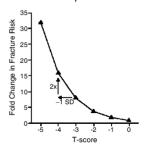
# Osteoporosis Treatment for the Aging Athlete: Guidelines, Rationale and Misconceptions

Christopher T Martin, MD Allina Endocrinology 12/1/2024

Assessing Fracture Risk - Bone Density

- T-Score = # standard deviations away from 30 year old healthy control
- One standard deviation T-Score correlates with approximately 2-fold increase in fracture risk.

2



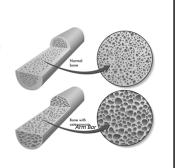
# Assessing Fracture Risk – FRAX Calculation

1



Osteoporosis Defined

- Fragility Fracture: Any force less than or equivalent to a fall from standing height that results in a fracture.
- T-Score ≤ -2.5: at the femoral neck, total femur and/or lumbar spine.
- "Senile Osteoporosis" due to age, genetics, menopause.



3

### Osteoporosis increases mortality

- One study estimates vertebral fractures increase the 5-year risk of mortality by 15%. [1]
- Another study found women with one or more fractures had a 1.23fold increased age-adjusted mortality rate
- 5 or more vertebral fractures had a 2.3-fold increased age-adjusted mortality rate. [2]

The aging athlete and sports related trauma

- Significant mental and physical benefit derived from sport
- Not surprisingly
- Sport related injuries are increasing in prevalence among older patients



Kay, Annika B., et al. "Age is just a number: A look at "eld American Journal of Surgery 217.6 (2019): 1121-1125.

©AllinaHealthSystems

1

# Indications for Advanced Pharmacologic Management Osteoporosis AACE/ACE 2020 POSTMENOPAUSAL OSTEOPOROSIS TREATMENT ALGORITHM Lumbar spine or femoral neck or total lip 1 score of 6 - 2 - 5 - 10 history of fragility fracture, or high FRAM fracture probability\* Evaluate for causes of secondary osteoporosis Correct calcium/sitamin D deficiency and address causes of secondary osteoporosis - Becommend pharmacologic therapy - Education on Menighe measures, fail prevention, benefits and risks of medications

# Bisphosphonates – first line therapy

- Weekly oral pill (Alendronate) or annual infusion (Zoledronic acid)
- Inhibit osteoclasts and thus bone resorption.
- Increased risk of osteonecrosis of the jaw
- Increased risk of atypical femur fracture with prolonged treatment
- Risk esophagitis -> reflux / dysphagia
- Contraindicated in CKD (GFR < 35)

## Osteonecrosis of the Jaw

- ONJ is a rare condition where the bone of the lower or upper jaw becomes exposed and does not heal properly.
- Precipitating event required injury, extraction, abscess.

7



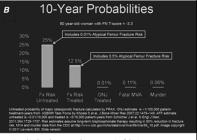
Osteonecrosis of the Jaw

 The incidence of ONJ is low ~1/100,000 patients per year [1]

8

10

 For patients already receiving therapy, no evidence discontinuing or interrupting treatment will change the outcome or reduce the risk of ONJ.



S.B. Woo, J.W. Hellstein, J.R. Kalmar Narrative review: bisphosphonates and osteonecrosis of the jaws Ann Intern Med., 144 (2006), pp. 753-761

9

# Atypical Femur Fracture

- Atypical femoral fractures are stress or insufficiency fractures occurring in the femoral shaft.
- "Chalk stick Fracture"
- AFF risk increased with long-term bisphosphonate therapy (> 5 years duration)

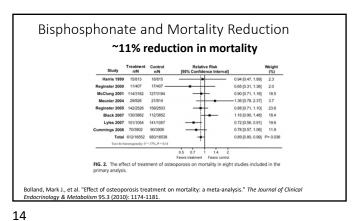


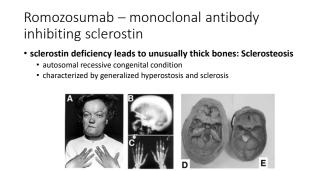
Black, Dennis M., et al. "Atypical femur fracture risk versus fragility fracture prevention with bisphosphonates." New England Journal of Medicine 383.8 (2020): 743-753.

