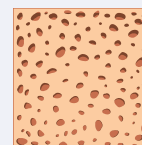


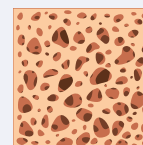
What is osteoporosis?

Osteoporosis is a condition where bones become **weak** and **brittle**, increasing the risk of **fractures** even from minor falls. It is a common **long-term** condition that develops slowly, often with few or no symptoms until a bone breaks, usually in the hip, spine or upper limb.

These fractures can cause pain, making daily activities more difficult and reducing quality of life. Depending on the affected bone, fractures can be **serious** or life-threatening if not treated promptly.



Healthy bone



Osteoporosis

Timely diagnosis and management are key to **reducing** your risk of falls and fractures.

Who is at risk of osteoporosis?

While women tend to lose bone **rapidly** in the first few years after **menopause**, especially if it begins before the age of 45, osteoporosis can also affect **men** and **younger women**.

You may be at a higher risk of getting osteoporosis if you:¹

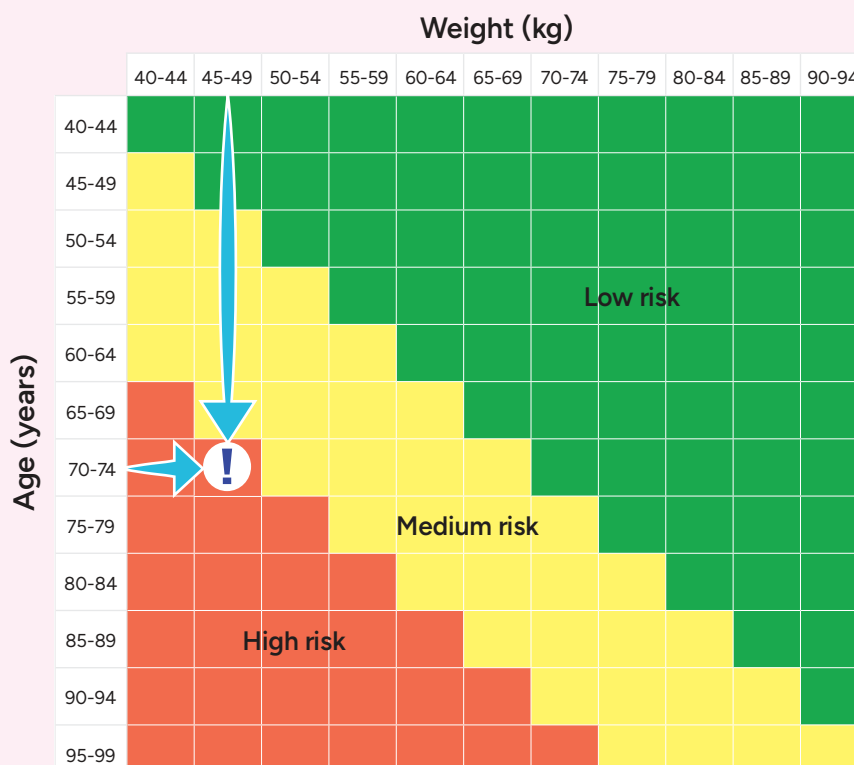
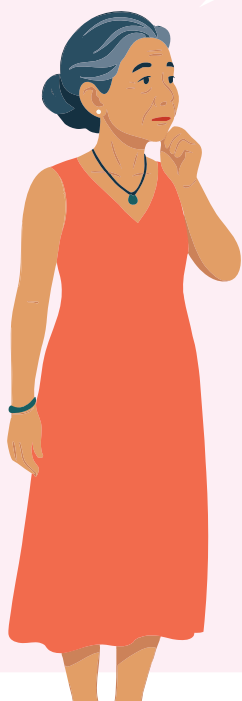
- are **underweight**
- do not take enough **calcium**
- do not **exercise** regularly
- **drink** or **smoke** heavily
- have **family** members with the condition
- have other **long-term conditions** such as rheumatoid arthritis, hyperthyroidism or diabetes
- take certain medicines such as steroids for a **long time**

If you have any of these risk factors, talk to your **doctor** to assess your risk of osteoporosis and discuss ways to prevent it.

Osteoporosis risk chart for women after menopause

For women who have undergone **menopause**, you can use the chart below to estimate your risk of osteoporosis based on your **weight** and **age**.²

I am 72 years old and weigh 47kg, what is my risk for osteoporosis?



