

by
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The Wellness Column

What osteoporosis really is – and why a diagnosis is only the start of the conversation

When I was diagnosed with severe osteoporosis last November, with a T-score of -3.2, it came as a profound shock. It was also a sobering realisation that I knew remarkably little about bones - let alone osteoporosis.

At first, I was angry. Angry with my doctor for never educating me about bone health. Angry with my gynaecologist for not recommending a bone density scan. But as I spoke with others and immersed myself in the research, I began to realise this wasn't simply an individual failing. It reflected a much wider gap in healthcare - particularly in the way women's hormonal health and the impact of declining oestrogen on bone density have historically been overlooked. Perhaps the biggest revelation was recognising how little attention most of us pay to osteoporosis until it affects us personally, or someone we love. It's easy to think, "I'm fit, I'm healthy - why would that happen to me?" I certainly did. Until my diagnosis, bone health simply wasn't on my radar.

After sharing my experience two weeks ago, I received dozens of messages from women living with a diagnosis, a family history or simply growing concern, yet who had been given very little explanation of what osteoporosis actually means. What is happening inside the bone? Why does a number on a scan become a source of fear? And does a "high risk" diagnosis automatically mean medication for life, as many doctors would seem to default to, even in borderline cases.

Those questions became the starting point for this series.

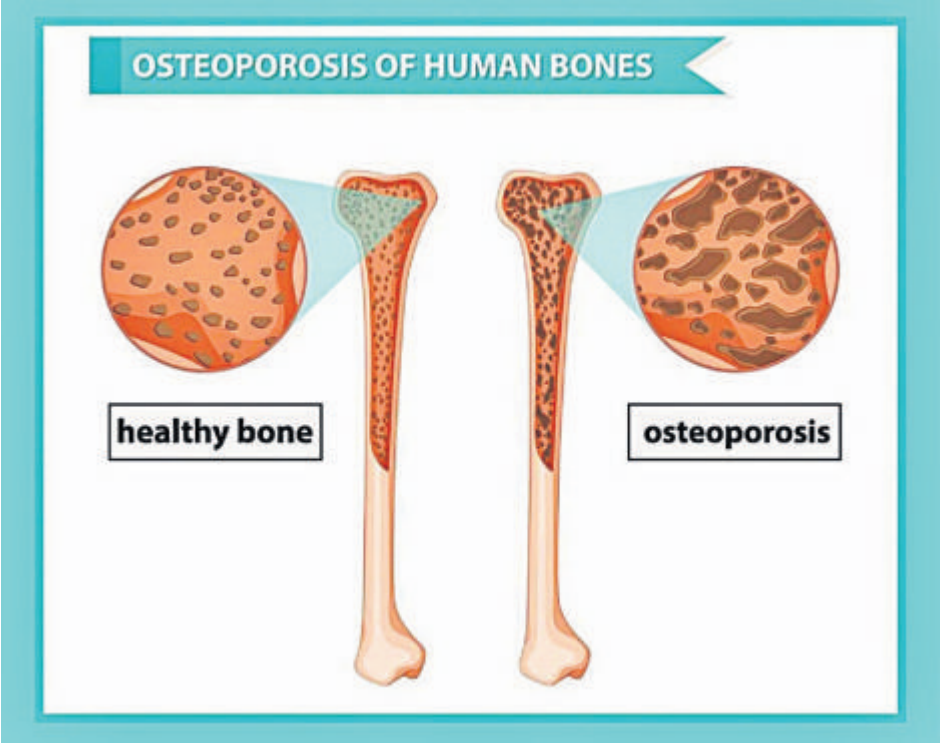
The statistics

The figures are sobering. **More than half of women over 50** - around **51.5% have osteopenia** (the precursor to osteoporosis) of the femoral neck or lumbar spine, most without knowing it. Roughly one in three women will go on to develop osteoporosis, which accounts for almost 80% of diagnosed cases.

Men are far from immune. Studies show that around **one in five men over 50** have osteoporosis, with prevalence rising significantly with age (though many remain undiagnosed). **The greatest difference between men and women lies in the rapid loss of oestrogen** that accompanies menopause, which accelerates bone loss in women.

These statistics underscore the **silent, widespread nature** of bone health issues - and why proactive awareness, lifestyle measures, regular screening, and more accurate tools like REMS are so important.

One of the clearest explanations I encountered came from Dr Doug Lucas, an American orthopedic surgeon and longevity medicine specialist whose work focuses on helping people better understand fracture risk and bone health. Much of what follows is informed by his insights, alongside many other specialists I consulted during eight



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Everything you need to know about osteoporosis and bone health

months of research since diagnosis.

So what is osteoporosis, exactly?

