Welcome to Hotness, the podcast that brings you practical tools to balance your hormones and rekindle connection, confidence, and desire in midlife and beyond.

I'm your host, Dr. Liz Lister. Hotiness is a safe space for honest conversations about menopause, sex, identity, love, loss, reinvention, and desire, because you can embrace your hotness at every age.

Welcome to Hotness, the podcast where hormones, confidence and desire come back online. I am Dr. Liz Lister, women's midlife health expert. And today we have another installment of Things No One Told You About Menopause.

We're going to talk about something that might not be at the top of your list whenever you think about menopaus, and that is your bones. I know it's not really the sexiest topic, but, you know, I usually talk about hotness and confidence and desire, my little romance, reinvention.

And now I'm going to talk to about osteoporosis and what gives. All right. Well, stay with me because this is something that I really wish women knew about at a much younger age way before it ever becomes a problem.

Okay, so here's the thing. You can look fantastic. you can be exercising regularly, and you have no idea that you are losing bone density. Your bones do not send you any kind of message saying, hello, we're getting thinner and weaker over here.

There's usually no symptoms, no pain, there's no warning signs. Sometimes the first indication that something's wrong, yep, is a fracture. So let me ask you a question.

At what age do you think that bone loss begins? People usually think it starts when we are older, quote unquote. Maybe in our 60s, maybe even older. However, even I was surprised when I learned a while ago that we start to lose bone in 40s.

Usually by our late 40's before we've even gone into menopause. It doesn't start just when we are, quote unquote, old. The hormonal changes of perimenopause, we know menopaus can accelerate bone loss, but even the hormonial changes that are happening in the years before we go into menopus can accelerated bone-loss.

Okay. So today we're gonna talk about what happens to our bones, when to consider a bone density scan, what types of exercise actually help your bone health, and what can you do now to protect this body, this one body that you've been issued for this lifetime to carry you through all of the future that have planned.

Because I don't know about you, but I've got lots of places still to go. Okay, let's start with talking about bone biology. Sometimes we picture bones, if you've seen a skeleton you might picture, bones as these rigid lifeless structures that just sit there inside of us holding us up.

This is not true. bone tissue is actually living tissue. It's constantly changing, remodeling itself, growing new cells, cleaning up old cells. Breaking down old bone and building new bone all the time with all kinds of influences on that process.

Now for your bones to stay in great shape, the process has to, stay, in balance. Now, estrogen plays a huge role in regulating this process. So there's bone remodeling, right?

That's the building and the cleanup. Building of new bone, cleanup of old bone. Astrogen fluctuates and may overall have a decline even before menopause, in perimenopaus, definitely during the transition into menopsis.

And of course, once we're in menopause and our bodies, our ovaries aren't making estrogen anymore, we really can have an increase in the activity of the cells that break down the bone without that balance of bone building that is stimulated by estrogen.

Okay, so that means that loss of bones can speed up. Okay, so I've already said this but it is worth repeating that this process can start happening years before you have your last period.

That's when it really starts to pick up and then of course it can really be significant once we go into menopause. So you might be focusing on why you're not sleeping well.

Your body composition is changing, your metabolism is slowing down, you joints don't feel good. Now there was a previous episode of Things No One Told You About Menopause on joint pain, so you can go look for that.

I'll link to that one too in the notes. But while all those symptoms are happening that you might be paying attention to, there might another change that don't feel that can be just as devastating for your health, and that is loss of bone density.

Now, not every woman loses bone at the same rate, right? A lot of influences, genetics, body size, nutrition, exercise, medications, medical conditions, all of these are relevant to your bone health.

But menopause is a huge turning point for bone heath, so late perimenopaus and menopus. So here's what I want you to understand. Osteoporosis is not just an inevitable consequence of getting old.

All right? There are things we can do to assess our risk, protect our bones, and treat bone loss when that is going to be helpful. Okay. So this brings me to something I feel very strongly about.

Why are women not getting bone density scans often until their mid-60s? And why are they waiting until then to have a serious conversation with their health professional about their bones?

Okay, now, little hint, hint is that doctors have big share in the blame of why women often don't get a bone scan until they're in their 60s. Okay. So let's talk about the scan.

The standard test for measuring bone density is called a DEXA scan. It's actually D-X-A, but it's referred to as a dexa. it typically measures bone mineral density at your hip and your lower spine.

It's quick, it's not invasive, It gives very valuable information about your bone health. I'll tell you a little story about myself, is that the DEXA scan is usually only done on one side of your body.

And it is actually more useful to be able to get both sides of the body measured. It is also important for the same study to done, preferably at the location as you follow your density over time.

I discovered that I have significantly different bone density on my right side versus my left side due to some tilted spine. This is a whole other story for another time.

