



Osteoporosis: Patient Fact Sheet

Osteoporosis means bones have become weaker and more likely to break, so the main goal is to understand and lower fracture risk.

Educational only: This sheet helps you prepare for a bone-health conversation. It is not a diagnosis, treatment plan, or substitute for care from your own clinician.

Who this applies to

- Adults who have been told they have osteoporosis or low bone mass.
- People who have had a low-trauma fracture, such as a hip, spine, wrist, rib, or forearm fracture.
- People reviewing a bone density test, often called a DXA or DEXA scan.
- People with risk factors for bone loss, such as long-term glucocorticoid use, low body weight, smoking, early menopause, low estrogen or testosterone, certain digestive conditions, thyroid hormone excess, or other medical conditions linked with secondary osteoporosis.
- Caregivers helping someone prepare for a bone-health visit.

Key takeaways

- Osteoporosis is about bone strength and fracture risk, not just age.
- Bone density is important, but it is not the whole story. Falls, strength, vision, balance, prior fractures, medications, and other health conditions also matter.
- A fracture from a low-trauma event should prompt a bone-health evaluation, not only treatment of the broken bone.
- Calcium, vitamin D, physical activity, strength, balance, and fall prevention are part of the bone-health conversation.
- Treatment decisions should be personalized and based on current medical guidance.

What patients should know

Osteoporosis is more than a low T-score Bone density testing can help diagnose osteoporosis and estimate fracture risk, but it does not measure everything about bone strength. Bone quality, body strength, balance, vision, thinking ability, medications, and fall risk can all affect whether someone breaks a bone.	Fracture risk is the main concern Hip and spine fractures can seriously affect independence, function, pain, quality of life, and survival. If you have already broken a bone from a low-force injury, ask whether osteoporosis or another bone problem contributed.
Secondary causes matter Sometimes osteoporosis is related to another condition or medication. Examples include long-term glucocorticoid use, low estrogen or testosterone, thyroid hormone excess, malabsorption conditions, anticonvulsant therapy, organ transplantation, alcoholism, and some chronic illnesses.	Nutrition and movement are foundations Calcium and vitamin D are important for bone health, and dietary calcium is preferred when possible. Physical activity, strength, balance, and fall prevention can all be part of a practical bone-health plan.

Practical action steps

- Bring your DXA or DEXA report and ask your clinician to explain what it means.
- Ask about your overall fracture risk, not only your T-score.
- Tell your clinician about prior fractures, falls, height loss, posture changes, back pain, or trouble with balance.
- Bring a full medication list, especially steroid medicines, thyroid hormone, anticonvulsants, and medicines that may affect balance or falls.
- Ask whether you should be checked for secondary causes of bone loss.
- Discuss calcium and vitamin D intake before starting or changing supplements.
- Ask what strength, resistance, balance, or fall-prevention exercise is safe for you.
- Reduce fall hazards at home, including loose rugs, poor lighting, cluttered walkways, and unstable footwear.

Questions to ask your doctor

Bring these questions:

- What does my bone density result mean for my fracture risk?
- Could I have a secondary cause of bone loss?
- Do I need lab tests to look for causes of osteoporosis?
- How much calcium and vitamin D is appropriate for me?

And ask about next steps:

- What exercises are safe for my bones, strength, posture, and balance?
- Do I need medication to reduce fracture risk?
- If I have already had a fracture, what can we do to lower my chance of another one?
- How often should we repeat bone density testing or reassess my plan?

Medical disclaimer

This fact sheet is for general education and visit preparation. It does not diagnose osteoporosis, estimate your personal fracture risk, or replace care from your own clinician. The source used for this fact sheet is a 2001 consensus statement, so current screening, medication, supplement, and treatment decisions should be checked against up-to-date medical guidance.

References

1. NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy. Osteoporosis prevention, diagnosis, and therapy. JAMA. 2001;285(6):785-795.

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