Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Osteoporosis
silent until something breaks

Osteoporosis thins the bone until fractures occur from minor falls or, in the spine, from nothing at all. It causes no symptoms until then. The most important fact about it is that a first fragility fracture roughly doubles the risk of the next — and that is precisely the point at which treatment is most often not started.

Seek urgent assessment if you have

- **sudden severe back pain**, particularly after a minor movement or with loss of height
- back pain with **leg weakness, numbness, or bladder or bowel changes**
- a **fracture after a fall from standing height or less**
- back pain with **fever, weight loss**, or a history of cancer
- **severe pain preventing you standing or walking** after a fall

A vertebral compression fracture can occur with trivial force and is often dismissed as muscular back pain. Sudden severe back pain in anyone over 50, or in someone on long-term steroids, warrants imaging rather than analgesia alone.

Who should be assessed

- anyone over 50 who has broken a bone after a **fall from standing height or less**
- women over 65 and men over 75
- **early menopause** (before 45), or absent periods for a prolonged period
- **long-term oral steroids** — three months or more
- a **parent who fractured a hip**
- low body weight, smoking, heavy alcohol use
- rheumatoid arthritis, coeliac disease, inflammatory bowel disease, overactive thyroid, or previous bariatric surgery
- certain medicines, including some breast and prostate cancer treatments and long-term acid suppression

How it is assessed

A **fracture risk calculator** combines your risk factors to estimate your ten-year probability of fracture, and a **DEXA scan** measures bone density at the hip and spine. The scan takes about fifteen minutes, involves very little radiation and requires no preparation. Together they determine whether treatment is worthwhile.

The treatment gap after a first fracture

Most people who break a wrist, hip or vertebra after a minor fall are treated for the fracture and never assessed for osteoporosis — and the fracture itself was the clearest possible warning. If you are over 50 and have broken a bone in a way that would not have broken a healthy bone, ask specifically for a bone health assessment. Do not wait to be offered one.

Treatment

- **Bisphosphonates** (alendronate, risedronate, or an annual zoledronate infusion) are first line and reduce fracture risk substantially.
- Weekly tablets must be taken **on an empty stomach, with a full glass of plain water, sitting or standing upright for 30 minutes afterwards** and nothing else by mouth. Taken incorrectly they do not absorb and can irritate the oesophagus.
- **Denosumab**, a six-monthly injection, is an alternative — but it **must not be stopped without replacement treatment**, as rebound vertebral fractures can occur.
- **Anabolic treatments** that build bone are available for severe osteoporosis.
- **HRT** protects bone and is particularly relevant for women with early menopause.
- Treatment is usually reviewed after three to five years — a 'drug holiday' may be appropriate for some, but that is a decision to be made, not a drift.

What you can do

Builds and protects bone

- Weight-bearing exercise — walking, jogging, dancing, stair climbing
- Resistance training twice a week, which also improves balance
- Calcium from food: dairy, fortified alternatives, tinned fish with bones, green vegetables
- Vitamin D supplementation, particularly October to March
- Balance work such as tai chi, which reduces falls

Weakens it

- Smoking, which has a direct and substantial effect
- More than 14 units of alcohol a week
- Being significantly underweight
- Prolonged immobility
- Untreated coeliac disease or eating disorder

Preventing falls

Most fractures happen because someone falls. Have your eyesight checked, review medicines that cause dizziness, remove loose rugs and trailing cables, improve lighting on stairs, wear well-fitting shoes indoors, and take balance and strength exercise seriously. Falls prevention is as important as any tablet.

Book an appointment if you have broken a bone after a minor fall, have risk factors, are on long-term steroids, or went through the menopause early. We carry out fracture risk assessment, vitamin D and calcium testing and treatment on site, and arrange DEXA scanning through our CQC-registered partners.

Bone health assessment and fracture risk

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Health screening** · **Women's health** · **Blood tests** · **All patient leaflets**

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This leaflet is based on current NHS, NICE NG226/CG146 and Royal Osteoporosis Society guidance on osteoporosis and fragility fracture. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.