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Original article

Osteoporosis in primary care: an opportunity to approach risk factors



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ABSTRACT

Introduction: Climacteric women are susceptible to a number of changes, among them osteoporosis. Osteoporosis is a disease characterized by low bone mass and susceptibility to fracture. Currently, this disease is a public health issue, being necessary to recognize its risk factors.

Objectives: Identify risk factors related to osteoporosis in women attending PROPIS/PROEX/UFMA, tracing a socio-demographic characterization and considering community lifestyles.

Material and methods: This is a transversal retrospective clinical with a quantitative approach study conducted between March and June 2013 in São Luís-MA with 107 women treated at the Programa de Práticas de Integralidade em Saúde (PROPIS – Integrality Health Practice Program). The study was approved by the University Hospital Ethics Committee of UFMA under opinion no. 362/07. Data were tabulated and analyzed in the epidemiological Epi-Info® software, version 3.4.1.

Results: The brown color was predominant, consensual relationships proved to be a protective factor and low education was a risk factor. The average age of the group with menopause was 54.1 years and without menopause was 31.3 years ($p < 0.0001$). The average age of menopause was 43.7 years. The irregular menstrual cycle was a protective factor. The average number of pregnancies was 4.56 for the group with menopause and 2.45 for the group without menopause, with most births occurring normally ($p < 0.0001$). Smoking, physical inactivity and caffeine intake were risk factors, while the absence of alcoholism and of soda intake were protective factors for the disease.

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Conclusion: The patients followed the socioeconomic and demographic profile of Maranhão. Most had menarche and menopause in appropriate periods, showed no positive family history of osteoporosis, did not usually drink alcohol, were sedentary and the caffeine intake was high.

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Osteoporose na atenção primária: uma oportunidade para abordar os fatores de risco

R E S U M O

Palavras-chave:
Climatério
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Fatores de risco

Introdução: A mulher climatérica, está susceptível a uma série de alterações, dentre elas, a osteoporose. A osteoporose é uma doença caracterizada pela diminuição da massa óssea e susceptibilidade a fraturas. Atualmente, a doença é um problema de saúde pública, sendo necessário reconhecer seus fatores de risco.

Objetivos: Identificar fatores de risco relacionados à osteoporose em mulheres atendidas pelo PROPIS/PROEX/UFMA, caracterizando sócio-demograficamente e os hábitos de vida da comunidade.

Material e métodos: Trata-se de um estudo clínico transversal retrospectivo com abordagem quantitativa, realizado entre março e junho de 2013 em São Luís-MA com 107 mulheres atendidas no Programa de Práticas de Integralidade em Saúde (PROPIS). A pesquisa foi aprovada pelo Comitê de Ética do Hospital Universitário da UFMA sob parecer 362/07. Os dados foram tabulados e analisados no programa epidemiológico Epi-Info® versão 3.4.1.

Resultados: A cor parda foi predominante, a união consensual mostrou-se como fator de proteção e a baixa escolaridade foi um fator de risco. A média de idade do grupo com menopausa foi de 54,1 anos e do grupo sem menopausa, 31,3 anos, com $p < 0,0001$. A idade média da menopausa foi de 43,7 anos. O ciclo menstrual irregular foi um fator de proteção. O número médio de gestações foi de 4,56 para o grupo com menopausa e de 2,45 para o grupo sem menopausa, tendo a maioria dos partos ocorrido de forma natural, com $p < 0,0001$. O tabagismo, sedentarismo e a ingestão de cafeína foram fatores de risco, enquanto que a ausência de etilismo e a ingestão de refrigerantes constituíram fatores de proteção para a doença.

Conclusão: As pacientes seguiram o perfil socioeconômico e demográfico do Maranhão. A maioria teve menarca e menopausa em período adequado, não apresentou história familiar positiva para osteoporose, não costumava ingerir bebidas alcoólicas, era sedentária e ingeria cafeína demasiadamente.

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Introduction

Osteoporosis is a metabolic bone disease characterized by reduced bone mineral density (BMD), with deterioration of bone microarchitecture, leading to an increase in skeletal fragility and risk of fracture.¹ The diagnosis of osteoporosis is made by evaluating the lumbar spine in AP, proximal femoral neck and/or total femur and forearm, according to the criteria proposed by the World Health Organization (WHO).²

In the United States, osteoporosis affects about 25 million people, involving more than 1.3 million fractures annually.³ In Brazil, the estimated projections for the next 10 years reveal that the number of hip fractures due to osteoporosis (currently 121,700 annual fractures) will reach 140,000 hip fractures per year by 2020.^{4,5}

In Brazil, studies in Recife showed a prevalence of 28.8% according to the WHO criteria.⁶ A recent study in São Paulo,

using WHO diagnostic criteria, revealed that 33% of post-menopausal women had osteoporosis in lumbar spine and femur.⁷

The clinical presentation of the disease is often associated with fractures of the spine, hip and wrist; even without any significant reduction in bone mineral density or bone symptom, it is also considered as osteoporosis.^{8,9} Fractures caused by osteoporosis contribute to back pain, reduce quality of life, and interfere with activities of daily living.⁹

Several factors are involved in the development of osteoporosis; some of them cannot be changed, while many others can be modified, reducing the incidence of osteoporosis.^{8,10} Among other factors that increase the chance of developing osteoporosis that cannot be changed, the most relevant are gender (especially female), increasing age, short stature, white and Asian races and heredity.¹¹ Among modifiable factors, the most relevant are hormones related to gender, anorexia, lack of calcium, vitamin D intake, use of medication (such as

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