Proactive Bone Health and Osteoporosis Prevention Transcript

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Introduction to Osteoporosis Risk

First of all, one in two women over 50 will have a fracture in their life due to osteoporosis. And then 24% will die within a year of a hip fracture. Men, that's even worse if they have hip fractures.

Another 25% would end up in a nursing home. So quality of life, if you have fractured, can really be really be changed. So that's at the end of the day.

It's not the number on the deck. That's now your bone density is we want to prevent falls and fractures. Have you made it past menopause, or are you going through it now?

I'm Dr. Pat McShane, and on the Women's Health Span Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome to Women health span voices. I'm delighted to have with me today a wonderful voice in this sphere, Margie Bissinger, and I am going to be calling her Margee for her request.

Marge is a physical therapist and an integrative trained practitioner. She currently is working more in the education space with training both patients who need the services and also clinicians.

Meet the Guest and Bone Health Background

And there's been a large lack in clinical education in this space of bone health. So it's wonderful to have you with us today, Margie. Thank you so much.

Well, thank you so much for inviting me. I just love, love getting the word out because there's so that can be done and so many people aren't aware of all the different pieces.

So I love the work you do and thank for letting me join you today. One of the things that we talked about is how early in a woman's life really bone health arises as a situation.

And maybe you could tell us a little bit about that. Absolutely, because people look at osteoporosis and they think it's an older person's issue. A disease they really call it, which I don't like to call a disease.

But what happens is early on, I mean from when we're born, our bones are getting forces and modeling and the truth is Women have 85 to 90% of the peak bone, the majority of bone they're going to get by the age of 18 and men is 20. So what we do when we're young and our children getting forces on our bones, our nutrition really makes a difference.

It's really all ages we want to pay attention. You know, it's just not something that's stressed. And in this day and age, unfortunately, where people, a lot of people are couch potatoes or on the internet, you know they are not as active.

It can really make a difference, sort of like a bank. You know, you're putting money in your bones, your putting forces in you growing bone, and then you have more bone when you are older, when do you lose bone.

But now let's talk about the area that you had mentioned. Menopause. So prior to menopausal, in the perimenoposal days when hormones change, we already can get bone loss.

and then that accelerates. So someone can, due to the lack of hormones and estrogen, which has a protective

effect on our bone, we can lose almost 20% of our bones during that period of time.

But now, and thank goodness, this black box warning has been taken off, but now with hormones, the bioidentical hormones this can be prevented.

Why Bone Health Starts Early

There's so much women can do early on to prevent the bone loss that happens due to hormonal changes and the whole perimenopause situation. But besides that, you know, also there's root causes of osteoporosis, exercise, nutrition.

There's really a whole array of things that should be done at all ages, not just waiting till someone has a fracture or they get an osteo process diagnosis.

Yes, and typically a low-risk person won't be screened for her bone density until she's 65 in the current era, which I think is too late because many people with osteoporosis or osteopenia, low bone but not severely depleted, are diminished way before age 65. So maybe you could comment on that.

Yes, I couldn't agree more. And that was always the criteria where, to me, that is the most ridiculous thing I ever heard. Like, why are you waiting to find out until you're 65 where you could have found out, you know, 15 years earlier or even earlier than that.

But the good news is that's actually changed a bit. It used to be that insurance when covered. I was recently like this past year at the bone, the osteoporosis conference that I go through every year and with conventional doctors and everybody.

And now it's changed. So now as long as there's risk factors, it will be covered so more people are, and they said the actual, conventional doctors, they're like, you have to start ordering much earlier.

So I think words getting out, but anyone that's at risk, and there's so many people that are at-risk, just having menopause puts you at a risk. But now I thing people are starting to get earlier, But I agree with you, that was absolutely ridiculous.

And the earlier people can get screened and see what's going on, the better for everybody's bones. And the test isn't that expensive in any case. Even if you don't have insurance coverage, it's something you might reach out and just have it done.

Yeah. And, the risk factors include such things as family history. If you've been on steroids for any length of time and some other fractures and so on.

So, yeah. yeah there's actually a lot of underlying root causes that people don't appreciate you know people any kind of inflammation is going out that's the thing with osteoporosis it's not isolated if things that affect your bones your whole health also affects your bone so people who have underlying inflammation It can be from what we know celiac disease but gluten sensitivity is a very big one we see or any kind of food sensitivities or digestive issues.

You're not absorbing and or they have inflammation and that's going to increase the activity of the cells that break down the bone so it's.

