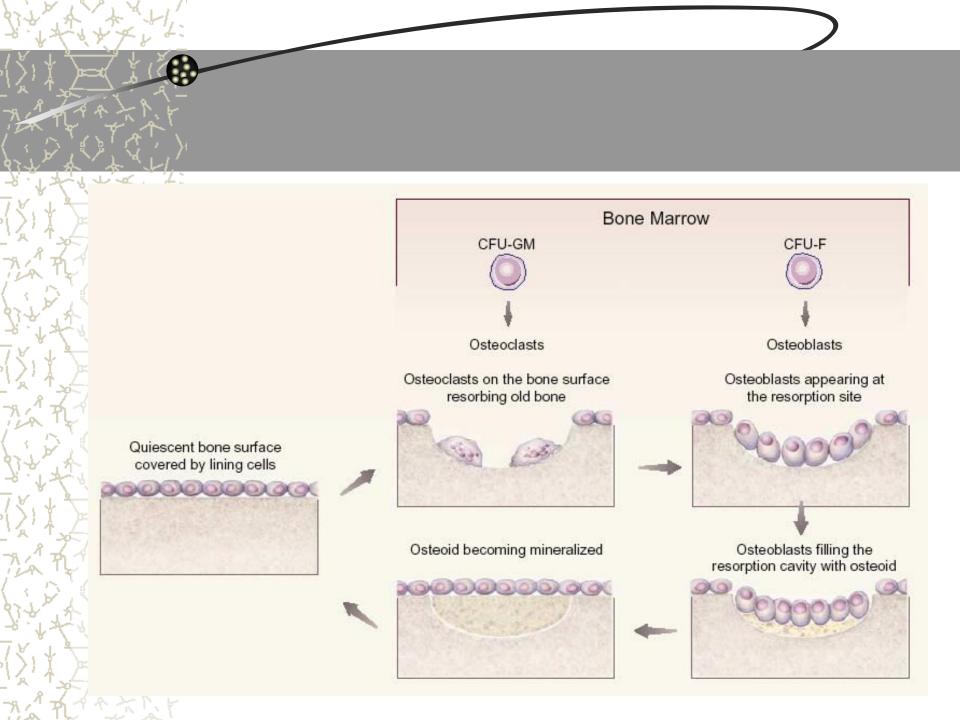
Etiology

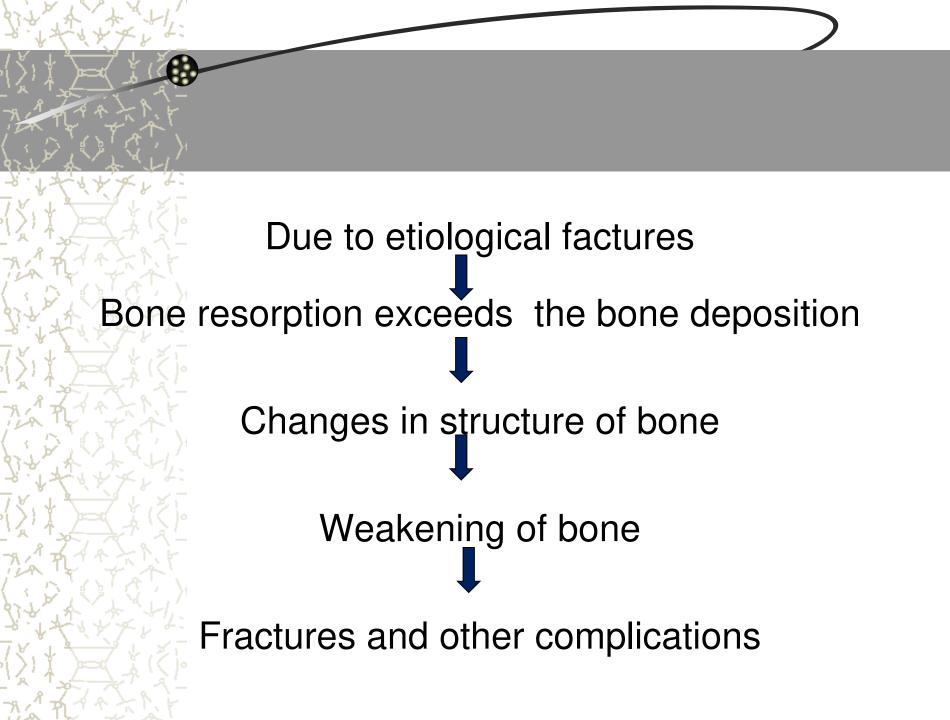
- Idiopathic causes
- Genetic factors
- Post menopausal hormonal changes
- 🖖 Aging
- Small / thin frame body / low body weight
- Sedentary lifestyle
- Dietary habits :- low calcium and vitamin D in diet
- Medications like corticosteroids and antiseizure medications

