



## Osteoporosis and Hispanic Women

**National Institutes of Health  
Osteoporosis and Related  
Bone Diseases  
National Resource Center**

2 AMS Circle  
Bethesda, MD 20892-3676

**Phone:** 202-223-0344  
**Toll free:** 800-624-BONE  
**TTY:** 202-466-4315  
**Fax:** 202-293-2356

**Website:** <https://www.bones.nih.gov>  
**Email:** [NIHBoneInfo@  
mail.nih.gov](mailto:NIHBoneInfo@mail.nih.gov)

The NIH Osteoporosis and Related Bone Diseases National Resource Center is supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases with contributions from the National Institute on Aging, the National Institute of Diabetes and Digestive and Kidney Diseases, and the NIH Office of Research on Women's Health.

The National Institutes of Health (NIH) is a component of the U.S. Department of Health and Human Services (HHS).

November 2018

It is a common misconception that osteoporosis only affects white women. But, in the United States, the prevalence of osteoporosis in Hispanic women is similar to that in white women. Fortunately, osteoporosis can be prevented and treated. As a Hispanic woman, it is important that you understand your risk for osteoporosis, the steps you can take to protect your bones, and, if you have the disease, the options for treating it.

### What is osteoporosis?

Osteoporosis is a condition in which the bones become less dense and more likely to fracture. If not prevented or if left untreated, bone loss can progress painlessly until a bone breaks, typically in the hip, spine, or wrist. A hip fracture can limit mobility and lead to a loss of independence, and vertebral fractures can result in a loss of height, stooped posture, and chronic pain.

### What are the risk factors for osteoporosis?

Several risk factors increase your chances of developing osteoporosis, including:

- A thin, small-boned frame.
- Previous fracture or family history of osteoporotic fracture.
- Estrogen deficiency resulting from early menopause (before age 45), either naturally, from surgical removal of the ovaries, or as a result of prolonged amenorrhea (abnormal absence of menstruation) in younger women.
- Advanced age.
- A diet low in calcium.
- Cigarette smoking.
- Excessive use of alcohol.
- Prolonged use of certain medications, such as those used to treat lupus, asthma, thyroid deficiencies, and seizures.

### Are there any special issues for Hispanic women regarding bone health?

Several studies highlight the risk that Hispanic women may face with regard to developing osteoporosis:

- Hispanics are more prone to lactose intolerance than are other groups. Lactose intolerance can hinder optimal calcium intake. People with lactose intolerance often may avoid milk and other dairy products that are excellent sources of calcium because they have trouble digesting lactose, the primary sugar in milk.
- Studies have shown that Hispanic women consume less calcium than the Recommended Dietary Allowance in all age groups.
- Hispanic women are more likely than white women to develop diabetes, which may increase their risk for osteoporosis.

## How can osteoporosis be prevented?

Osteoporosis prevention begins in childhood. Building strong bones, especially before the age of 20, can help defend against bone loss. A healthy lifestyle can be important for keeping bones strong. The recommendations listed below should be followed throughout life to help lower your risk of osteoporosis.

- Eat a well-balanced diet rich in calcium and vitamin D.
- Exercise regularly, with an emphasis on weight-bearing and resistance activities. Examples of weight-bearing exercises include walking, jogging and dancing. Resistance exercises – such as lifting weights – can also keep bones strong.
- Don't smoke, and, if you drink alcohol, do so in moderation.

Talk to your doctor if you have a family history of osteoporosis or other factors that may put you at increased risk for the disease. Your doctor may suggest that you have your bone density measured through a safe and painless test that can determine your risk for fractures (broken bones), and measure your response to osteoporosis treatment. The most widely recognized bone mineral density (BMD) test is called a dual-energy x-ray absorptiometry, or DXA test. The BMD test is painless, a bit like having an x-ray, but with much less exposure to radiation. It can measure bone density at your hip and spine.

## What treatments are available?

Although there is no cure for osteoporosis, several medications are available for the prevention and/or treatment of osteoporosis, including: bisphosphonates; calcitonin; estrogen (hormone) therapy; estrogen agonists/antagonists (also called selective estrogen receptor modulators or SERMs); parathyroid hormone (PTH) analog; parathyroid hormone-related protein (PTHrp) analog; RANK ligand (RANKL) inhibitor; and tissue-selective estrogen complex (TSEC).

## Resource

For more information in English and Spanish on osteoporosis, including nutrition, exercise, treatment, and fall prevention for older adults, contact the:

### **NIH Osteoporosis and Related Bone Diseases National Resource Center**

Website: <https://www.bones.nih.gov>

If you need more information about available resources in your language or another language, please visit our website or contact the NIH Osteoporosis and Related Bone Diseases ~ National Resource Center.

## For your information

This publication contains information about medications used to treat the health condition discussed here. When this publication sheet was developed, we included the most up-to-date (accurate) information available. Occasionally, new information on medication is released.

For updates and for any questions about any medications you are taking, please contact the U.S. Food and Drug Administration toll free at 888-INFO-FDA (463-6332) or visit its website at <https://www.fda.gov>. For additional information on specific medications, visit [Drugs@FDA](mailto:Drugs@FDA) at <https://www.accessdata.fda.gov/scripts/cder/daf>. [Drugs@FDA](mailto:Drugs@FDA) is a searchable catalog of FDA-approved drug products.

NIH Pub. No. 18-7924