

INTRODUCTION

- Osteoporosis is defined as a reduction in the strength of bone that leads to an increased risk of fractures. Loss of bone tissue is associated with deterioration in skeletal microarchitecture.
- The World Health Organization (WHO) operationally defines osteoporosis as a bone density that falls 2.5 standard deviations (5D) below the mean for young healthy adults of the same sex also referred to as a T-score of -2.5.
- This poster focuses on risk factors, diagnosis, management, and adverse effects of the osteoporosis medicines.

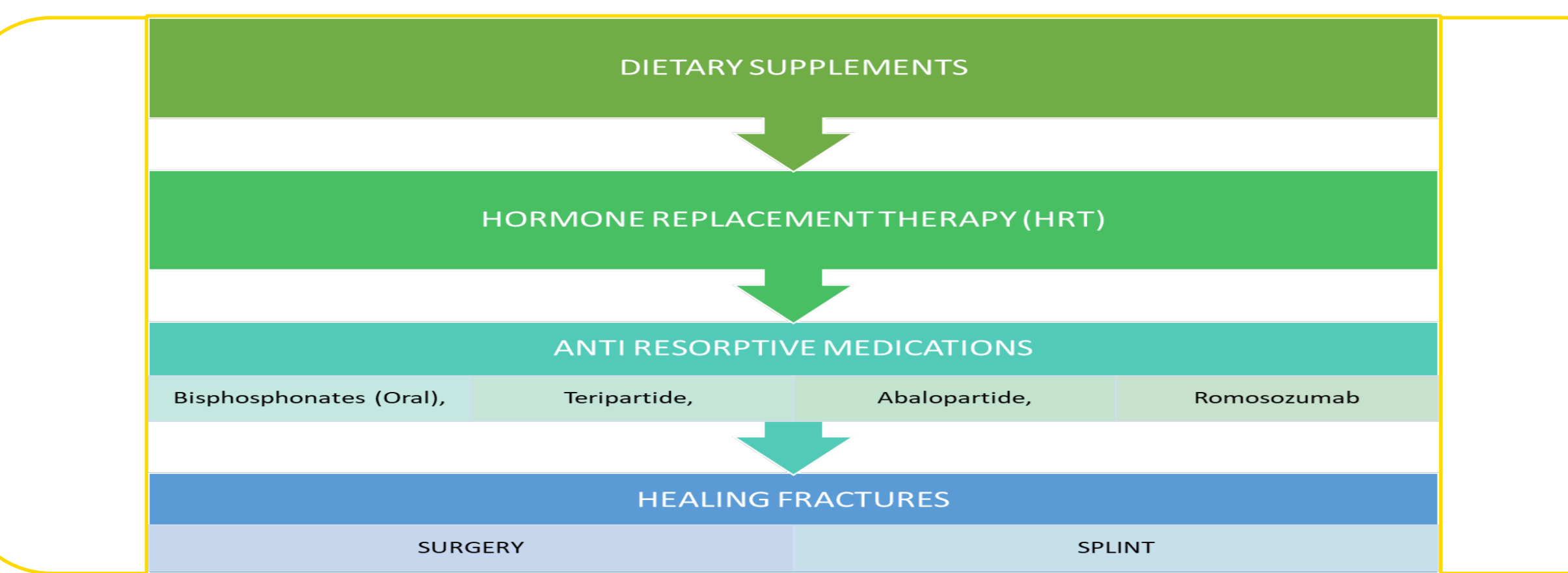
DIAGNOSIS

Diagnosing Osteoporosis

- Osteoporosis often shows no symptoms at all, making regular screenings important
- A bone density test is required for official diagnosis
- Physician must diagnose underlying cause, like aging or hormonal changes
- Risk factors include history of smoking or a diet deficient in calcium or vitamin D