The clinical definition is straightforward. Osteoporosis is diagnosed using a T-score obtained from a DEXA scan - or increasingly,

The message is simple: measure early, monitor regularly, and treat unexplained bone loss as something worth investigating - not simply an inevitable part of ageing.

alternative technologies such as REMS. The score compares your bone density with that of a healthy young adult at peak bone mass. A T-score of **-2.5 or below** meets the World Health Organisation's definition of osteoporosis. Between **-1.0 and -2.5** is classified as osteopenia - lower-than-normal bone density but not osteoporosis. Anything above **-1.0** is considered within the normal range.

While this definition is useful, Dr Lucas offers another perspective that I found even more enlightening: osteoporosis is essentially an imbalance in bone metabolism. Put simply, you are breaking down more bone

than you are building. That shift - from viewing osteoporosis as a fixed diagnosis to seeing it as an ongoing biological process - completely changed the way I began to think about it.

Bone isn't what most of us think it is

Most of us imagine bone as something solid and unchanging. In reality, it is living tissue - constantly renewing itself and responding to everything from nutrition and exercise to sleep, hormones and inflammation. In fact, the entire human skeleton is renewed approximately every ten years.

This process relies on two specialist cells. **Osteoclasts remove old bone**, while **osteoblasts build new bone**. When these remain in balance, bone density is maintained. When bone breakdown consistently exceeds bone formation - we gradually lose bone. Over time, that imbalance becomes osteoporosis.

Perhaps the biggest surprise for me was discovering that bone is around **30% protein by weight** - not simply calcium. Minerals are deposited within a collagen framework, and without that healthy protein matrix they have nowhere secure to bind. It is one of the reasons protein and collagen play such an important role in bone health - a subject we'll explore in Part Three.

The fracture is the real concern

Here is what I wish someone had explained when I was first diagnosed: **osteoporosis itself isn't something you feel**. What matters - clinically and personally - is your **fracture risk**.

The greatest concern is **fragility fractures**: breaks that occur after a minor fall, or sometimes with little or no trauma at all. Hip fractures are among the most serious - around **30% of adults over 60 who sustain a hip fracture die within 12 months**, and many who survive never regain full independence.

Most fragility fractures occur in women who do not have a formal osteoporosis diagnosis. Many have osteopenia. But bone density is only one part of the picture. Previous fractures, family history, age, hormonal status, body weight and overall health all influence fracture risk.

One of the most useful resources I found is the free online **FRAX fracture risk assessment tool** (fraxplus.org), which estimates your ten-year fracture probability using a combination of these risk factors. It takes only a few minutes to complete and provides a much broader picture than bone density alone.

Can osteoporosis be reversed?

This was the first question I asked after my diagnosis.

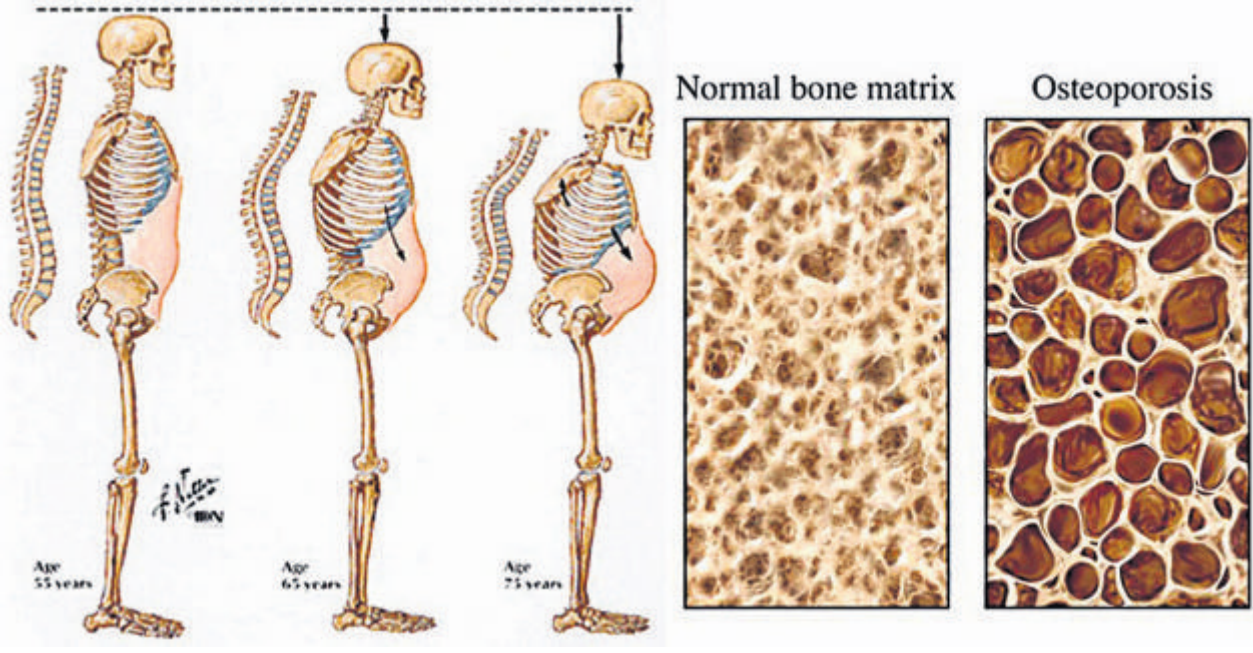
The answer I received - from more than one doctor - was a firm **"No - Not with your severity."**

