



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Osteoporosis and women with intellectual disability

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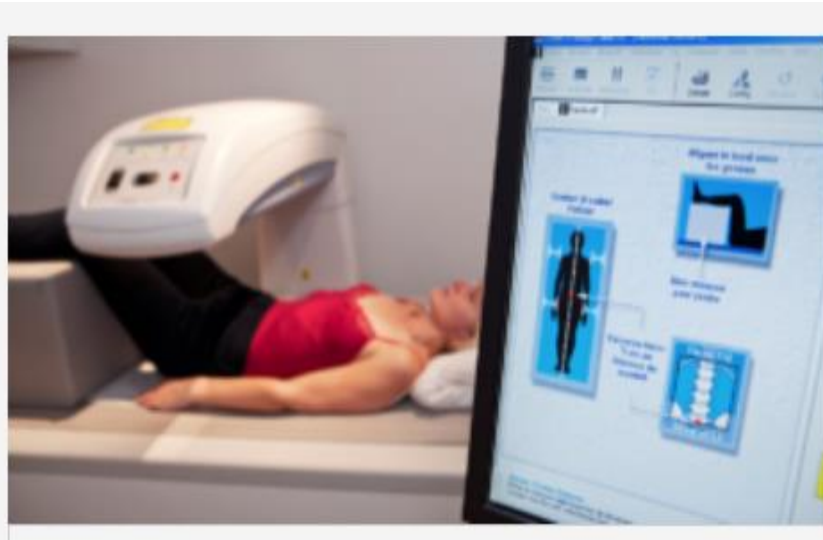
Defining and diagnosing osteoporosis



The Intellectual Disability Supplement to
The Irish Longitudinal Study on Ageing
(IDS-TILDA)



Osteoporosis progression
The Silent Thief of Bone



Along with DXA scanning

FRAX used in the
diagnosis of osteoporosis



Risk differ and diagnosis can be missed



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- Smoking and alcohol consumption was negligible
- 0.9% corticosteroids
- 3.5% Identified parental history of fracture
- 74.7% menopause
- 41.6% AED medications
- 34% difficulty walking
- 49.2% below Ca intake recommendations



