# Original ArticleFrequency of Osteoporosis inWomen Having Age ≥ 40 Years (The<br/>Multidisciplinary Study)

Osteoporosis in Women Having Age ≥ 40

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### ABSTRACT

**Objective:** To determine the frequency of osteoporosis in women having age  $\geq 40$  years. **Study Design:** Cross sectional study

**Place and Duration of Study:** This study was conducted at the Liaquat University Hospital, Hyderabad / Jamshoro during January 2018 to April 2018.

**Materials and Methods:** This study was conducted on the women aged  $\geq$ 40 years while the exclusion criteria were patients already on treatment of osteoporosis, known cases of connective tissue disorders (RA / SLE), and already on corticosteroids and immunosuppressive therapy. All the relevant females were explored for osteoporosis by taking detail clinical history, specific physical examination and along with baseline investigations the bone mineral density was determined through DEXA-BMD (dual energy x- ray absorptiometry) machine. The procedure is non-invasive and subjects with T- score less than -2.5 were considered as osteoporotic, the score between -2.5 & -1 was considered as osteopenic and the score > -1 were taken as normal. The frequency and percentages were computed for categorical variables whereas the mean  $\pm$  SD was computed for numerical variables.

**Results:** During four months study period total fifty women of age  $\geq$ 40 years were recruited and studied had mean age  $\pm$  SD identified as 58.51 $\pm$ 7.71 (yrs). The diabetes mellitus was observed in 22 (44%), regarding residence urban and rural population were identified as 20 (40%) and 30 (60%) while the hypertension was observed in 22 (44%) whereas regarding the BMD the osteoporosis was seen in 28 (56%), osteopenia in 10 (20%) while it was normal in 12 (24%) women.

**Conclusion:** The osteoporosis is a silent disorder reflected as low bone densit and ultimately leads to fractures. **Key Words:** Osteoporosis, Women and Old age

Citation of article: Memon FA, Butt SA, Shaikh MK, Memon SA, Memon AU, Shaikh AG. Frequency of Osteoporosis in Women Having Age  $\geq$  40 Years (The Multidisciplinary Study). Med Forum 2021;32(3): 130-132.

# **INTRODUCTION**

Osteoporosis is a disease characterized by microarchitectural deterioration of bone tissue and low bone mass leading to enhanced bone fragility and increase risk of fracture.<sup>1</sup> It is a common health trouble responsible for mortality and morbidity with rise in socioeconomic burden.<sup>2</sup> Two hundred million women are estimated to be affected with osteoporosis worldwide and around one-tenth of female aged 40 years.<sup>3</sup>

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Received:	July, 2020
Accepted:	November, 2020
Printed:	March, 2021

In neighbored country, one out of three female presents with osteoporosis, making the country as one of the biggest affected country in the world.<sup>4</sup> The osteoporotic fractures are responsible for morbidity and impaired the daily life activities. It is a silent disease and is presented as low bone density, till fracture occurs and leads to increased burden of fractures annually worldwide.5 Till yet, osteoporosis considered as under recognized disorder & labeled to be morbid ageing consequence. The perceptions have been altered and awareness has been seen since studies highlights the disease burden on health care organizations, hospitals and the adverse events faced by millions of individuals worldwide.6 During past decades, there had been major improvements in diagnostic tools & evaluation facilities; it is now convenient to identify the disorder before the fractures occurs.<sup>7</sup> Thus, the rationale is to screen and detect this medical disease at an early stage, so can have early intervention and management which leads to reduction in morbidity, morbidity and permanent disability. Therefore, the present study was conducted on female population of age  $\geq 40$  years presented at Liaquat University Hospital Hyderabad / Jamshoro.

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### MATERIALS AND METHODS

The cross sectional study was conducted at Liaguat University Hospital, Hyderabad / Jamshoro during January 2018 to April 2018 on the women aged  $\geq 40$ years while the exclusion criteria were patients already on treatment of osteoporosis, known cases of connective tissue disorders (RA / SLE), and already on corticosteroids and immunosuppressive therapy. All the relevant females were explored for osteoporosis by taking detail clinical history, specific physical examination and along with baseline investigations the bone mineral density was determined through DEXA-BMD (dual energy x- ray absorptiometry) machine. The procedure is non-invasive and subjects with T- score less than -2.5 were considered as osteoporotic, the score between -2.5 & -1 was considered as osteopenic and the score > -1 were taken as normal. It is the most reliable tool to diagnose osteoporosis and osteopenia. The proforma was designed for proper data collection while analyzed in SPSS 21. The descriptive statistics was used to describe the data and present the study results.

### RESULTS

Table No. I: The clinical and demographical pr	rofile
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Parameter	Frequency	Percentage		
	(N=50)	(%)		
AGE (yrs)				
40-49	05	10		
50-59	08	16		
60-69	12	24		
70-79	14	28		
80+	11	22		
DIABETES MELLITUS				
Yes	22	44		
No	28	36		
RESIDENCE				
Urban	20	40		
Rural	30	60		
EDUCATION				
Primary	05	10		
Middle school	07	14		
Higher secondary	04	8.0		
Graduate	07	14		
Illiterate	27	54		
HYPERTENSION				
Yes	22	44		
No	28	56		
SOCIO-ECONOMIC				
Upper class	10	20		
Lower class	40	80		
BMD				
Osteoporosis	28	56		
Osteopenia	10	20		
Normal	12	24		

During six months study period total fifty patients having age  $\geq 40$  year were recruited and studied had mean age  $\pm$  SD identified as  $58.51\pm7.71$  (yrs). The demographical and clinical profile of study population is presented in Table I.

