

bones that break easily. Judith Tan poses questions about the disease to Dr Chua Yang, a consultant obstetrician and gynaecologist at A Clinic for Women, on your behalf.

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Speaker A/Prof Francis Seow-Choen (Adjunct Associate Professor, NTU; Senior Consultant Surgeon

Topic

Piles & Large Intestine Cancer

Time

1pm to 3pm

Causes & Treatment

1) How to Prevent Colon Cancer 2) Prevention & Treatment of Piles/Haemarroids

> Time 3pm to 5pm Speaker

A/Prof Adrian Leong (Adjunct Associate Professo NUS; Senior Consultant Surgeo

Dr Chan Hsiang Sui (Senior Consultant Surgeon)

Northern Hope Medical Specialists 168 Punggol Field, #04-08, Punggol Plaza Singapore 820168 Tel: 6315 5550 Fax: 6315 8220

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# Ten Questions To Ask Your Doctor **About Osteoporosis**

### I. How serious a problem can my osteoporosis become?

In Singapore, there are about 1,600 new hip fractures every year resulting from osteoporosis, and studies indicate that about one in five such patients will die within two years of the fracture. Of the survivors, more than half will lose their independence and not be able to walk without aid

### 2. Could my osteoporosis be the result of another disease?

Osteoporosis among women is prevented before menopause due to the bone-building effect of oestrogen.

Women with early menopause — either naturally from premature ovarian failure or because of surgery to remove their ovaries - are therefore at particularly high risk of osteoporosis.

Impaired ovarian function prior to menopause for example, athletic amenorrhoea, anorexia nervosa and hyperprolactinemia - can also increase the risks of osteoporosis. Diseases which require treatment with long-term steroids or affects absorption of calcium can also increase the risk.

### 3. Could my medications be causing or aggravating my osteoporosis?

Certain medications can alter absorption of calcium or directly affect bone metabolism. These include corticosteroids, excess thyroxine and anti-convulsives.

If you are on these medications, discuss with your doctor the measures that you can take to prevent osteoporosis.

### 4. My mother suffers from osteoporosis - and so did my grandmother. Could my osteoporosis be hereditary?

Yes, there is a significant genetic factor involved in the development of osteoporosis. The maternal link is particularly relevant.

However, women in general have a greater risk of osteoporosis because at the onset of menopause, there is a period of rapid bone loss of up to 5 to 6 per cent a

### 5. Which lifestyle changes are particularly important for protecting my bones?

year.

In spite of risk factors that we cannot change, like being woman, ageing, menopause and having unfavourable genetic risks, there are lots of ways that we can improve our chances against osteoporosis

Osteoporosis can be prevented by lifelong efforts in healthy living to modify the risk factors that are modifiable. These include regular weight-bearing exercises, sufficient calcium intake, and avoiding excessive caffeine, alcohol and smoking.

Exercise should be an integral part of life. You should do weight-bearing exercises like brisk walking, jogging, dancing, taiji, ball games and climbing stairs.

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Ten Questions To Ask Your Doctor About Osteoporosis

# Build up your bone bank

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Even if you have not tried any sports before, just brisk walking for 20 to 30 minutes three times a week is good enough exercise for bone health.

Foods which are rich in calcium and vitamin D, like "high-low" milk (calcium-fortified juices or soya bean drinks are alternatives for those intolerant to dairy products), yogurt, cheese, fish with edible bones like sardines and salmon, and dark green leafy vegetables like kailan, spinach and chye sim.

Calcium is the building block of bones. Inadequate supply of calcium will increase the risk of osteoporosis. Equally important is vitamin D, which aids calcium absorption into the bones. There is less need for vitamin D supplements if there is some sun exposure

### 6. Should I be taking oestrogen or testosterone?

Hormonal therapy helps bone building. They are able to assist in preventing osteoporosis.

For example, the absolute benefits er 10,000 women-years attributable to the use of combined hormone therapy (oestrogen and progestogen) are 24 per cent reduction in all fractures, 33 per cent reduction in hip fractures and 3.7 per cent increase in hip bone density after three years of therapy.

However, hormonal therapy is not administered for the sole purpose of bone protection as there are possible side effects and risks involved.

These hormones should be used only when indicated for symptom control and patients need to be assessed for their risk-benefit profile before



exercises such as brisk walking or jogging.

commencing treatment.

If you are experiencing moderate to severe symptoms around the transition period of menopause, discuss with your doctor about suitability of hormonal treatment.

### 7. What other medications, if any, should I take to ensure that calcium is absorbed by my bones?

Vitamin D will aid the absorption of calcium. As mentioned, for Singaporeans with adequate exposure of sunshine, there is minimal need for additional vitamin D.

There has been amazing development in the area of osteoporosis treatment. Several pharmacological options to treat osteoporosis are now available and they are effective and relatively free from side effects.

# 8. What are the potential side effects of these medications?

Osteoporosis

prevented by

doing regular

weight-bearing

can be

For calcium supplements, the main concerns among my patients have always been constipation and worry that they may result in formation of kidney stones. Calcium is dehydrating but constipation can be easily prevented by making sure there is sufficient water intake.

However, with healthy kidneys, one would need to consume five to six times the normal recommended dosage to be at risk of stone formation.

### 9. Is there anything else I can do to prevent fractures?

The danger of osteoporosis lies in the fact that it is a silent disease. It seldom manifests symptoms until complications like fractures have occurred. (Aches and

pains are usually not related to osteoporosis without fractures).

It is therefore important to screen and diagnose this disease by identifying risk factors and investigating the bone density. A quick and painless "scan" called the Bone Mineral Densitometry is done to assess the backbone and the hip.

If there is evidence of bone loss and other risk factors, options for treatment should be discussed. Just taking calcium when there is already osteoporosis is insufficient.

Early detection of bone loss and implementing measures to slow down or reverse osteoporosis will help to prevent fractures

Most fractures result from falls and most falls for the elderly occur at home. Steps should be taken to prevent these risks if the elderly are diagnosed to have osteoporosis.

#### 10. Is there anything I should tell members of my family about ways they can reduce their risk of getting osteoporosis?

Prevention is always better than cure. It is important that all parents teach their children the healthy way of life.

Osteoporosis is known as the geriatric disease with paediatric origins. This is because bone building starts from young. If kids are taught from young to exercise regularly and to have adequate calcium intake, the quality of bones that they are building will be the best that their genetic potential can achieve. Those "banked" bones will serve them for a long time to

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