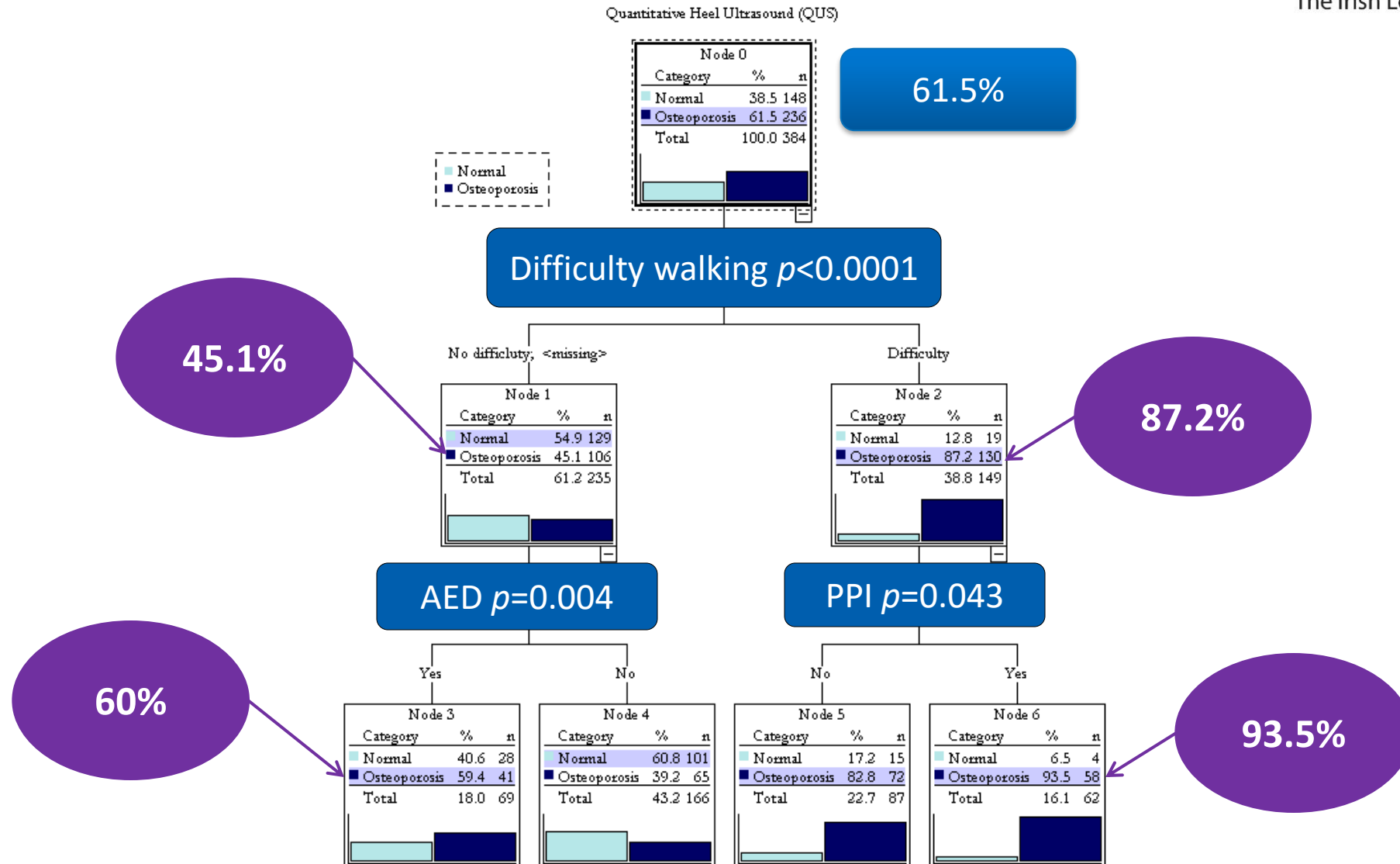
**OS CALCIS -
calcaneus
bone**



CHAID Osteoporosis



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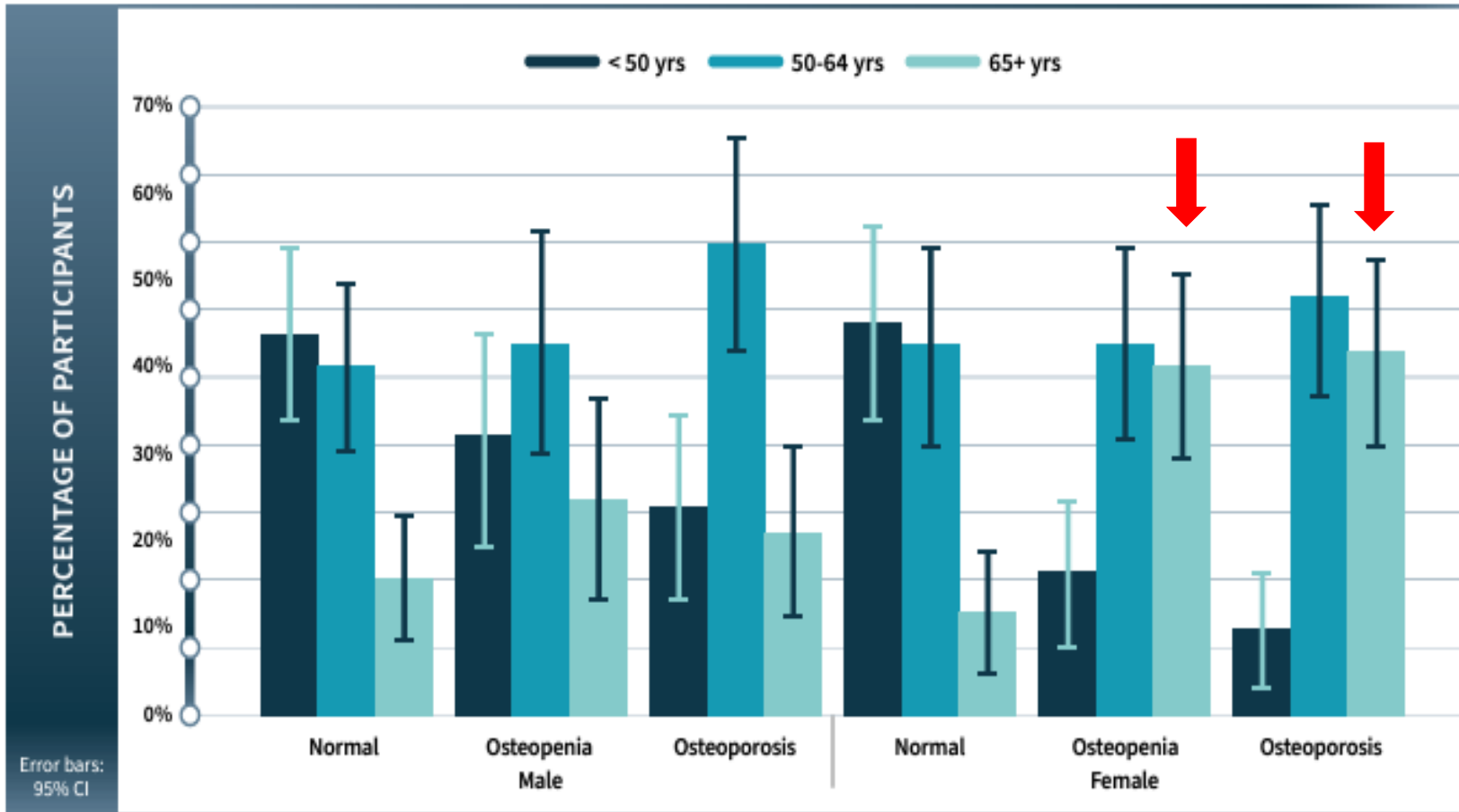




