

Contents

Acknowledgments	ii
Foreword	iii
<i>Robert E. Windom</i>	
<hr/>	
Executive Summary	
<hr/>	
Priority education messages on the prevention and treatment of osteoporosis.....	1
<i>Patricia M. Kuntze, Suzanne C. Fitzpatrick, Gloria Troendle, Donald R. Hamilton, John Vanderveen, Robert V. Veiga, and Mary Ann Danello</i>	
<hr/>	
Opening Session	
<hr/>	
Welcoming Remarks.....	7
<i>John A. Norris</i>	
Osteoporosis: a priority women's health concern.....	8
<i>Ruth L. Kirschstein</i>	
Science and education as the essential equation for successful prevention..	9
<i>Robert E. Windom</i>	
Confronting the challenges with women at risk for osteoporosis.....	10
<i>Frank E. Young</i>	
<hr/>	
Keynote Address	
<hr/>	
Osteoporosis: prevention and the quality of life for older Americans.....	11
<i>Otis R. Bowen</i>	
<hr/>	
Special Topic: Risk Factors	
<hr/>	
Risk factors for osteoporosis and associated fractures.....	14
<i>Jennifer L. Kelsey</i>	
<hr/>	
Panel Session: Bone Mass, Bone Loss Measurement	
<hr/>	
Panel Summary.....	21
<i>Virginia M. Pappas</i>	
Usefulness of bone mass measurements by photon absorptiometry.....	23
<i>Christian Hassager and Claus Christiansen</i>	
Technical aspects and clinical interpretation of bone mineral measurements	27
<i>Heinz Wahner</i>	
Bone mass measurement, fracture risk, and screening for osteoporosis....	31
<i>Daniel I. Rosenthal and Anna N. Angelos Tosteson</i>	
<hr/>	
Panel Session: Nutrition/Exercise	
<hr/>	
Panel Summary.....	34
<i>B. Lawrence Riggs</i>	
The calcium controversy: finding a middle ground between the extremes..	36
<i>Robert P. Heaney</i>	
Factors to consider in the selection of a calcium supplement	46
<i>Ralph F. Shangraw</i>	
Is osteoporosis a pediatric disease? Peak bone mass attainment in the adolescent female.....	50
<i>Charles H. Chesnut, III</i>	
The role of exercise in preventing osteoporosis.....	54
<i>Stanley J. Birge and Gail Dalsky</i>	

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FOREWORD

It was not too long ago that osteoporosis was a little known, and even less understood, disease condition. The all-too-familiar image of an older woman, stooped over with a cane, had become entrenched as a popular health stereotype, promoting misinformation and misconceptions about aging, osteoporosis, and disease prevention. This stereotype perpetuated a myth: osteoporosis—a serious, debilitating condition affecting approximately 20 million Americans and costing an estimated \$7-\$10 billion annually in health care costs and lost productivity—was portrayed as an unavoidable, inevitable part of growing old.

Scientific and medical research in the diagnosis, prevention, and treatment of osteoporosis has tremendously advanced our ability to better understand this condition, to identify who is at risk, and to actively intervene to reduce the debilitating impact of this serious disease condition. Both public and private sector events, such as the FDA Special Topic Conference on Osteoporosis, the 1984 NIH Consensus Development Conference on Osteoporosis, and National Osteoporosis Prevention Week (sponsored annually by the National Osteoporosis Foundation), continue to erode the stereotypes surrounding this condition and to focus national and international attention on specific prevention-intervention.

How to prevent osteoporosis becomes a particularly important question—worthy of consistent emphasis and continued research—as we realize that osteoporosis causes 1.3 million fractures, including 247,000 hip fractures, every year. Not only do hip fractures increase the older woman's chances of being institutionalized, but there is also a high mortality rate associated with these fractures. Of the patients who experience hip fractures, according to Dr. Stephen Cummings, 20 percent die within the first year, 20 percent become

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