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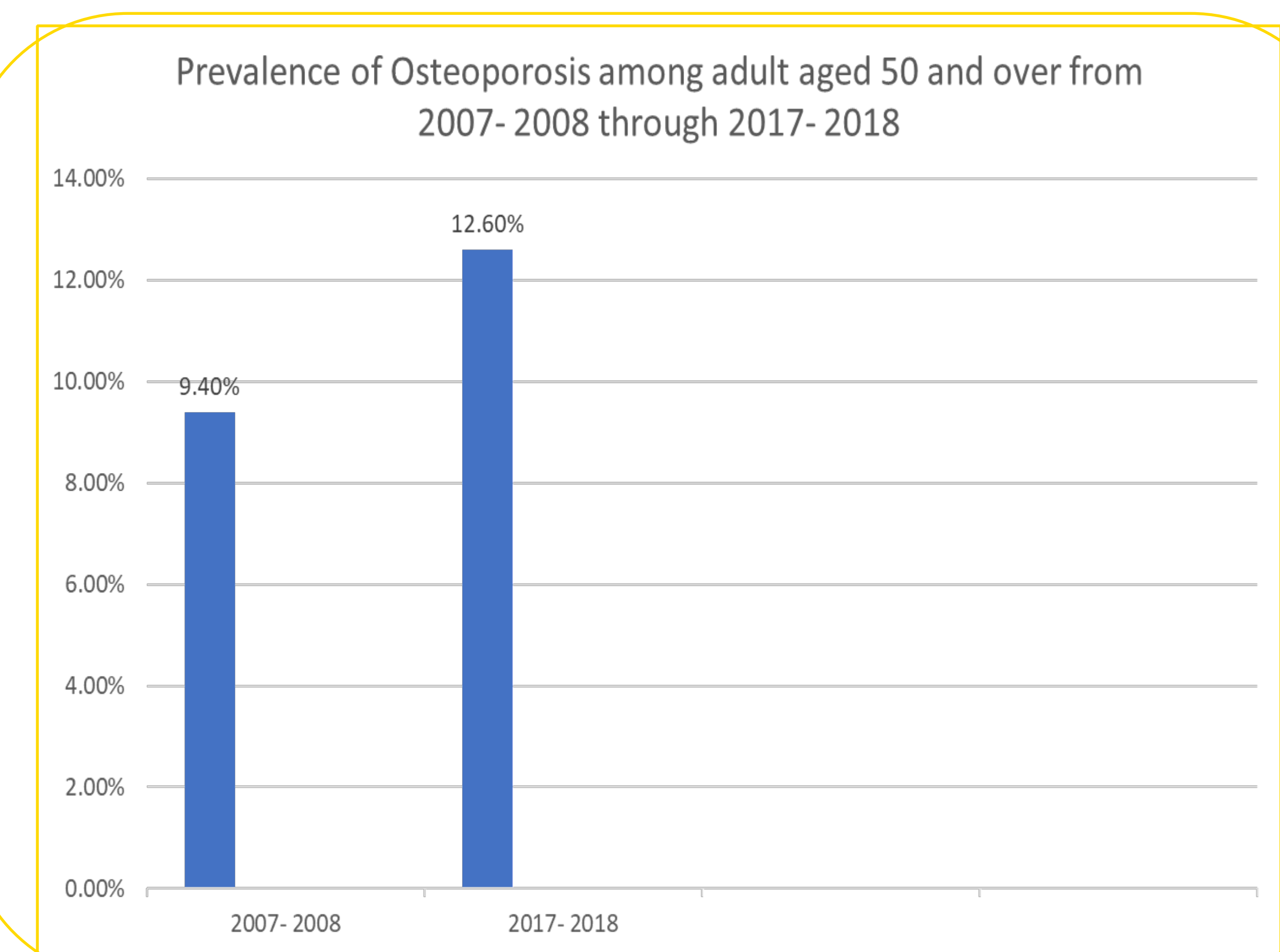
TREATMENT



EFFECTS OF BISPHOSPHONATES

SCOLIOSIS BRONJ

GRAPHICAL REPRESENTATION SHOWS PREVALENCE OF OSTEOPOROSIS



RISK FACTORS/CAUSES

RISK FACTORS

- Women and post-menopausal women
- Men with significant smoking history
- Alcohol
- Smoking
- Family history
- Inactive lifestyle
- Thin and/or small frame
- Calcium and vitamin D deficiency
- Getting older
- Low testosterone levels (men)
- Corticosteroids and anti-seizure medications
- Medical conditions that weaken calcium absorption

SYMPTOMS OF OSTEOPOROSIS

“SILENT DISEASE”

Symptoms:

- Bone/ Joint ache or tenderness.
- Fractures.

ORAL MANIFESTATIONS:

- X-Rays with reduced bone density and bone level.
- Extensive Periodontal Disease.
- Ill-Fitting Dentures.

COMPARISON OF OSTEOPOROTIC VS HEALTHY BONE

Osteoporotic **Healthy**

Normal bone Bone with osteoporosis

MANAGEMENT OF BRONJ

Table 2. Proposed treatment of bisphosphonate-related osteonecrosis of the jaw (BRONJ) by the American Association of Oral and Maxillofacial Surgeons (AAOMS).

Stage	Treatment
I	<ul style="list-style-type: none"> • Antimicrobial rinses (i.e., chlorhexidine 0.12%) • No surgical intervention
II	<ul style="list-style-type: none"> • Antimicrobial rinses (i.e., chlorhexidine 0.12%) • Systemic antibiotics or antifungals (infections may exacerbate BRONJ) • Analgesics
III	<ul style="list-style-type: none"> • Antimicrobial rinses (i.e., chlorhexidine 0.12%) • Systemic antibiotics or antifungals (infections may exacerbate BRONJ) • Analgesics • Surgical debridement or resection

CONCLUSION