Menopause, Hormones, and Early Bone Loss

there's so many different things that affect your overall health that are also affecting your bones and when those are picked up that's sort of the good news that when we figure these things out people get so much better because they address the things So big deal.

I don't have a bowel movement or so big a deal my digestion. But once you see that your bone density is low, it's

sort of a catalyst. It scares people.

Oh my gosh, I have osteoporosis. And it gets people moving on these things. So they end up getting awake and they get better, like a lot more than their bones improved.

One of the things that I think is useful is to know your bone density when you're trying to decide about hormone replacement therapy. And just another word here that vaginal estrogen, which is very, very useful for vaginals symptoms, probably won't have enough of a systemic impact to make your bones stronger.

So just a word about that. Point, right, because people sometimes don't realize that it's totally separate, yeah. In fact, that's one of the hallmarks of vaginal approaches that the systemic amount is so low that people who might otherwise be not candidates for estrogen therapy would still qualify for vagino estrogen replacement.

Let's step back a bit and talk about the four keys of bone health. Okay. So when I think the most important things, and this is what I've seen, I have been doing this, believe it or not, for over 30 years, working as a physical therapist and then as So anyway, number one, you have to figure out your root causes.

You know, too often people will go to the doctor and they give them, it's not a one-size-all approach. And they'll give a prescription, vitamin D, calcium, maybe they will say weight-bearing exercise, and maybe send them to a physical therapist, oftentimes in medication.

And you know, there's so many different reasons why people are losing bone. So I really think you need to figure out your causes and also figure it out.

Like on that DEXA test, you're only getting where you are at now. You're getting a number. And that's only saying the quantity, number one. It's not saying quality.

But it's also not telling you, well, is that that you had anorexia when you were younger?

Screening, Risk Factors, and Root Causes

Or is it that Is it something that happened when you were younger and you just didn't build bone or some process going on that you're actively losing bone?

So that's why I love doing the bone market turnovers and following them like the CTX, which is measuring bone breakdown and this P1MP. measuring the bone building so you sort of see what's happening.

So anyway, root cause is number one. Number two, nutrition. I think that's really critical. Calcium, magnesium, vitamin K2, Vitamin D, just to make sure people are getting all the nutrients they need.

Obviously, food first, but then supplement what is needed and to makes sure they're also absorbing, not just getting it absorbing. Exercise is absolutely huge.

I see this every day. Women are getting so strong. It is that to me, myself included. I've been doing serious strength training. Older women are really getting strong and really empowered and their bone density is increasing.

I think wherever they're at, there's some exercise for everybody. Then the last piece that I thinks very important that's always overlooked is stress and happiness.

Because we know when people are stressed, cortisol, the stress hormone, increases the breakdown of bone and reduces the building of bones. It's really an important piece.

Also, people who are happier and happier people have higher bone density. Those are all the pieces that when I work with someone and You know, really work when you do all the pieces that works to, for most people, you know there's other things that we need to sometimes add in terms of medications and things.

But, those components are very, very for everybody, even if they need other thing to help them initially. Let's expand a little bit about exercise because some people who have been bicyclists or swimmers or even distance runners may not be hitting the specific things, the loads that are important for building bone.

It's such a good point because prior to like 10 years ago, you know, basically people were almost afraid to do heavy weight training for people who had osteoporosis.

And then there was a study done in Australia called the Liftmore study. It was done by a woman, Belinda Back. She has a PhD and she was a researcher who was really looking at 10 women who have osteoporosis safely strength training and what happens.

And that was, really, a breakthrough study because what she found was again, this was under supervision. So it was physical therapists. This was an Australian exercise physiologist.

But it was so exciting. People were doing what's called 80 to 85% of one repetition max. So it's heavy. They didn't start there. It took a while to learn all the techniques, so they're doing it safely and monitored.

But they gained significant bone, both the lumbar spine and the hip. And so that really started things rolling that, really bringing this into the limelight that yes, women can do this.

So more and more research has been shown. The big things are resistance training and it's not the repetitions. In that study, they did five sets of five repetitons.

I would say someone started 10 to 12 and then You know, gradually decrease, but it's getting doing heavy weights, resting in between and they were doing dead lifts.

They were overhead press, weighted squats. And again, not that this is for everybody, But the point is that resistance training and impact. So not everybody should jump, but even being up on your toes, down on you heels.

And I'm just such a big believer of starting with a physical therapist so that you make sure you're doing it safely. But the good news, and I see this every day, is that bone density increases.

Then the other thing with exercise, so there's that, the impact and the strength training. because the bones respond to the forces placed upon it.

