

Shattering Choices:

When a Woman Has to Decide Between One Health Risk and Another

By Michele Howe



Michele Howe

“The problem in your mom’s case is that treatment was started 15 to 20 years too late.” Hearing my mom’s doctor state so directly what I already knew in my heart hit me harder than I expected.

Immediately, self-recriminating thoughts ran through my mind because I remembered many years earlier being asked by my mom if I thought she should begin hormone replacement therapy (HRT) after having just gone through an early menopause.

I told her no. Unequivocally no. And I hadn’t thought twice about it. Given the state of her bones today, I’m not so sure I was right.

Even though my mom has a strong family history of breast cancer and her gynecologist at the time was aware of this risk, he still believed she would be better off on HRT for her long-term bone health. My mother though, who had watched her various family members painfully linger and then die of cancer, wasn’t so sure.

So today, some 30 years later, at age 69, my mom’s bones are beginning to break and all our earlier confidence about the decision to forgo HRT because of its cancer risk is crumbling too.

We had planned a lovely day of escape for my mom, my three

young adult daughters and myself. Each of us had been under tremendous stress and we were still mourning the loss of several immediate family members who had died one after the other all within the previous six months. So we women decided that a day of shopping, eating out and just relaxing together, minus the emotional strain of the past spring and summer, would be exactly what the doctor ordered.

Within days of getting settled in Scottsdale, my mother noticed bruising and swelling on the top of her foot so more x-rays and an MRI were ordered. The tests revealed she now had three pre-stress fractures developing on the same foot (the first break had apparently never healed completely).

Another walking cast, more therapy and additional anxiety ensued as the injury / treatment /

“Osteoporosis complications (pelvic, hip and spine fractures) often have morbidities and mortality that are right up there with cancer and heart disease.”

– Dr. Christopher A. Foetisch, orthopedic surgeon

Working at my computer two days before we were to leave, I received a frantic call from my oldest daughter informing me that my mother had just fallen outside her home. Within an hour, my mom was being treated at a local emergency room for a broken tibia (this being the second break in the same leg in five short months as she had broken a bone in her foot in early spring).

The ER doctor placed a soft cast on her leg and she was then treated by her orthopedic surgeon during the following weeks. A few non-eventful months passed and her bones seemed to be on the mend so my parents happily left for their annual winter-long retreat to Arizona.

healing cycle repeated itself yet again. Would this year’s pattern of bone injuries be indicative of my mom’s future? We certainly hoped not. Still, three breaks in nine months was nothing to lightly dismiss.

Mulling over my mom’s current health, we tried to figure out what could be done. This “figuring out” meant taking a look back, years back, to my mom’s late thirties when early menopause took her by surprise. Piecing her personal health composite together, we now understand that she lost excessive amounts of estrogen early on which contributed to her rapidly debilitating osteoporosis issues of today.

So we questioned and considered her past, present and future health outlook with that specific information in mind.

It seemed so unlikely that a single choice, one made many years ago, could so affect her overall health and yet it had. Questions like, "Did we miss something?" and "What could we have done to prevent this?" started to revisit our thoughts with greater frequency.

Looking back at my mom's personal health history, we realized she still would have made the same choice over again because of her family history of breast cancer. Right or wrong, today is all she has to combat the affects of osteoporosis.

To her credit, she continues to take the best care of her body she can. She faithfully exercises daily, takes calcium/Vitamin D supplements, goes to her annual checkups and has yearly DEXA scans. Once she started losing bone mass, her gynecologist placed her on Evista, a selective estrogen receptor modulator (SERM).

Over time, her bone mass increased and stabilized for a few years, then she began losing ground again and now is breaking bones at an alarming rate. Even under the careful monitoring of her physicians, she is still facing old age with deteriorating bones...so for her, there's no missing piece of information, no neglected treatment option or lapse of medical care to blame.

Like most families, we weren't expecting my mom's bones to begin shattering without warning.

"Believe me, when a 50-year-old female goes to see her PCP the very last thing on her mind is osteoporosis treatment," said Dr. Foetisch. "But that is when she needs to begin being tested for the disease."

The more we researched and studied the possible risks for developing (and preventing) diseases such as cancer or osteoporosis later on in life, the more we recognized women must often choose between two prevention plans and their accompanying risks. (And HRT does pose known health risks).

As women take into account their family's health history as well as their own lifestyle,

women must be forward-thinking to gain the best information and treatment (preventative and palliative) plan for their lives.

As Dr. Foetisch states, "The late thirties, early forties is when patients need to be proactive and insist on evaluation and treatment. Osteoporosis is a silent disease that often is not thought about until the fractures start to occur and at that point we have missed our prime prevention/treatment opportunities."

For my mom, we can't turn back the clock. So she does all she can today to treat and prevent further breaks. And she's not alone. Osteoporosis leads to 1.5 million fractures or breaks each year. This silent disease threatens 25 million mainly female Americans, though it affects older men as well.

Michele Howe is author of "Still Going It Alone: Mothering with Faith and Finesse" and a Single Parenting columnist. <http://www.bizymoms.com/experts/michele-howe/index.html>

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