But in any case, it was very relevant and interesting for me to know as I follow my own bone-density. Now, if you're worried about radiation, I want to address that.

The DEXA scan is an X-ray test. The radiation exposure is extremely low. It's comparable to being outdoors with natural background radiation for a few days.

And it does depend on the equipment that's used and the particular scan that done. But typically, it's very, very low, and I think the benefit of having the information vastly outweighs issues with this very small amount of radiation.

So I don't want you to automatically avoid a scan, especially if it might be appropriate for you, to get that bone density checked. The bigger reason, a much bigger, reason that women and doctors are waiting way too long to receive or to order the DEXA scan is that the United States Preventive Services Task Force, few decades ago, came up with a recommendation for routine osteoporosis screening for women starting at age 65. Oh my goodness, that is so way to late for most women.

The task force did recommend a DEXA scan for younger women, but already in menopause, if they had other increased risk factors, for example, previous fracture without a trauma, certain illnesses, being on certain medications.

However, your bones and your bone loss do not politely wait until your 65th birthday. Most women need to advocate for themselves and I'm constantly talking about this with my patients and ask for a baseline bone density scan.

I like it at least around age 50. Most doctors are willing to order it. Once a woman turns 50, they start to think differently about her health and so they're usually willing write that order.

So I want you to think proactively about bone health around the transition into menopause. So this is usually, again, around late 40s, maybe even sooner if you've had a hysterectomy, even if had one or both ovaries left in place, all right?

So ask your health professional about your risk factors. Ask for a baseline DEXA scan, at least by age 50, right. So this is an earlier preventive approach, not universal screening, right?

The task force was trying to weigh the cost of a screening program versus the costs of the disease. But let me tell you, as an individual, the cause of hip fracture can be completely life devastating.

So your personal risk, your status related to menopause, you medical history, other clinical factors do help determine when testing is appropriate. But I want you to advocate for yourself and do it at least honestly by age 50. Other risk factors might include early menopause, low body weight, certain nutritional illnesses.

There's a number of factors that can lead to you benefiting from an earlier assessment of your bone density. Okay, so the scan itself obviously is not treatment, it is information.

It gives you and your health professional a starting point. So depending on your results and risk factors, it can guide decisions about exercise, nutrition, follow-up testing, possibly medications, possible supplements that can help.

So I want women to understand their risk and make informed decisions before there is a fracture. We're talking about diagnosing osteoporosis. What about osteopenia?

Have you heard this word? They're both pretty intimidating sounding words. So let me say a little bit more about the DEXA scan. So the DeXa scan gives us a result which is called a T-score.

What is a normal T score? The T Score compares your bone density to that of a healthy young adult reference population. Well, who's that? Who's the healthy young adult?

I will tell you, she is a 30-year-old woman. That is whose bone density we are being compared to. Okay, so that 30 year old woman, her T score would be zero.

Okay, so then it goes down from there, right? So a T score of zero down to minus one, one standard deviation below that bone density level measurement is considered normal.

Minus one down minus 2.5, that's osteopenia. And then minus 2.5 or lower, that is usually related to a diagnosis of osteoporosis. So as far as the numbers are concerned, That's how that diagnosis is made.

Now, if you learn that you have osteopenia that does not automatically mean that You are destined to develop osteo process. Osteopenia does not inevitably progress to osteoporosis.

Some women remain stable for many, many years. Other women, the bone density picks up more quickly. The bone-density loss. can accelerate. It depends on a lot of factors, what's happening in our bodies and our own risk

factors.

So osteopenia is an opportunity to pay attention and ask questions. How quickly am I losing bone? What are my other risk factor? Am I getting enough protein?

A lot to talk about that, very important. Am i getting calcium, vitamin D, Vitamin K, other minerals? And am i doing the right kinds of exercise? I'm gonna say more about that in a moment.

Do I need treatment? So the T-score is not the whole story, right? A woman with osteopenia can have a higher than her predicted risk of fracture, but it depends on many other factors.

So, the goal is to not just get a good number on a scan. The goal to keep your bones strong to support you living the life that you want to live. So what do our bones need in terms of exercise?

Let's turn to the topic of exercises because this is where we can get really practical. For your bones, all exercise is not created equal. for example, walking, I love walking.

Walking is wonderful for your health, great for you health. Great for cardiovascular fitness. Definitely great, for mental wellbeing. But if walking is the only exercise you're doing, you are missing some very important opportunities to challenge your bones and strengthen your bone.

So bones respond to the forces placed on them. How is that? Muscles pull on the bones. And these are mechanical signals that help your body determine where bone needs to be maintained or strengthened.

Right? Remember that remodeling process is happening all the time. When the muscles are pulling on bone in different directions, that signals, it's part of that process.

