

Women's Health

How Can You Prevent Postmenopausal Osteoporosis? TM

Receive A Single Infusion And See The Doctor For Your Next Treatment In Two Years

(NAPSA)—Many women may be at risk of breaking a bone but don't even know it. Almost 22 million postmenopausal women in the U.S. have osteopenia, or bone mass that is lower than normal but not low enough to be classified as osteoporosis, putting them at increased risk of fracture. If you have osteopenia, a condition that thins your bones, and don't take any precautionary measures, it can progress to osteoporosis, making your bones more fragile and more likely to fracture, particularly at the hip, spine and wrist. In fact, one in two women over age 50 will have an osteoporosis-related fracture in her remaining lifetime.

"Postmenopausal women with osteopenia are at increased risk of breaking a bone compared to those with normal bone mass," explained Mone Zaidi, M.D., Ph.D., professor of medicine, geriatrics, and physiology and director of the Mount Sinai Bone Program at Mount Sinai School of Medicine. "The earlier we intervene and treat postmenopausal women with low bone mass, the better are our chances at maintaining bone

health and preventing progression to osteoporosis."

The good news is that there are steps you can take to help reduce further bone loss and optimize bone health, which include:

- Making sure you get enough calcium and vitamin D through foods and vitamins
- Engaging in regular weight-bearing activities such as walking or dancing
- Avoiding smoking and excessive alcohol consumption
- Getting a regular bone mineral density (BMD) test to help detect osteopenia or osteoporosis before a fracture occurs.

There are also FDA-approved therapies for osteoporosis treatment and prevention. The latest FDA-approved therapy for the prevention of postmenopausal osteoporosis is the first and only therapy administered once every two years with a single dose. Called Reclast[®] (zoledronic acid) Injection, this therapy is given as a 15-minute intravenous (IV) infusion by a healthcare professional, eliminating the need for daily, weekly or monthly pills.

"The dosing of Reclast for the prevention of postmenopausal osteoporosis is an advance over existing therapies since it is given just once every two years," said Zaidi.

Reclast is also approved once-yearly to treat postmenopausal osteoporosis. It is the only osteoporosis treatment approved to reduce the risk of fractures at all key sites typically affected by osteoporosis, including the hip, spine and other bones.

Available in all 50 U.S. states, Reclast for the treatment of postmenopausal osteoporosis is reimbursed by all Medicare Part B carriers and virtually all health insurance plans. Because all plans vary, patients should check with their insurance providers regarding their individual coverage.

For more information about Reclast, speak with your doctor, visit www.reclast.com or call 866-RECLAST (866-732-5278). For more information about osteoporosis, visit the National Osteoporosis Foundation (NOF) Web site at www.nof.org.

Editor's Note: You should not take Reclast if you're on Zometa[®] (zoledronic acid) Injection because it contains the same active ingredient. Additionally, you should not take Reclast if you have low blood calcium, kidney problems, or are allergic to Reclast. If you are pregnant, plan to become pregnant, or are nursing, you should not take Reclast.

It's important to drink fluids before getting Reclast to help prevent kidney problems. The most common side effects include flu-like symptoms, fever, muscle or joint pain, headache, nausea, vomiting and diarrhea. Tell your doctor if you have dental problems because, rarely, problems with the jaw have been reported with Reclast. Discuss all medicines you are taking, including prescription and nonprescription drugs, vitamins, and herbal supplements. If you develop severe bone, joint or muscle pain, numbness, tingling or muscle spasms, contact your doctor.