Bone Density, Quality Tests, and Blood Markers

So when a muscle is contracting against resistance, it's like, hey, we need more bone here. But it is the resistance and as well as the impact on the bone.

Not everybody can do that, but the thing that everybody could do is balance training. That has been shown to significantly reduce falls and fractures.

end of the day, that's what we want. So it's not just standing one foot. That's good, but doing Tai Chi, Qigong, or you're moving, moving things and you know, walking like one in front of other.

There's lots of different balanced types of activities that people can do that makes such, even strengthening your toes has been shown to reduce fall.

It's really exciting because when you see people who've been doing this now, they look back and they're like, wow, I'm strong. I can lift my suitcase.

So it's one of the positive things that comes out with like I have to exercise because I've osteoporosis. exercises to avoid or that are unsafe? Good point.

Yes, so I actually have my little spine here. So what you want to They used to say just completely avoid it. But now we realize people do that in their normal life, but you don't want that to be part of your exercise program.

So if you look at the spine here for those people who can look, the vertebrae are nice and square shaped ideally, if we can see that. But what happens, and this is the front, this the back where the, if you feel the backs of your spine, you'll feel those bumps.

The fractures in the spine happen in front of the spines. So you can, what happen for certain people as they get fractured or more, instead of being square shaped, it's now wedge shaped.

And the fronts of vertebrae is where all the force is. When you bend this forward, but this one doesn't bend forward. But all of force fulcrums in So it's not that you can't do things, but you learn that instead of bending, rounding out your back, you do something like a hip hinge where you maintain your curve in your bag and you bend from the hips.

So, it is like you are hip hinging. So you just learn to do things a little differently, which is better for your back anyway. But we don't wanna do, so that's very important.

And especially with weights or anything like that, you don' want to round out your bad. So no rounding or it's called flexion. They did a study years ago.

It wasn't the most randomized study at Mayo Clinic, but they found they looked at fractures on a six year period of time. The people who only did like toe touches and rounding and grounding exercises, had an 89% fracture rate, can you imagine?

So they'll never repeat this versus people doing backward exercises, extension for their back strengthening, they only had a 16% fracturing, which was so much better.

But yeah, so anyway, the other thing you don't want to do is extremes of motion, like all like over pressure with like rotation or side bending. Not that you can't do that, but you want go to the extremes.

You're sometimes in yoga places. you just want you to go your comfortable range of motions, especially with weights, you wanna be on a nice stable spine.

So those are the main things. Your advice about having a coach is huge. Yeah. It really matters because people, I've seen this and also the pelvic floor.

I always teach people that do the exercises on the exhale and learn to stabilize the pelvis floor because I have seen women well intentioned, you know, doing heavy exercises, but not learning proper stabilization.

And then they end up having prolapses or other issues because they're not incorporating that core stabilization, including the pelvic floor. But yes, if you can get to a physical therapist, and usually in the United States, it's covered by insurance.

And so, you know, not every physical therapists, but a Physical Therapist who is trained in osteoporosis. There's a program called BoneFit in Canada, and you can look a bone fit practitioner and put your where you live.

You can see who's been bone-fit trained, so they've had the training. And also, even if you go to something called choosept.com, and can put in either geriatrics or women's health, then you just call and ask, is there anyone that specializes in osteoporosis?

And that's who you wanna see. Let's go back and talk about some of the other markers that you mentioned besides just the DEXA that's the foundation. If possible.

So the Dexa just measures bone density, how dense the bone is, which is important and it's still the gold standard.

It's very important. that we get that and we know our numbers.

Now, what they have, some Dexa machines have something that's coming more and more called TBS, trabecular bone score. And that is a software that they put over the DexA to show bone quality and that measures the bone of the spine.

So I love that test if people can get it. The problem is if you already had a DeXA, You can go back if that machine has that ability, but oftentimes just some machines have it and others don't.

Exercise for Bone Strength and Safety

And oftentimes you want to compare to your previous one. So it's sort of give and take in terms. But if you're going for the first time, absolutely find, and you can just Google that, you know, facilities with trabecular bone score, they're becoming more and more popular.

So that helps because it also shows you how the quality of your bone, because two people who have the same score, one can have nice, healthy, strong bones, and they're flexible that if they fell, they wouldn't fracture because their quality is good.

Whereas a different person who has poor quality bone same number on the dexa would have a much higher risk of fracturing if the fell. So, that's one test.

There's another test called the REMS. And it goes by echo light. And that's a newer test. It's still, you know, I look at it as an adjunct. That's certainly a good adjunt.