So, most people have heard that weight-bearing exercise is important to building and keeping strong bones. This is true, but it's not the whole picture.

Resistance training loads the skeleton. However, impact and changes in the direction that you're moving create different forces. So this is why I want you to think beyond only weight-bearing exercise or just being active.

So let's look at the kinds of exercise that you do. I wanted you think about how you're challenging your body. Let's talk about torque. Torque is the turning and twisting effect produced when a force acts away from the bone joint or the axis.

Okay? So you turn, you pivot, and you change direction. I think the best way to think about this is if you can picture people playing soccer. All right, soccer, you're running forward, running backward, side to side, jumping around, forward in all different directions.

This has actually been shown in a study comparing different types of sporting activities to be the very best way, especially for kids, to build the most bone density in the first place.

It's just an amazing exercise in terms of torque on the bones. Okay, so your skeleton experiences forces in different directions as you move through the world.

That's why we need these compound complex movements that we do in the type of exercise so that can be safe and not hurt ourselves in our daily living activities as we get older especially.

So we need to incorporate activities that challenge us to move in more than one direction, more that one plane. Now you'll never guess one of my favorite examples.

Yes, it's dancing. Dancing is an awesome example and obviously I'm going to bring that up. Now there's different types of dancing, right? There's Zumba classes, which I enjoy.

There is line dancing. there is salsa and other Latin dances. And then of course, you know me, I love Argentine tango. Now all of these are. Dances that have you move not just one direction in a straight line without any kind of impact or jumping so Impact and jumping you're shifting your weight.

You're turning your balancing your changing directions. Your coordinating your muscles This is really good for your body really Good for Your bones and it's also really.

Good. For your brain side benefit there Now, dancing alone is not going to do the trick, okay? So this is the only types of movements that are going build stronger bones.

For example, other exercise that's becoming more well-known and more popular is often referred to as jump training. So you have like a spring load action, jumping up, jump down, always being done carefully, and always done within the limits of what's good for your body.

So the point is that these do more to help the bones than only the weight, right? So we know like walking, wearing a weighted vest, that's okay. However, we really need these other types of exercises that provide more torque on the bone to get our body's natural process to remodel and build strong bone on an ongoing basis.

Okay, again, in practical terms, Resistance training and also progressive resistance training, right? Once the body gets strong enough to do a certain weight or a specific exercise, we have to push beyond that.

We have keep getting stronger in order to help our bones. You want to gradually increase the challenge. As your strength and your ability improve, you need to keep going with challenging yourself in that way.

Like we said with weight bearing activity, Walking, dancing can also be helpful. An impact exercise if and when you are able and it's appropriate for you, right?

Some of us need lower impact alternatives, but we can do a little bit. Okay, this is sort of a new fun thing that I've been incorporating. All right. and another component of that balance training as well because preventing falls is a huge part of preventing fractures.

Now, caution, if you already have osteoporosis or you've had a fracture, a vertebral fracture in your spine, you have significant joint or balance problems, please don't just all of a sudden start doing a jumping program or doing aggressive kind of new twisting exercises just because you heard me talking about torque on a podcast.

You want to work with a qualified health professional or a physical therapist or fitness trainer to help you choose right exercises for you. So the takeaway from this part is moving your body is super important, it's great, but also give it specific ways to help your bones stay strong.

What happens if your bone density is low enough that lifestyle changes aren't enough? This is where supplements can help, medications can helps. Now some supplements are going to be helpful from a preventive standpoint.

Enough calcium, It's a little controversial whether taking calcium supplements actually goes into the bones to help. So you do not have to focus on lots and lots of calcium, but definitely having enough, definitely have enough protein intake, like we mentioned.

But other supplements can help, so vitamin D, I believe we really need to supplement to have optimal levels. Vitamin K, it could be in the supplement, in a multivitamin, from your diet.

All right. So, but also sometimes medications can help. Let's talk about it for a moment. Now, as I mentioned, and as you probably already know about me, my patients come to me because they want to be preventive rather than being put later on a medication to fix a problem after it shows up.

Okay. But I want to say a word about osteoporosis medications because they're not all the same. They work in different ways. So remember how I have mentioned a couple of times the bone remodeling process, there's bone

building and there is bone breakdown.

The cells that build the bones are osteoblasts and the cells the break down the dead bone cells to clean it up are osteoclast. And there's a balance between the two.

So some medications slow down the breakdown or the cleanup process. And this class of medicines are called anti-resorptive medications. They've been around the longest, so you have probably heard of them.

These include the bisphosphonates, things like Fosamax. There are, which is allendronate, and there's other ones that work in a similar way with a different mechanism.

For example, dinosumab or prolia works through an immune mechanism, but the way it works is by interrupting the bone resorption or that cleanup removal process.