If you are at medium or high risk (yellow or red boxes), discuss this with your **doctor**, who can advise you on the next steps.

Myths and facts about osteoporosis

Myth

Losing bone and having fractures are just part of growing old, and I cannot prevent them.

While bone loss is a natural part of ageing, osteoporosis and fractures are preventable.

Fact

REDUCE YOUR RISK OF OSTEOPOROSIS BY:



avoiding smoking, and drinking too much alcohol

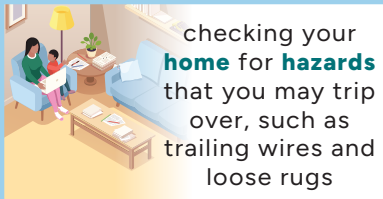


eating a **healthy** diet rich in **calcium**³ and taking **vitamin D** supplements



doing weight-bearing and resistance **exercises** in the **morning sun**⁴

AVOID FALLS AND FRACTURES BY:⁵



checking your **home** for **hazards** that you may trip over, such as trailing wires and loose rugs



placing **non-slip mats** by the sink or in the shower to **prevent slipping**



going for **regular** eye and hearing **checkups**, to maintain good balance and awareness

What can you do?

If you have a fall, see a doctor **immediately** to check for fractures, even if you don't feel much pain. Some fractures need **medical attention** to heal properly.

Myth

I don't need to go for a screening test for osteoporosis because I feel healthy and I am active.

Fact

Osteoporosis is often called a "silent disease" because you can have **little to no** symptoms until a **fracture** occurs. Even if you are active and feel healthy, your bones may still be losing strength.

Screening is not routinely needed for everyone. Your doctor will advise if it is required based on your age, risk factors, and medical history.

What can you do?

If your doctor recommends that you go for a screening test for osteoporosis (bone mineral density scan), it is important to follow their advice.

The scan is quick, painless and uses a **much lower** level of radiation than standard X-rays. **Learn more** about BMD scans **here**, and speak to your doctor if you have any concerns.⁶



Myth

Taking milk and calcium supplements regularly can treat osteoporosis.

Fact

While calcium from milk and supplements is important for building strong bones, it is not enough to treat osteoporosis. Your doctor may prescribe additional bone-strengthening treatments if needed to **slow bone loss** or **increase bone growth**.

What can you do?

Talk to your doctor, who can advise whether additional treatment is required for you based on your individual situation, treatment preferences and concerns.



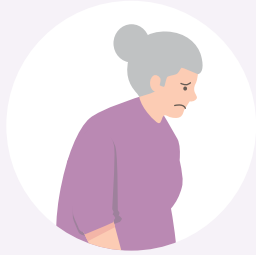
Taking bone-strengthening medicines

Bone-strengthening medicines are available as oral tablets at subsidised rates through Healthier SG clinic. They are also available as injections into the fat under the skin, or slow drips into the vein. These treatments are generally safe and have been shown to significantly reduce the risk of fractures in people with osteoporosis.

For most people with osteoporosis, the benefits of treatment are **greater** than these rare risks, which can happen even in people **not taking** these medicines.⁷ Discuss any concerns you may have about osteoporosis treatment with your **doctor or pharmacist**.



Serious side effects like unusual thigh fractures or dental problems are rare. To reduce the risk of these side effects, you can:



tell your doctor if you experience any bone pain or a persistent dull ache in your hips, groin or thigh, especially when it occurs without any injury or trauma



inform your **dentist** about your bone-strengthening medicines and complete planned dental extractions or surgery **before** starting treatment



maintain good dental hygiene through steps such as brushing twice daily with fluoride toothpaste, flossing daily, and going for regular dental check-ups

What are the key messages?

- Osteoporosis is a silent disease that can affect **anyone**.
- **Not everyone** needs a BMD scan. However, if your doctor recommends one based on your risk factors, it is important to follow their advice.
- If you have osteoporosis, there are **medicines** and **steps** you can take to **reduce** your risk of **falls** and **fractures**.
- Your doctor or pharmacist can advise on proper medicine use to **minimise side effects**.
- If you have a fall, see a doctor **immediately** to check for fractures.



Sources

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2. Koh LK, et al. (2001). A simple tool to identify Asian women at increased risk of osteoporosis. Osteoporosis International 12: 699–705.
3. www.healthhub.sg/live-healthy/calcium-for-greater-bone-strength
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7. Adler RA, et al. (2016). Managing osteoporosis patients after long-term bisphosphonate treatment. J Bone Miner Res. 2016;31(1):16–35.