Some people, there's just not, and I speak to so many practitioners and people like it. But people say, it doesn't replace the DEXA, but that also gives you something called a fragility score.

which can help you know with the quality of bone but i said so just to know about that but then the other two tests that i mentioned they're very long names c telepeptide of type one college in the ctx i think is really important and the p1 mp and because they really show what is going on and help so much to figure out what you should do.

So those tests I like, I also- And those are blood tests? Blood tests, yes. You do have to ask for them. And the problem is some of the doctors will say, oh, they're not effective.

Well, there's a couple of things about them, and they have be done first thing in the morning. And if they're done different times, it's going to show you different readings, so that CTX especially has to be done first thing in the morning, you know, early in morning.

It also has be to done fasting and no biotin or collagen and also no strenuous exercise. So that's for around 48 hours and then no sprenous exercise for 24 hours.

But the facility should tell you, but sometimes people don't do that. They have it like later in day. But I found in the doctors I work with who see lots of patients, we find this so helpful because you can be on, I mean, if we can discuss medication, but if someone's on medication you want to know if it's working.

And or if someones on a different treatment, you wanna know it it working and you may not get your bone density for the earliest a year where you could look at these markers.

and for more natural treatment in six months see a difference, or even three months if someone goes on a medication. So they're really, I've just found them invaluable in figuring out what's working, what isn't.

Other things I like are homocysteine to see inflammation. and high sensitivity C-reactive protein, I find very, very helpful. And because certain people do have high homocysteine and possibly it's just, you know, they may have the MTHFR, a couple of things.

But anyway, those things and the other two more that are very important. I mean, there's more, but the main ones, this one is critical. This is so important, blood calcium, to look at your own blood, calcium value.

Everybody gets that. That's a regular test. And the reason I'm saying that is because if you're over 40 and it's above 10, you need to really evaluate it because they put the values because, they have everybody grouped together.

But what we've picked up, I've had four summits and we picked 20 people each time that have hyperparathyroidism that was missed. So their bones, when that happens, it's a tumor on the parathyroid that's just causing more bone.

It's like grabbing more bones and more to be released. And there's surgery that corrects that. Its benign, but its missed. So look at your own blood work.

Look at the calcium value. I always use Dr. Diva Boone. She's the Parathyroid Surgeon and she has this little calculator on her site, just to see. It's just something that you need to be aware of and then talk to your doctor about it.

And also blood sugar. Blood sugar has an effect on our bones, and so we wanna make sure, even the pre-diabetes level, so it's something people can easily improve and it can have a good, profound effect, on their bones.

So I would say- We're learning so much about the interplay of all the different organ systems in our bodies. Exactly. There's a lot more, but that's the basics.

that you can do and also any issues that have, digestion, any other things, you need to deal with them because if you're not absorbing your nutrients and have issues, that's going to significantly affect your bones.

And no matter what you do, sometimes people think, okay, I'm going go on medication and I don't have to do anything else. That's not true. You still have do everything else and it's the panacea like that.

Better to have done it 20 years ago, but start now. Let's talk about medications and you will find people who have had good results on medications, side effects on medication, not enough response.

Maybe you could navigate through that. amaze a little bit. Yeah, absolutely. So the interesting thing is my first summit was called Natural Approaches to Osteoporosis and Bone Health.

Medication Options and When They Matter

And I wanted to let people know about all these great things that can be done. I decided not to talk about medication during that, which was a huge, huge mistake.

Then I realized afterwards, my next three all discussed medications, when was the indication. But the issue is with medication is that we don't want falls and fractures.

the statistics are terrible in terms of when people have, first of all, one in two women over 50 will have a fracture in their life due to osteoporosis.

And then 24% will die within a year of a hip fracture. Men, that's even worse if they have hip fractures. Another 25% would end up in a nursing home. So quality of life, if you have fractured, can really be really be changed.

So that's at the end of the day. It's not the number on the DEXA. That's now your bone density is we want to prevent falls and fractures. And so in terms of, you know, if someone's a really high risk, let's say when you get the DECSA, like a minus 3.5 or greater, or if they have the CTX, there's like different numbers, 800, which you'll say, If someone you see the bone is breaking down, they're really at high risk for fractures.

The good thing now is there's medications that actually build bone. So things have changed tremendously since

I've been working. There's two types of medications.

They are medications, the bisphosphonates, medications will stop bone loss versus medications actually builds bone, And so those are called the anabolics that build bone.

And what they found now is that if you take the ones first, like the bisphosphonates, and that's the phosamax, the actinol, that stop bone loss, if take those first the other medications don't work as well as they go afterwards.