Beyond being advised to eat more meat and dairy, there was no discussion about nutrition, hormones, exercise or lifestyle. The recommendation was medication, and that was largely where the conversation ended.

Having spent much of my adult life immersed in natural health, movement and nutrition, I found this deeply frustrating.

The conventional medical view is that osteoporosis can be slowed and managed, but not reversed. Then I discovered clinicians, including Dr Doug Lucas, who argue that the answer is more nuanced. If osteoporosis is fundamentally an imbalance in bone metabolism - driven by factors such as hormonal decline, nutritional deficiencies, gut health or physical inactivity - then addressing those underlying causes can shift the balance back towards building more bone than we lose.

That doesn't mean everyone can restore bone density without medication. Factors such as age, fracture risk and the severity of bone loss all matter. For some people, medication may be the safest and most appropriate option, and there should be no stigma attached to that decision.



But for others, understanding that bone health can often be actively improved - is an empowering message that deserves far wider discussion.

Bone density as a biomarker

Why measuring sooner could change everything

Perhaps one of the biggest questions in bone health is whether we are looking too late. With **routine screening often only beginning around the age of 65**, many people have already experienced decades of gradual bone loss before their first bone density scan. Rather than viewing osteoporosis solely as a disease of older age, an increasing number of **clinicians now see bone density as a valuable biomarker of lifelong health**, advocating earlier assessment for those at increased risk.

Bone density is increasingly recognised as more than a measure of fracture risk. It can be an **early indicator of underlying issues**

such as hormonal imbalance, poor nutrition, impaired gut health, chronic inflammation or other conditions affecting bone metabolism. **Young women with disrupted or absent menstrual cycles** remain one of the most under-screened groups, despite **being at increased risk** of low bone density, while poor diet, inactivity and **low testosterone levels** are recognised contributors to **declining bone health in younger men**.

The message is simple: **measure early, investigate unexplained bone loss, and focus on preserving bone strength long before the first fracture occurs**. (In my next article, I'll look at the blood biomarkers and clinical clues that can help identify people at increased risk of poor bone health.)

The natural approach - and what it really requires

The growing number of women attempting to improve their bone health without medication is neither surprising nor inher-

ently misguided - but it does require rigour. Avoiding drugs is not the same as doing nothing. It demands a clear understanding of your personal fracture risk, knowing your T-score and other metrics, using tools such as FRAX, and committing to consistent lifestyle changes that genuinely support bone health.

These are the subjects we'll explore throughout the rest of this series: optimal nutrition, targeted supplementation, hormone considerations, resistance and impact training, sleep, stress management, and the growing body of research behind each.

None of these approaches offers a quick fix. All require consistency and time. But together, they provide far more options than many people are offered when first diagnosed.

What struck me most throughout this journey was not simply the diagnosis itself, but the lack of clear, balanced information that followed. It would have been a huge

leap forward had I had found a specialist who truly understood bone health and women's health - someone who listened, individualised care, and worked collaboratively rather than one-size-fits-all.

If you've recently been told you have osteoporosis (or osteopenia), you're probably frightened. I certainly was. What I've learned over the past eight months is that **knowledge changes everything**.

My hope is that this series helps bridge that information gap - not to replace your doctor, but to ensure every conversation you have is informed by a deeper understanding of your bones, your options, and the questions you deserve to ask.

Coming next: Part Three – Blood Markers and What Your Bones Are Hungry For.

For source information and expanded research, visit MallorcaWellnessLiving.com. Follow Amanda - IG [amandabmallorca](https://www.instagram.com/amandabmallorca).



1 AUGUST at 8.00 pm

Leonora is a free interpretation of the world of the celebrated Surrealist painter, sculptor and writer **Leonora Carrington**. The play takes the audience on a journey through the most significant chapters of Carrington's youth: the discovery of her artistic vocation, her encounter with Max Ernst, her flight from France due to the Nazi occupation, her experiences in post-war Spain, and her eventual escape from Europe. But, above all, Leonora is a love letter to Carrington's resilience, defiance and desire for freedom in dark times.

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