Women and osteoporosis



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Older women 65+:
Osteoporosis **42%** v
21.2%
Osteopenia **40.5%** v 25%

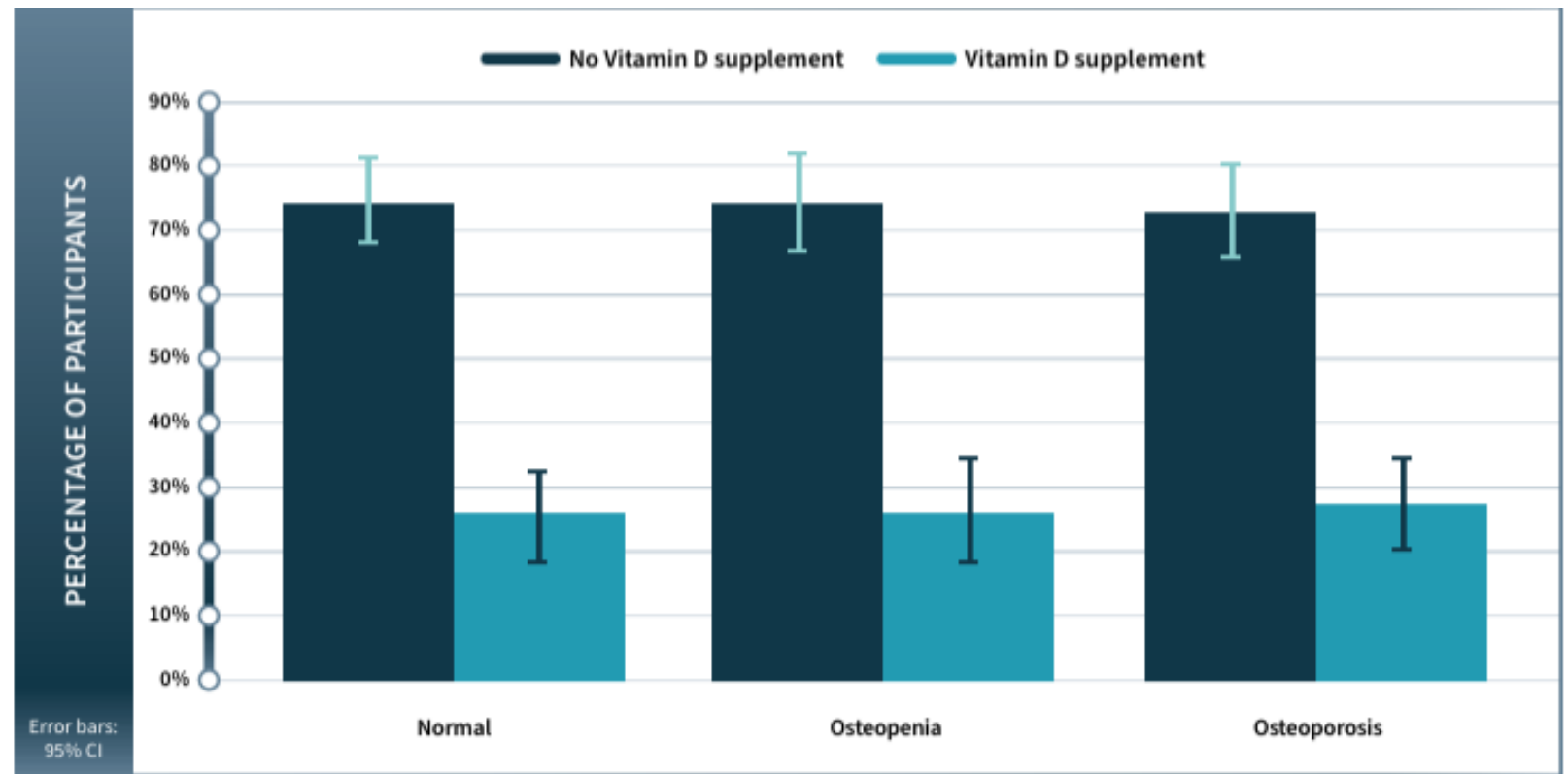
Attendance at DXA in the last 3 years and Vitamin D supplementation

