



## Bone Densitometry (DEXA Scan)

**Our bones tend to increase in density up until the age of 28 years as calcium is more easily incorporated into the structure. After the age of 28 we tend to lose bone density at a very slow rate. This is particularly important for women as the loss of bone density accelerates at the time of the menopause (usually about the age of 50 years) and the loss remains accelerated up to 5 – 7 years after menopause. After this time, usually in a woman's late 50s, the loss of bone density slows again to low levels. Women differ in the rate at which they lose their bone mass.**



As part of women's general health, it is a good idea to start bone mass densitometry (DEXA Scans) from the age of 50. These should be repeated every two years and most likely done in conjunction with a mammogram and Pap smear. A DEXA scan may be required at an earlier stage, especially if the woman has had a bone fracture with minimal trauma. The conditions detected by the DEXA scan are osteopaenia (low bone density) and osteoporosis (pathologically low bone density).

Improving bone density requires a few factors to be present. We need adequate calcium levels in our diet, adequate Vitamin D levels in our blood stream and we need weight bearing exercise. When we are young, absorption of calcium from our diet is not usually an issue and most of us have enough calcium in our diet to maintain our bone stocks. Vitamin D levels may be a problem and these should be tested on a regular basis. If the Vitamin D levels are low, then supplementation may be required. As we get older we tend to lose the ability to absorb enough calcium and in this case we may need to have calcium supplements added to our regime.

Occasionally if there is

both calcium deficiency and Vitamin D deficiency there are products on the market that can cater for both.

Remember that weight bearing exercises are best for maintaining your bone density. These include walking, running, jumping and the like. Unfortunately, as we get older these types of exercises may be more difficult for us to perform as arthritis often sets in to our joints. In this situation a visit to a physiotherapist may help us to choose the most appropriate exercise. People who are severely osteoporotic and have a high risk of fractures due to minimal trauma may require drugs such as bisphosphonates.