## DISCUSSION

Osteoporosis makes the bones weak and fragile. It is a silent disease and is reflected by low bone density, till a fracture occurs. In women during peri-menopausal period and menopause there is maximum bone loss and as the age increases the prevalence of osteoporosis also increases.<sup>8-10</sup>

In present series, the mean age of the study subjects was 58.51±7.71 yrs. This is supported by study conducted by Vaasanthi PA et al, 252(63%) were in the age group of 40-49 years with the mean age of 50.91.<sup>11,12</sup> In the study by Vaasanthi PA, et. al 80.1% had attained menopause and 114.7% were still menstruating and among them 53.07% had attained menopause at the age of 40-45 years.<sup>12</sup> In current study majority of the study subjects 54% were illiterate, 14% had studied up to middle school, similar finding was observed Ayesha et al study where 36% were illiterate.<sup>13</sup> In a study done by Das BG, et al in 2016, 66 % of females belonging to lower socio-economic scale.<sup>14</sup> The mean BMI was 26.92 + 7.74 years. In a study done by Lan-Juan Zhao, et al shown no any association of body fat on bone mass.<sup>15</sup> The cross sectional survey on osteoporosis among women conducted by Agrawal T, et al was observed that 38.6% of ladies were normal according to WHO T score criteria while the 48.1% had osteopenia whereas 13.3% had osteoporosis.<sup>16</sup> Since the awareness was poor among the study population, thus the health education regarding the risk factor and benefits of exercise, foods rich in calcium and vitamin D and benefits of sun exposure, prevention, treatment and early screening tests should be initialized in multidisciplinary pattern.

## CONCLUSION

The osteoporosis is a silent disorder reflected as low bone densit and ultimately leads to fractures. In women during peri menopausal period and menopause there is maximum demineralization while the disease is directly proportional to advance age.

### Author's Contribution:

Concept & Design of Study: Drafting:	Faheem Ahmed Memon Siraj Ahmed Butt,
	Muhammad Kashif Shaikh
Data Analysis:	Shakeel Ahmed Memon,
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Med. Forum, Vol. 32, No. 3

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**Conflict of Interest:** The study has no conflict of interest to declare by any author.

### REFERENCES

- Kanis JA, Melton III LJ, Christiansen C, Johnston CC, Khaltaev N. The diagnosis of osteoporosis. J Bone Mineral Res 1994;9(8):1137-41.
- 2. Rachner TD, Khosla S, Hofbauer LC. Osteoporosis: now and the future. The Lancet 2011;377(9773):1276-87.
- Sözen T, Özışık L, Başaran NÇ. An overview and management of osteoporosis. Eur J Rheumatol 2017;4(1):46.
- 4. Tu KN, Lie JD, Wan CK, Cameron M, Austel AG, Nguyen JK, Van K, Hyun D. Osteoporosis: a review of treatment options. Pharmacy and Therapeutics 2018;43(2):92.
- Ralston SH, Uitterlinden AG. Genetics of osteoporosis. Endocrine Reviews 2010;31(5): 629-62.
- Ivanova S, Vasileva L, Ivanova S, Peikova L, Obreshkova D. Osteoporosis: therapeutic options. Folia Medica 2016;57(3-4):181-90.
- 7. Harvey N, Dennison E, Cooper C. Osteoporosis: impact on health and economics. Nature Reviews Rheumatol 2010;6(2):99.
- Black DM, Rosen CJ. Postmenopausal osteoporosis. New England J Med 2016; 374(3):254-62.

- 9. Khosla S, Hofbauer LC. Osteoporosis treatment: recent developments and ongoing challenges. The Lancet Diabetes Endocrinol 2017;5(11):898-907.
- Lorentzon M, Cummings SR. Osteoporosis: the evolution of a diagnosis. J Internal Med 2015;277(6):650-61.
- 11. Drake MT, Clarke BL, Lewiecki EM. The pathophysiology and treatment of osteoporosis. Clinical Therapeutics 2015;37(8):1837-50.
- 12. Vaasanthi PA, Sreekumary R, Nambisan B. Prevalence and determinants of osteoporosis in women aged 40-60 years. Int J Reprod Contracept Obstet Gynecol 2016;5:4434-40.
- 13. Ayesha, Sharma R, Khan YA. Osteoporosis awareness among Indian Women. Int J Reprod Contracept Obstet Gynecol 2017;6(7):2822-24.
- Das BG, Deb A, Chattopadhyay A, Basu M, Bhattacharya J. Prevalence and risk factors of osteopenia and osteoporosis in Indian women. IOSR J Dent Med Sci (IOSR-JDMS) 2016;15(2): 15-18.
- 15. Zhao LJ, Liu YJ, Liu PY, Hamilton J, Recker RR, Deng HW. Relationship of obesity with osteoporosis. J Clin Endocrinol Metab 2007;92(5): 1640-46.
- Agrawal T, Verma AK. Cross sectional study of osteoporosis among women. Med J Armed Forces Ind 2013;69(2):168-71.