Risk Factors

- Ъ Aging
- Post menopausal estrogen deficiency
- Smoking
- Alcoholism
- Increased caffeine intake
- Decreased calcium and vitamin D in diet







Clinical manifestations of osteoporosis

- Often called as 'silent disease'
- Collapsed vertebrae may initially manifested as back pain, loss of height or spinal deformations like kyphosis

Diagnosis of Osteoporosis

- History collection and Physical examination
- Measurement of bone mineral content
- Dual energy X-ray absorptiometry (DXA)
- Quantitative Ultrasound of bone
- CT scan
- Radiography

Cont....

Blood tests

- Serum calcium
- Serum phosphorous
- Alkaline phosphate

Dual X-ray absorptiometry





2-dimensional study

Area

- Low radiation exposure
- Error in
 Osteomalacia
 Osteoarthritis
 Previous fracture

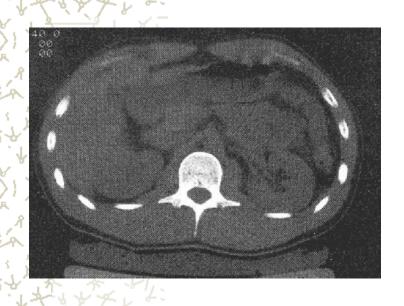
Ultrasonic measurement





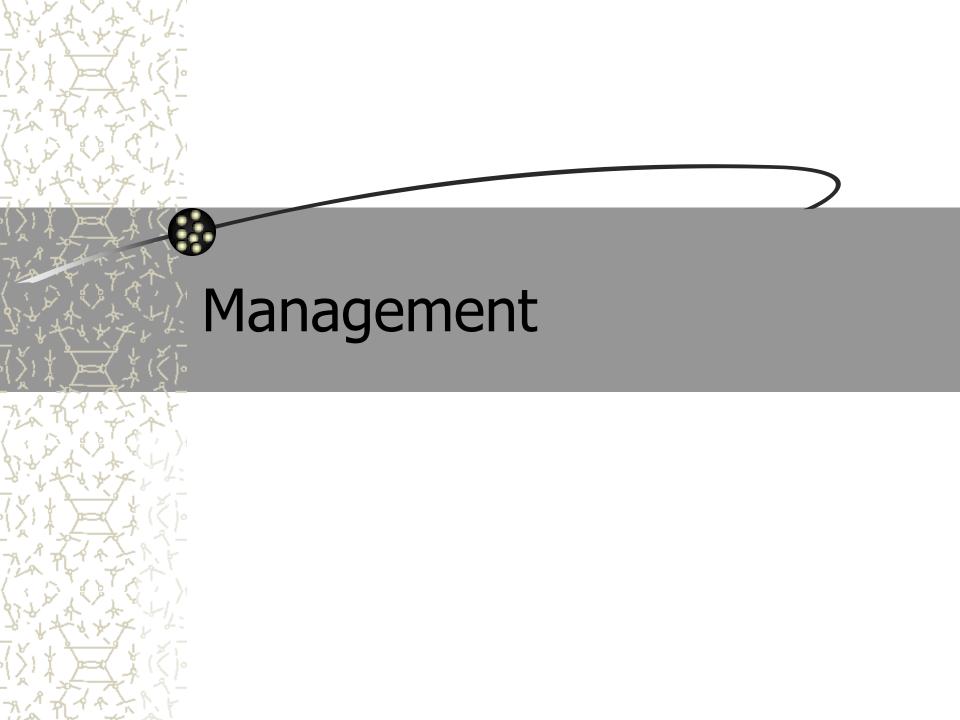
- Broad-band ultrasound attenuation or ultrasound velocity
- No radiation exposure
- Cannot be used for diagnosis
- Preferred use in assessment of fracture risk





