

Osteoporosis and Osteoarthritis

Rajesh Dharia*

Department of Orthopaedic, Consultant Orthopaedic Surgeon, Mumbai, India

***Corresponding Author:** Rajesh Dharia, Department of Orthopaedic, Consultant Orthopaedic Surgeon, Mumbai, India.

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Osteoporosis and osteoarthritis coexist in a significant percentage of population. While a lot of importance is given to management of arthritis because of pain, osteoporosis tends to be ignored because of its silent and insidious onset and progress. While these two diseases co-exist, surgeons and patients both aim at relieving pain as the cardinal symptom.

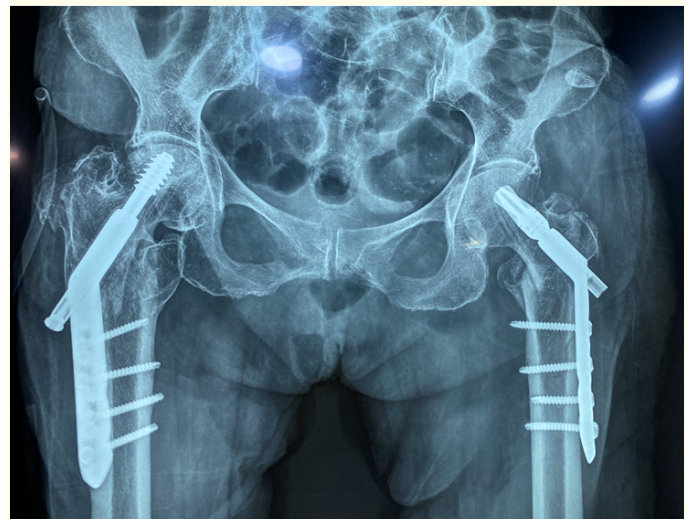
Periprosthetic fractures can be prevented on certain occasions by giving priority to detection and treatment of osteoporosis just as importantly many fractures of hip and spine can be prevented in the elderly by detecting and treating osteoporosis.

While decreased mobility can lead to osteoporosis, increased number of exercises may lead to excessive wear and tear and arthritis. Prevention is better than cure is valid for arthritis and osteoporosis both. While advanced arthritis will need surgery, advanced osteoporosis with resultant fractures may also need surgery in addition to the required armamentarium in form of drugs for improvement of bone quality.

While osteoporosis is established in Postmenopausal women, it is gaining almost equal importance in men above 50 yrs. of age due to lack of sunlight and vitamin D3 due to an office bound culture. Checking bone related biochemistry in blood and densitometry over a regulated period of time is the need of the hour and the way forward.

Although malaria and tuberculosis have been identified for eradication, osteoporosis definitely deserves to be identified as preventable by timely and regular screening of bones and parathyroid and kidneys in some cases and appropriate management by vitamin D3, bisphosphonates, anabolic steroids, newer drugs like denosumab, teriparatide, calcitonin and many more. Osteoar-

thritis on the other hand can have Reduced symptoms of pain by weight reduction and lifestyle modification, before getting the so-called cure by joint replacements with or without the use of robot!!



Figure