BONE LOSS FACTORS

The following lifestyle choices, which are within our control, are associated with bone loss:

SMOKING contributes to poor metabolism, and is also believed to cause women to enter menopause earlier, putting them at risk earlier.

HIGH ALCOHOL INTAKE limits the stomach's ability to produce hydrochloric acid, which is necessary for the absorption of calcium and magnesium; when magnesium is lost in the urine, it takes calcium with it.

CAFFEINE is a diuretic that also contributes to a high rate of calcium excretion for several hours after consumption.

SALT CONSUMPTION also contributes to calcium excretion because it affects the calcium-magnesium ratio. Some people are very sensitive to salt and will excrete excess amounts of calcium even on a diet with moderate salt intake.

SOFT DRINKS, such as colas or soda pop (with or without caffeine) contain high levels of phosphoric acid. Consuming several servings per day disrupts the calcium-phosphorus balance, causing calcium to be leached from the bones and lost in the urine. Soft drinks with caffeine have an even higher rate of calcium excretion.

SUGAR CONSUMPTION contributes to calcium depletion because it hinders calcium absorption and increases calcium excretion.

LACK OF EXERCISE, especially weight-bearing exercise, accelerates bone loss. The phrase "use it or lose it" applies especially to bone health.

Although Osteoporosis most often develops as a result of the aging process, in some cases it can be triggered by another illness or use of certain medications. In particular, the following treatments are associated with increased bone loss:

ANTICOAGULANTS, such as Warfarin (Coumadin) or Heparin, are used for treating heart disease to reduce the risk of heart attacks and strokes, as well as to reduce blood clots in people undergoing or recovering from surgery. Anticoagulants work by reducing the effects of vitamin K, which helps calcium bind to bone tissue.