

OSTEOPOROSIS

Men and women with IBD have a higher incidence of osteoporosis than the general population.¹ There is no difference in this risk by Crohn's disease or ulcerative colitis diagnosis. The overall prevalence of osteoporosis in patients with IBD is approximately 15%, and increases with age. Those with IBD also have an approximately 20-40% greater risk of fractures.²

Patients with newly diagnosed IBD often have normal bone mineral density.³ However, this may be followed by a period of increased bone loss related to the disease and its treatment. It is unknown whether the low bone mineral density associated with IBD is related to ongoing inflammation, malabsorption or to the medications used to treat the disease. It is important to be aware of bone health at all stages of IBD and to be conscious of lifestyle modifications that can prevent complications of osteoporosis.¹

If your physician is worried about your risk of osteoporosis, a simple radiographic study, a DXA scan, can be performed to assess bone mineral density. A normal result is a T score >-1 . Osteopenia (low bone mass) is measured as a T score between -1 and -2.5 . A T score of <-2.5 is considered osteoporosis. Based on the results of the DXA scan, appropriate treatment can be initiated. If you have malnutrition problems, Vitamin D levels can be checked and replacement started.

All patients with IBD should engage in regular weight-bearing exercise, quit smoking, and avoid excessive alcohol intake in order to maintain bone health. Corticosteroid dosing should also be kept to a minimum in patients with IBD in order to avoid bone complications. For this reason, doctors will often start additional medications, including immunosuppressive medications, in order to reduce the dose of corticosteroids. Vitamin D (400-800 IU) and calcium supplementation (1000-1500 mg) should be given to all patients at risk for osteoporosis. For those who require additional treatment, bisphosphonates are also FDA approved for the prevention and treatment of osteoporosis in patients with IBD.

SUMMARY:

- Men and women with IBD have an increased risk of osteoporosis
- Patients with IBD have an increased risk of fractures
- DXA scan can be used to assess bone mineral density in patients with IBD at risk for osteoporosis
- Lifestyle modifications are important in the prevention and treatment of osteoporosis in patients with IBD
- Calcium, vitamin D and bisphosphonates are commonly used in the prevention and treatment of osteoporosis in patients with IBD

References

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