So this can help preserve or sometimes even increase bone density. Now, you may have heard, because I definitely talk about this with patients, that what that process does with those medications is it makes the imaging look better.

So the bone density increases on the scan. But does that translate into actual stronger bone? This is where it gets a little tricky. Let me also mention right now, though, before I say more about that, that there are also osteoporosis medications that stimulate bone formation.

I tend to prefer these for women to be able to use. So, terapeurotide is Forteo, and there several others. And there some that have both bone building and bone resorption inhibiting effects.

So these treatments can be very useful for people who are really at significant risk of fracture. So it's not just how the bone looks on the boneskin.

The architecture and the properties of the phone are very, very important. A lot of people have heard of a side effect. It is very rare, but it has gotten a lot attention from the anti-resorptive osteoporosis drugs.

The particular one that I'm mentioning is osteonecrosis of the jaw, and that happens when the bone is brittle. because those meds are blocking the cleanup, the resorption of bone.

So the imaging looks better, but it's not necessarily stronger bone now. This side effect is rare. It happens as far as we can tell at the most in about one out of a thousand people who are using this class of medication.

And they do have reasonably good data that it does decrease the fracture risk. Who knows what else is happening? People are also, I'm sure, modifying their behavior.

So these are things that are being studied on an ongoing basis. But I do tend to prefer the drugs that actually stimulate the building of bone in terms of their mechanism.

So those risks and possible side effects to any of these meds and the right medication depends on your individual circumstances, your medical history, what other medicines you are taking.

So these treatments require very specialized attention and care and planning when they are started or changed or even stopped. Now, there are also supplements, as I mentioned, that can be very helpful.

When I have someone who's been diagnosed with osteopenia, I recommend jumping right on this. And I recommended supplements that include other trace minerals, strontium, boron, manganese.

There's really quite a number of them. I'll link to my favorites in the show notes as well. So the question is not just to wrap up for today. The question isn't, how do I make my bone density number go up?

The question is, what is my fracture risk? What is an appropriate course of action for me? And how do I protect my bones over time? That is the conversation that I want you to have with your health professional.

A couple more things to touch on. Why are women more vulnerable to osteoporosis? We see it much more often in women than we do in men. And there are two main pieces to this.

Number one, men on average develop a greater peak bone mass as they are growing. They are bigger and they develop just a great peak bones mass during their years of growth in their life.

So women on an average, we start adulthood with less bone masses total. Second is the hormonal changes of perimenopause and menopaus accelerate the loss of bone, right?

So the lost of estrogen. The hormone that plays such an incredible, it is the very best treatment actually for osteoporosis and prevention of fractures.

And it's so critical and we start to lose, we lose our estrogen rather dramatically in midlife. So think of it this way, women, We start with less bone in the bank and then menopause can speed up the withdrawals.

Men lose bone also, but the decline is more gradual and they have a larger reserve in the bank in of bone loss, of bones fracture, I should say, and not every man is protected.

We said this at the beginning, genetics, lifestyle, medical conditions, medications, all matter greatly. So for women, the menopause transition time is an especially important time to pay attention.

And I really want us to stop treating bone health as something that we worry about only when we are quote unquote old. So let's bring this home. Three things I want you to remember from today's episode.

Number one, do not assume your bones are fine just because you feel fine. Bone loss can happen without symptoms and it can speed up before you even go fully into menopause.

Advocate for yourself. Ask your health professional for a baseline bone density scan. I recommend at least by age 50. Earlier, if you have had other risk factors that could contribute to bone loss.

And number three, give your bones the love and support that they need. appropriate strength training, weight-bearing activity, whatever else you can do, jump training.

Those types of exercises that we talked about that provide that torque on your bones and keep them really strong. As well as, of course, adequate nutrition and paying attention to your own health and fitness risks and needs.

If you have osteopenia or osteoporosis, don't panic. Get informed, find out what your results mean, ask about your options. You can address bone loss and you do not have to figure it all out by yourself.

Because you know what I believe, midlife is not the beginning of the end. Midlife an opportunity to get to know your body in a whole new way. We talk about and lots of people talk and focus on glowing skin and strong muscles and better sleep and more confidence and reconnecting with desire and I love all those topics and we will keep talking about all of those.

But we also need to talk our bones that carry us through all the adventures. I want myself and you to be able to dance and travel and do all the things you love, skiing, hiking, play with your grandkids, fall in love.

Do all those things that make us feel most alive. Because hotness is not only about how you look. It's about you feel, how move, and how fully get to live.

So let's give those bones of ours a little love If you haven't already, you can download my free midlife guide. It's in the show notes. So please pay attention and take care of your phone health so you can go out there and live that

hotness life.

Take care and see you soon. Thanks for listening to Hotness. Help more women find these practical tools by liking, sharing, and following the show as well as leaving a review.

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