

Risk Assessment for Premenopausal Women

Am I premenopausal?

You are considered premenopausal if you are still having menstrual periods. During your perimenopausal years (around the time of menopause), your monthly periods may become irregular. However, you are still considered premenopausal until your periods have stopped for 12 months in a row without a medical reason.

Why is it important to assess my risk factors for osteoporosis?

Osteoporosis is a silent disease that causes bones to become thin and weak, often resulting in broken bones as women age. The earlier you know your personal risk factors for osteoporosis, the sooner you can take actions to control the many risk factors that can be changed. Your actions to reduce risk factors may help prevent osteoporosis later in life.

Am I at risk for osteoporosis?

You may be at risk for osteoporosis if you check "yes" to many of the following risk factors.

- are Caucasian or Asian
 - are small and thin
 - have a parent who has/had osteoporosis or a broken hip
 - have a personal history of fractures (broken bones) during adulthood without trauma (such as a car accident or severe sports injury)
 - have a previous fracture(s) of the spine or x-ray evidence of bone loss
 - have height loss of more than 1-1/2 inches
 - have amenorrhea (a temporary loss of monthly periods for more than 12 months in a row or infrequent periods for several years not including the time without menstruation during pregnancy or breastfeeding)
- Check if you have any of the following chronic diseases or conditions often associated with osteoporosis:**
- AIDS/HIV
 - autoimmune disease including lupus
 - blood disorders - certain types such as leukemia, sickle cell disease
 - cancer - certain types such as breast, lymphoma, various metastatic, multiple myeloma, ovarian
 - chronic lung disease
 - depression
 - diabetes
 - eating disorders - anorexia, bulimia
 - hyperparathyroidism (excessive parathyroid hormone)
 - hyperthyroidism (excessive thyroid hormone)
 - inflammatory bowel disease
 - kidney disease
 - immobility or bed rest for more than 6 months
 - liver disease
 - lung disease that is chronic (COPD)
 - malabsorption- from bariatric (obesity) surgery, celiac disease, Crohn's disease, liver disease, pancreatic disease
 - neurological disorders - (such as multiple sclerosis, Parkinson's disease, spinal cord injury, stroke)
 - organ transplant
 - rheumatoid arthritis

Check if you are taking or have taken any of the following medications:

Important: If you take any of these medications, do not stop or change the way you take them without medical advice from your healthcare provider.

- aluminum containing antacids - such as Maalox or Mylanta taken for long periods of time
- anti-seizure medications such as dilantin (phenytoin) or phenobarbital
- aromatase inhibitors - such as Arimidex, Aromasin, Femara
- blood-thinning agents - such as long-term use of warfarin (Coumadin) or heparin
- chemotherapy- some types such as Tamoxifen
- diabetes medications: some known as thiazolidinediones (TZDs) such as Actos, Avandia
- gonadotropin-releasing hormone agonists (GnRH) - such as Lupron and zoladex used to treat endometriosis
- immunosuppressants - cyclosporine A, methotrexate, FK506 (Tacrolimus)
- lithium
- medroxyprogesterone acetate (Depo-Provera) given as an injection for birth control
- proton pump inhibitors - such as Nexium, Prevacid, Prilosec
- selective serotonin reuptake inhibitors (SSRIs) - such as Lexapro, Paxil, Prozac, Zoloft
- steroids (such as prednisone or cortisone) in a dose of 5 mg or more taken for 3 or more months
- thyroid medications taken in excess or lack of routine blood work to check TSH levels

Check if you have a longterm history of any of the following lifestyle risk factors:

- low calcium intake - eating few, if any dairy foods or foods with calcium added and not taking calcium supplements
- low vitamin D intake - seldom eat fatty fish or drink milk and take no multivitamin or vitamin D supplement
- little physical activity - less than 60 minutes per week

- smoking - more than 1 pack a day for more than 5 years or current smoking (in any amount)
- excessive alcohol intake or alcohol abuse

Although risk factors may increase your likelihood of getting osteoporosis, having risk factors does not mean that you have or will get the disease. It is important to be aware that the above checklist of risk factors is not complete. There are additional conditions and medications that may cause bone loss leading to osteoporosis; some of which are known as well as others that have not yet been identified.

Is bone mineral density (BMD) testing recommended for premenopausal women?

Knowledge of your personal risk factors for osteoporosis should encourage you to take actions for healthy bones and motivate you to discuss your concerns with your healthcare provider. You can make a lifelong commitment to prevent osteoporosis.

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In general, BMD testing is not appropriate for premenopausal women. In rare cases, however, BMD testing may be considered. The long-term use of steroid medication is one of the rare reasons for a premenopausal woman to be considered for a BMD test.

How can I promote strong bones during my premenopausal years?

Knowing your personal risk factors for osteoporosis should motivate you to take actions to promote strong bones and encourage you to discuss ways to reduce your risk factors with your healthcare provider.