

If you are currently taking glucocorticoids it is important to talk with your healthcare professional about your treatment plan and the risk of osteoporosis. Your healthcare professional may suggest that you have your bone mass determined with a safe, painless 15 minute test that measures the mass and density of bone. With the information obtained from bone mineral density test (BMD), your healthcare professional can predict your risk of osteoporosis and your need for therapy. Bone mass measurements will be helpful to make decisions about dietary and lifestyle changes and possibly medications to prevent bone loss.

There are an increasing number of therapies available to prevent and/or treat glucocorticoid-induced osteoporosis and decrease the risk of osteoporotic fractures. Medications such as bisphosphonates, calcium supplements, vitamin D, and weight-bearing exercises may be suggested by your healthcare professional.

Because glucocorticoids interfere with calcium absorption it is very important to maintain a dietary and supplemental intake of calcium that equals 1500 mg per day and vitamin D 400-600 IU per day.

Muscle weakness is a common side effect of glucocorticoid therapy. This muscle weakness may contribute to falls which may lead to fractures in people with low bone mass. A supervised exercise program, can help you to maintain your muscle strength and activity level.

Become proactive and take the first step. Talk to your healthcare professional about your personal risks for glucocorticoid-induced osteoporosis and form a plan together.

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Steroid- Induced Osteoporosis

Glucocorticoids

Use of high doses of glucocorticoids (steroids) over a prolonged period of time can cause increased bone loss and lead to osteoporosis and painful spine fractures. Research has shown that approximately 30-50% of patients taking glucocorticoids on a chronic basis will experience bone fractures due to osteoporosis.

Glucocorticoids are a group of hormones normally produced by the adrenal glands, which are located above the kidneys. Since the 1940's, synthetic glucocorticoids such as prednisone have been used for the treatment of a number of diseases. Glucocorticoids are a very important part of the management of these diseases and often dramatically improve the patient's quality of life.

Although glucocorticoids are essential for many disease treatments, they may inhibit bone growth, which can result in rapid, severe bone loss in adults.

Additionally, glucocorticoids decrease the amount of calcium absorbed from food and increase the loss of calcium in the urine.

With the use of glucocorticoids, both men and women become high-risk candidates for osteoporosis. Young adult men and post-menopausal women who take glucocorticoids may lose bone more rapidly than do older men or pre-menopausal women.

Diseases commonly treated with Glucocorticoid Medications:

- Rheumatoid arthritis
- Asthma and other lung diseases
- Liver disease
- Lupus (SLE)
- Bowel disease (e.g. ulcerative colitis, Crohn's, diarrhea)
- Multiple Sclerosis (MS)
- Organ transplantation (e.g. liver, kidney, heart)
- Sarcoidosis
- Vasculitis (PMR)

The amount of bone loss is directly related to the dose and duration of the glucocorticoid treatment. Your healthcare professional will try to find the dose that is most effective and causes the least bone loss.

Glucocorticoids are administered in a number of different ways: orally (by mouth), by injections, by inhaler; as creams or by intravenous injection (I.V.). Usually, they can cause bone loss when taken for long periods of time by mouth or by injection.

It is dangerous to suddenly stop or reduce the amount of your glucocorticoids. Always consult your healthcare professional before making any changes in this medication.

There are many different types of glucocorticoids. Some of the generic names of common glucocorticoids are:

- Cortisone
- Hydrocortisone
- Prednisone
- Prednisolone
- Triamcinolone
- Dexamethasone
- Betamethasone
- Beclomethasone

