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Bone-density tests

When you need them—and when you don't

It's worth getting a bone-density test if you're older or have other risk factors for weak bones, because without it the first sign of osteoporosis is usually a broken bone. But if you're not at higher risk, you should think twice about the test. Here's why.

The test usually isn't necessary in younger people without risk factors for weak bones.

Many women and some men are routinely screened for weak bones with an imaging test called a dual-energy X-ray absorptiometry (DEXA) scan. If it shows that you have outright osteoporosis, the results can help you and your doctor decide how to treat the problem, usually with drugs. But many people learn they have only mild bone loss, a condition known as osteopenia, and for them the risk of fracture is often quite low.

It can pose risks.

A DEXA scan isn't likely to harm you directly. But a diagnosis of osteopenia can lead to treatment with such drugs as alendronate (Fosamax and generic), ibandronate (Boniva and generic), and risendronate (Actonel, Atelvia, and gener-



ic), which pose numerous risks. Those include thigh fractures; throat or chest pain; difficulty swallowing; heartburn; and more rarely, bone, eye, joint, and muscle pain; bone loss in the jaw; and possibly abnormal heart rhythm. In addition, there is little evidence that people with osteopenia get much benefit from the drugs. Other types of osteoporosis drugs are linked to risks

such as blood clots, heart attacks, strokes, and serious infections.

It can be a waste of money.

A DEXA scan costs about \$132, according to HealthcareBlueBook.com. Though that isn't as expensive as some tests, any money spent on unnecessary tests is money wasted. In addition, a month's supply of generic alendronate costs \$38 to \$70. Fosamax, the brand-name version, costs \$125 to \$148. People often take the drugs for years and sometimes indefinitely.

So when is the test warranted?

Women should have their bone density measured at age 65 and men at age 70. Younger women and men ages 50 to 69 should also consider the test if they have risk factors such as a fracture from minor trauma, rheumatoid arthritis, low body weight, and a parent who had a hip fracture. Other risk factors include smoking, heavy drinking, long-term use of corticosteroid drugs, and being very low in vitamin D. Whether you need a follow-up bone-density test depends on the results of the initial scan.

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CONSUMER REPORTS' Advice

How can you keep your bones strong?

The following steps can help protect against fractures by building bone:

- **Do weight-bearing exercises.** Aim for at least 30 minutes a day of activities such as walking and weightlifting.

- **Get enough calcium and vitamin D.**

Aim for at least 1,200 milligrams of calcium a day, from green leafy vegetables, low-fat dairy products, canned sardines or salmon, and if necessary, supplements. Consider a vitamin D supplement if



you are a woman after menopause or get little sun exposure. Aim for 600 international units a day, or 800 IU if you are 70 or older.

- **Avoid smoking and excessive alcohol use.** Try a smoking-cessation program or nicotine-replacement product, and limit yourself to one drink a day for women, two for men.

- **Minimize bone-sapping medication.**

Talk with your doctor about alternatives to drugs such as corticosteroids, proton pump inhibitors used to treat heartburn, and certain newer antidepressants.

- **Reduce your risk of falling.** Eliminate small rugs and loose extension cords in your home, use brighter lights, and install grab bars and use rubber mats in the bathroom. Have your vision checked, wear nonslip shoes, and take classes that increase balance and strength, such as tai chi and yoga. Ask your doctor whether any drug you take could impair your balance.