11 12

©AllinaHealthSystems 2

# Alendronate and Fracture Prevention ~48-49% reduction in fracture risk Relative Risk with 95% CI for Vertebral Fractures for Doses of 5mg or Greater of Alendronate Cranney, A. N. N., et al. "II. Meta-analysis of alendronate for the treatment of postmenopausal women." *Endocrine Reviews23.4* (2002): 508-516. 13





Romosozumab

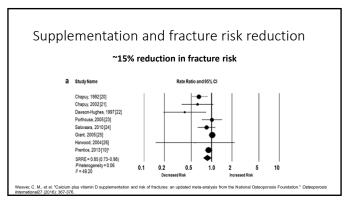
16

- Monthly injection for 12 months
- Dual anabolic / antiresorptive effect
- After 12 months, effect on BMD wanes
- Black Box warning CV Risk: ARCH trial demonstrated higher incidence cardiovascular events with romosozumab (2.5%) than with alendronate (1.9%).



15

Romosozumab ~73% reduction in fracture risk Cosman, Felicia, et al. "Romosozumab treatment in posti England Journal of Medicine 375.16 (2016): 1532-1543.



17 18

**©**AllinaHealthSystems 3

# "Overtraining" Osteoporosis - Supplements

- 3-4 servings of dairy or 1-2 Ca/D3 tablets adequate supplementation for most
- Tailor amount with labs PTH/Ca/D25
- Excess can cause harm
  - Constipation
  - Hypervitaminosis D
  - Milk Alkali Syndrome
  - Lighter Wallet

19

Exercise and fracture 1.867 1.221136410 1.221136410 1.22136413412180566713332 2.212332 2 risk reduction • ~10% reduction in fracture risk [2] • ~17% reduction fall risk • Balance exercises seem to be superior to other forms of exercise • ~2% increase bone density [1]

# "Overtraining" Osteoporosis

- Guideline: Walking 30-40 minutes per session, plus back and posture exercises for a few minutes, 3-4 days per week [1]
- · Many factors affect participation in sport Personal interests, social circle, venue accessibility and cost, physical limitations
- Recidivism among intensive "bone" exercise program participants
- Perpetuate false narrative osteoporosis secondary to not "training hard enough"

AACE/ACE Postmenopausal Osteoporosis CPG, Endocr Pract. 2016;22(Suppl 4)



# The aging athlete and sport selection

• Consider counseling the aging athlete to choose sports which carry low risk of injury.

20

22

24

• This may be a challenging conversation with patients who are passionate about their sport.

Mechanism	N (%)
Ski	187 (36%)
Offroad Vehicle	108 (21%
Animal/horse riding	83 (16%)
Bicycle	86 (16%)
Fall while running/hiking	42 (8%)
Team/ball Sports	14 (3%)
Other	6 (1%)

Kay, Annika B., et al. "Age is just a number: A look at "elderly" sport-related traumatic injuries at a level I trauma center." *The American Journal of Surgery* 217.6 (2019): 1121-1125.

21

# Osteoporosis of Immobilization

- Space travel is associated with 6.2% reduction in bone density after 78 days of flight time. [1]
- Immobilization due to spinal cord injury is associated with 2–4% bone loss per month during the first year. [2]



at the distal tibia the mean increase of ...at the distal tibla the mean increase of 3.6% (0.3–7.1%) in the section modulus (that is, bone strength) and 3.7% (0.1– 7.3%) increase in the ratio of cortical bone to total bone area were statistically significant in the exercise group compared to the non-exercise group, indicating exercise-induced thickening of the bone cortex..."

Exercise PLUS alendronate?

Uusi-Rasi, K., et al. "Effect of alendronate and exercise on bone and physical performance of postmenopausal women: a randomized controlled trial." *Bone* 33.1 (2003): 132-143.

©AllinaHealthSystems

23

# Opinions from an Endocrinologist / Jiu jitsoka

- Encourage sports / nutrition in which patients find joy

  - 1-2 Ca/D25 tablets or 3-4 servings dairy daily
     Perhaps avoid high-risk sports such as alpine skiing and horse back riding
- Literature does not support exercising nor supplementing away osteoporosis
  - Numerous other benefits, which should be emphasized
     Risk of "Overtraining" osteoporosis
- Osteoporosis medications are safe, well-tolerated and highly
  - May work synergistically with sport

# Treatment can save lives!

25