

## OSTEOPOROSIS AND OTHER MEDICAL CONDITIONS

Bone loss associated with other medical conditions is called secondary osteoporosis. Certain diseases, nutritional disorders, drugs and even prolonged bed rest or paralysis can increase the risk of osteoporosis.

Nutritional disorders such as anorexia nervosa, deficiencies of calcium or Vitamin D can be responsible for bone loss. In addition, conditions that decrease absorption of nutrients like celiac sprue or weight-loss surgery, can contribute to a decrease in bone mass.

Drugs for treatment of epilepsy, cancer and inflammatory diseases can have a detrimental effect on bone density. One such drug is prednisone, commonly used to treat chronic breathing problems including asthma and COPD. Prednisone is also used for treatment of autoimmune diseases, like Crohn's disease, rheumatoid arthritis and lupus to name a few. Dilantin and phenobarbitol used to control epilepsy; drugs to prevent tissue rejection in transplant patients and drugs included in breast and prostate treatment plans also increase the risk of osteoporosis. Your physician may advise a bone density test and preventative drug treatment to control bone loss when taking these drugs for treatment of those problems.

Endocrine conditions that affect bone density by accelerating bone loss include over activity of parathyroid glands (hyperparathyroidism), excess thyroid hormone and Cushing's disease. can accelerate bone loss.

Chronic renal disease, some cancers, alcoholism and many other disorders can increase the risk of low bone density. There are other diseases and drugs associated with bone loss that are not mentioned here. If you have a chronic medical condition or are taking any medication on a long term basis, ask your healthcare provider if you have an increased risk of osteoporosis.

If you are diagnosed with osteoporosis your physician may order laboratory tests to rule out secondary osteoporosis.



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