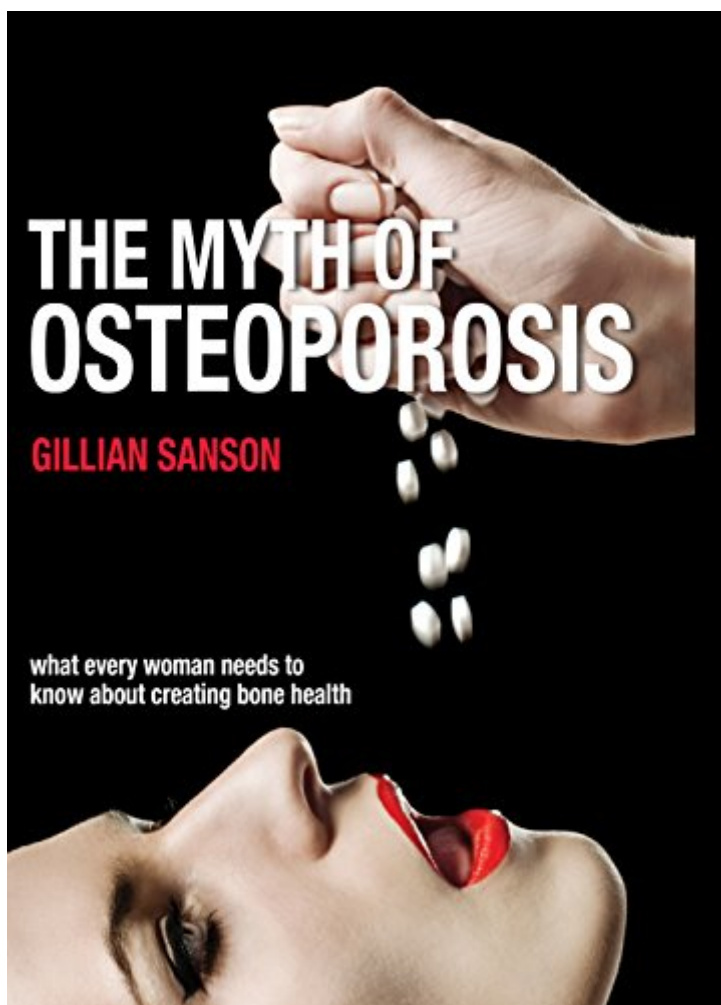


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# The Myth Of Osteoporosis: What Every Woman Needs To Know About Creating Bone Health



## Synopsis

The Myth of Osteoporosis is a research-based work that provides clear insight into the myths of osteoporosis. These myths motivate both patient and physician into a lifetime of unnecessary testing and drug therapy therapy that can in fact be life-threatening. Gillian Sanson's well-documented explanation of these myths can spare women great anxiety. She takes the fear out of aging and restores women's sense of control over their bodies. She gives women good reasons for challenging the common way that osteoporosis is handled in the United States and in many other industrialized nations. This revised edition provides important information about the latest studies and the newest drugs on the market. \* A diagnosis of low bone density is not a good predictor of fracture. Most fractures occur in those who have bone density in the normal range. \* New U.S. osteoporosis screening recommendations target the majority of women over the age of 50, effectively turning millions of healthy women into patients. \* The U.S. National Osteoporosis Foundation predicts an epidemic of osteoporosis by 2025 but hip fracture rates are falling, and have been for the last 3 decades. \* Osteoporosis drugs carry serious risks and side effects and do not benefit the majority of people who take them. \* Diagnoses have skyrocketed in recent decades, yet the mortality rate from osteoporosis remains largely unchanged. • Sanson approaches the topic of osteoporosis with insight and wisdom... • - Journal of the American Medical Association. • At last a carefully-researched, comprehensive, and easy-to-read account of the world-wide marketing of osteoporosis as a killer disease in order to manufacture patients for the sale of drugs •. - Barbara Seaman Gill Sanson's book is a well-researched breath of fresh air that will help women everywhere better trust the wisdom of their bodies. -- Christiane Northrup, M.D. A diagnosis of low bone density is not a good predictor of fracture. Most fractures occur in those who have bone density in the normal range.

## Book Information

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## Customer Reviews

I am an orthopedic surgeon with no ties to pharmaceutical companies. This book minimizes a large and growing problem. Fragility fractures are difficult to treat. They require special techniques for handling in the operating room. They don't hold implants even though special types of implants are being designed that might help in the future. Fragility fractures recur with a downward spiral of disability and death following the initial fracture. She correctly states that "only" 14% of otherwise healthy women die from fracture related complications in the first year after a hip fracture. The word "only" is her word...14% a huge death rate for healthy people regardless of age and most are less than 80. She blames doctors for killing patients and says 14% death rate is acceptable in this disease? That's not the doctors, it's the disease. Osteoporosis robs people of an active lifestyle. Look at her daughter who has six fractures by age 25. How could she deny that's not a problem? She correctly quotes a research study by DM Black showing that alendronate decreased fracture rate by 50% but the placebo group had 2.2% fractures and the alendronate group had 1.1% for an absolute fracture reduction of 1%. She belittles that but fails to recognize that this study was 3 years only. A 50% fracture reduction over 30 years is highly meaningful. Women have a 16% fracture risk between ages 50 and 80. A 50% reduction of fracture rate over that period of time would be substantial and life-saving for thousands of women. Short term studies should not be extrapolated to represent the true impact of treatment. I do agree that nutrition can do more if people would pay attention to other nutrients besides calcium and vitamin D.

This book is essential reading for anyone diagnosed with (or to be tested for) osteoporosis or osteopenia. It examines with thoughtfulness and great knowledge the process from DEXA scan to diagnosis to medication, raising crucial questions every step of the way. Just as HRT was pushed

as a panacea by almost all doctors for years, only to turn out to cause the very heart disease and cancer it was supposed to help, so Sanson shows that this huge multi-billion-dollar osteoporosis industry is built on one questionable premise after another. The DEXA scan results cannot show the strength--the quality--of bone, a crucial factor. As for bone density, which it does measure, there is little or no correlation between bone density and fracture. Most older people who fracture have normal bone density or mildly low. The whole idea of measuring elderly women's bones against the standard of those of young women (possibly athletes) in their prime is itself questionable. Sanson shows how truly small the gains from bisphosphonates are, how deceiving the percentages presented, and how serious the side effects. This full story of the drugs is just starting to come out now, after the certitudes with which doctors proscribed Fosamax, Actonel, and Forteo just a few years ago. She takes every detail of what women are told and exposes it to the light of day. Consider the terror generated by the endlessly repeated claim that hip fracture is very frequent in the elderly and is a death sentence.

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