So now what the philosophy is, again, certain medications are for certain things, but for most people that if you need the medication, the bone builders can build your bone back and they build quality bone.

And then afterwards, though, you have to talk to your doctor because you cannot stop these. If you stop them, You'll lose more bone than you can't stop.

Then there's a progression that then you Have to go on something called reclass or something to stop bone loss. There's like a whole progression on this.

But the point being, Is that there is a place we call it like a medication bridge for a couple of years. Go on the Medicaid. If you're really at high risk is what I feel and other doctors I work with who are very integrative and into all the natural approaches, but there's a time and a.

For people who were really risked that if they do fall, they'll have a fracture. build your bone with these antibiotics, do the course, and in the meantime do your exercises, figure out your root causes, get the nutrition and the supplements you need.

Do all that working with your practitioner. while you're being protected on the medication, and then you don't have to stay on it forever. That's not the point.

So that's sort of what we felt. We call it like a medication bridge. we've seen to be really effective. And you know, I do see that these newer medications, there's one called the vanity.

Again, you have be screened for the risk factors. Sometimes someone will come to me, my doctor gave me a choice. I can go on this or this. How in the world is that person supposed to know that?

They can't choose that. There's real indications for the different drugs, but there's a vanity. I mean, I've seen people significantly in one, you know, increase their bone density.

That's the one that within, and you go on it a year, You can't have any cardiac issues beforehand. So there's risks. It's really a conversation and really in detail conversation with your physician who's knowledgeable on this and to figure out if it's right for you.

But don't be scared. That's the thing. Unfortunately, I've seen people are margin. I am not going on medications. I'm going to do everything else. And then they fall in fracture and they realize that that was a mistake.

There is a time and a place as part of the whole program. Yeah, and seek out an expert. Exactly. It's so important. Yes. Yeah. Because your primary care, your OB-GYN aren't going to know these things necessarily because it changes frequently and it's complicated and different patients need different things.

And I think also get yourself knowledgeable because sometimes people are like, you know, I've heard such sad things like if you don't go on this medication, and you are going to you're going crumble your bone.

I mean, they scare people. And the other thing, though, on the You don't, first of all, it's not an emergency. I mean, you know, It really isn't. This has taken a long time.

So you can breathe. If you get this diagnosis, You can take a breath, figure out all your options and you always can

Take a year unless you're really high risk.

But if you are like, if You just found out you lost your process, look at your risk root causes.

Practical Tips and Closing Advice

You know you could take A year to really work on yourself. See where you at. And, you know, don't feel that. Don't ever feel bullied that you have to take the medication.

You know I think it's just worth the conversation with someone who is going to understand you and be your partner in this. Anything else that we didn't cover?

Yeah, no, there's so many things, but I thing we covered the basics. And can I tell people about this exercise that I have that they're interested in?

Yes, yes. You know, again, I love for you guys to see physical therapists and I think that that would, it's really helped. And I've been doing just, you know funny, real funny story.

So that Onero, its called Onerro now. That's the program that they took Australia and they made it into a program. It's called O N E R O. When I interviewed Belinda Beck, that was the researcher, anyone in the United States doing this program.

And she said there's one physical therapist at the time. Now they're all over the country. But at that time, I said, where is she? Somerset, New Jersey, 25 minutes from where I live.

Like, what's the likelihood in whole country? So I've been doing it now for a couple years and I see all these women. I mean, i've gotten really, really strong and my bone density's improved, but I this happening constantly.

So the exercise is so important. But anyway, what I did is just put together really easy exercises because posture is important, balance is importance, you know, things that you can do safely yourself with a little video on on just a little more education on exercise and even some easy things.

So anyway, so if you're interested in that, it's just free. It's tinyurl.com. Exercises for your bones. Anyway, that can help you get started on some easier things, because don't get overwhelmed.

Don't listen to me and get overwhelming. I guess that's my biggest thing. This diagnosis can be so overwhelming and stressful, but take a breath and only do one thing at a time.

And when you do it step by step, that's how the magic happens. That's great advice. Well, this has been fabulous. I really, really appreciate your experience, your knowledge, and your humor.

your empathy, and thank you so, so much. Oh, my pleasure. Thank you for all the good work that you're doing. And to our listeners and our viewers, if this is the kind of information that your treasure, please pass it on to some of your friends so we can help as many people as possible have their longest, healthiest lifespan.

Thanks and see you soon. If today's episode spoke to you, follow the show and share it with a friend ready to take charge of her health. And please leave a review.

It helps more women find us.