

## all in the family

by Denise Schipani

I'm only 39, but osteoporosis has been on my mind for 20 years. That's when my grandmother was diagnosed with the disease and a doctor compared her fragile bones to stale peanut brittle.

As a 19-year-old, I had only a vague understanding of bone health; like most young women, I took my strong skeleton for granted. My grandmother's diagnosis gave me a quick education.

The doctor explained that the disease, a gradual weakening of the bones that leaves sufferers prone to breaks and fractures, was likely due to a combination of factors—heredity, hormones, poor nutrition and lack of exercise—and that she'd probably suffered small fractures for years. Unfortunately, not much could be done. Back then, this was just one of the inevitable consequences of aging.

Over the next several years, my grandmother suffered other fractures. Sometimes she could walk with a cane or walker; other times she needed a wheelchair. One morning in 1991, while turning to answer the phone, she fell and broke her femur bone. After that, she never walked again. She died a year later.

### no generation gap

My mom was 43 when her mother was diagnosed with osteoporosis. Soon after, she got serious about exercise, began taking calcium and, in her early 50s, got her first bone mineral density (BMD) scan. The test revealed osteopenia, a possible precursor of osteoporosis. She was prescribed Fosamax, which was approved by the FDA a few years after my grandmother died, but in ample time to help my mother, who is now 63. After just 18 months on the drug, she had staved off significant bone loss.

But while these new drugs may seem miraculous—my grandmother was crippled by the disease; my mother need not be—without adequate calcium and



Top: The author (right) and her mother work hard to keep their bones strong. Above: The author's grandmother was diagnosed with osteoporosis at 79.

vitamin D they may not work at all.

In addition to taking calcium along with the Fosamax, my mom works hard to protect the bone density she still has by exercising regularly. In her postmenopausal years, she takes cardio kickboxing classes, bicycles and gardens on the hill behind her home. In fact, her most recent BMD test taken last year revealed such a decline in bone loss that she no longer needs medication.

### lessons learned

Despite my family history, I'm lucky that my bones are in pretty good shape. I inherited my mom's devotion to exercise, and I've always tried to include plenty of calcium-rich foods in my diet. And even as I edge toward 40, it's not too late to continue protecting my bones.

"There is no real cutoff for when preventive measures stop being effective," says Silvina Levis-Dessau, M.D., professor of medicine and director of the University of Miami Osteoporosis Center. Your bones are constantly in a state of both building up and breaking down. While it's true that as you age you lose more bone than you build, good habits can help you protect what you have. Plus, you can slow loss through proper nutrition and exercise.

Because I learned early how to protect my skeleton, I'm confident that my family history of poor bone health will end with me, that I won't spend my golden years tethered to a walker or fearful of cracked sidewalks. Experts stress that it's not all about the miracle of drug therapy. "While we have a lot of good drugs to treat osteoporosis, what we really want is to not need them," says Robert Heaney, M.D., professor of medicine at Creighton University in Omaha, Nebraska, who has been at the forefront of osteoporosis research for decades. If we want our bones to last a lifetime, we have to start protecting them today. **wd**