- True volumetric study
- Most useful in cancellous bone assessment
- Avoid effect of degenerative disease
- Drawback

High cost High radiation exposure Difficult quality control



Available treatment

- Calcium Replacement therapy
- Hormone replacement therapy
- Estrogen receptor modulators (SERMs)
- Raloxifene [Evista]

 Mimics the action of estrogen and reducs bone resorption
- Teriparatide [Forteo]

 A portion of parathyroid hormone that increases the action of osteoblasts

Vitamin D

- Essential for intestinal absorption of calcium
- Daily recommendation

400 - 800 IU/day

Esp. Low sunlight exposure, elderly, low vitamin D intake

Bisphosphonates

They inhibits osteoclast mediated bone resorption there by increase bone mass

Common bisphosphonates used are

- ➤ Alendronate [Fosamax]
- Coldronate [bonefos]
- > Etidronate
- > Ibandronate
- ➤ Pamidronate [Aredia]

Calcitonin

- Peptide from Thyroid C cell
- Direct inhibition of osteoclast activity
- Less effective in cortical bone
- Salmon calcitonin nasal spray
- Dose 200 IU/day

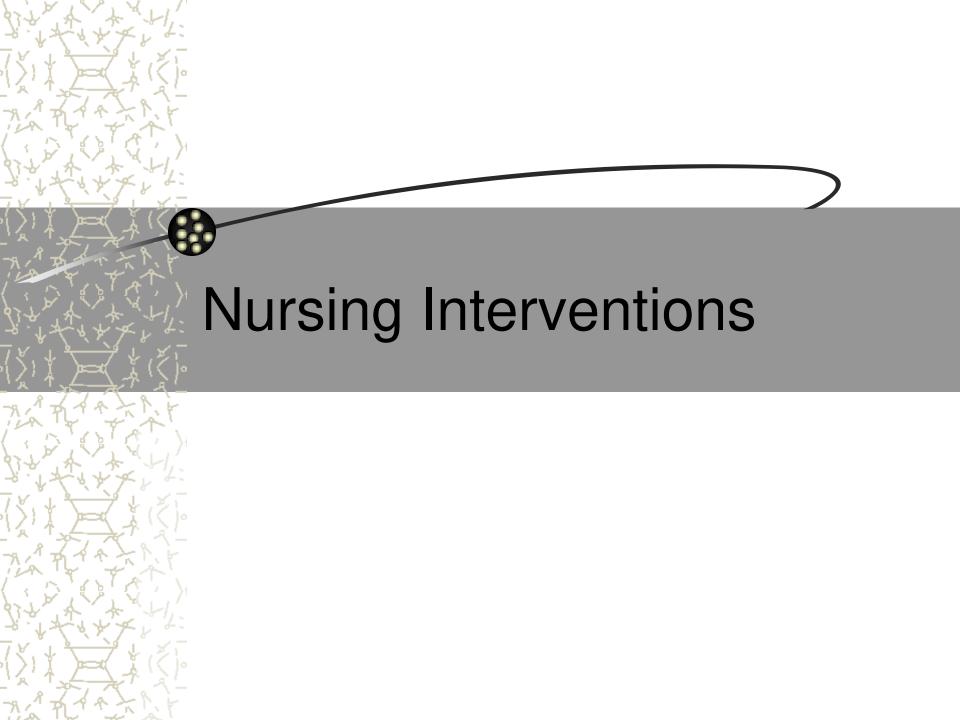
Alternative Therapies

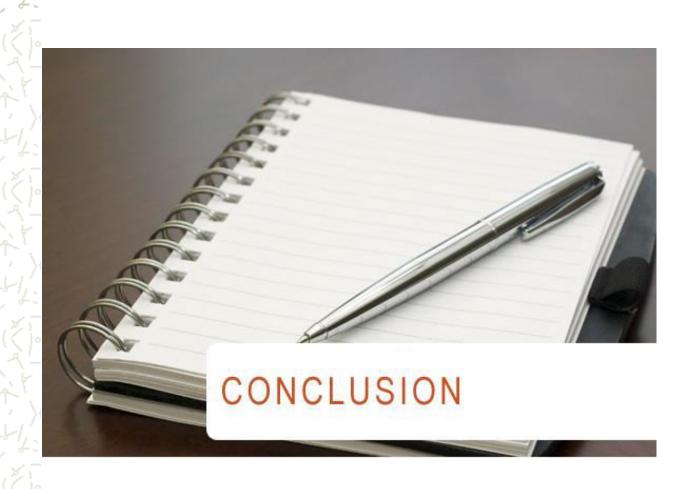
- Calcium rich diet
- Exercise
 - Adolescent Increased peak bone mass
 - Elderly Small increase in BMD
 - Fitness may prevent falling
- Cessation of smoking

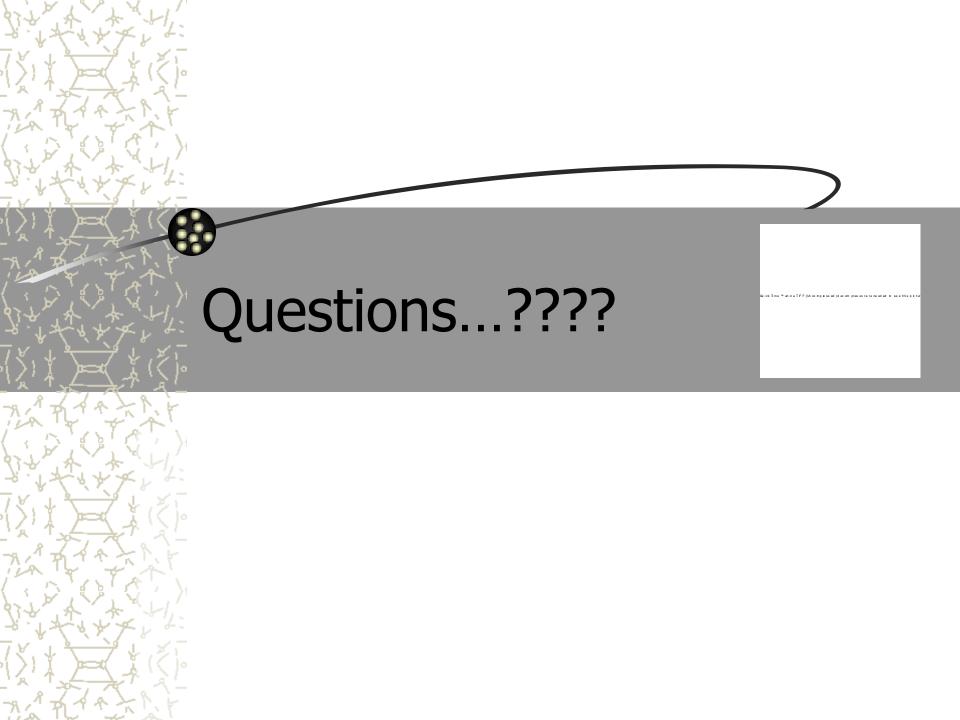
Nursing Management

Nursing diagnosis

- 1. Impaired physical activity related to osteoporosis
- 2. Risk for fractures related to weakness of bone
- 3. Imbalenced nutritional status less than body requirement related to less calcium intake
- 4. Pain related to fracture







Assignment

Write a nursing care plan for the patient with osteoporosis

Date of submission : 20 / 01/ 2012

Reference

Joycee M Black et.al , Medical surgical nursing : clinical management for positive outcomes , 7th edition , Saunders publications , Missouri ,2005