Wave 2
17.3%

Attendance at DXA

Wave 5
36.9%

Vitamin D stratified by objectively measured bone health





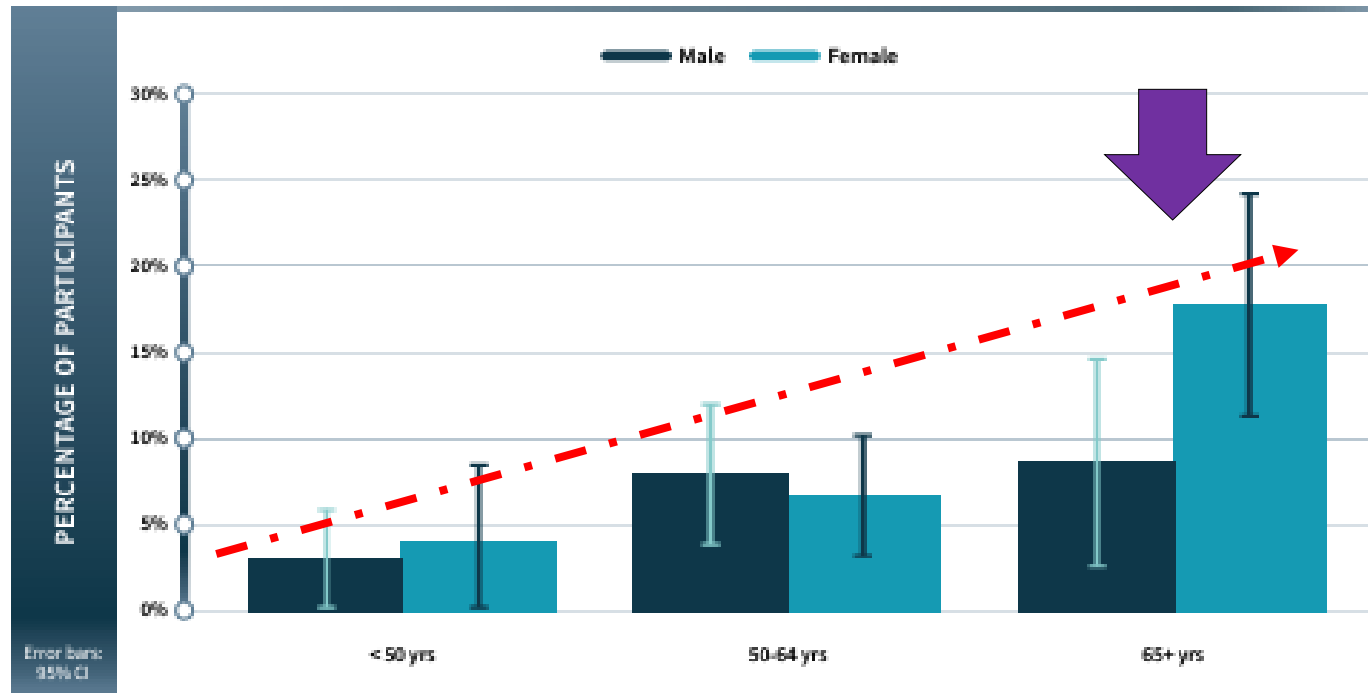
Fracture, falls and fear of falling

Reported fragility fractures



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Fragility fracture only – wrist, vertebra & hip



Prevalence increases
with age
4% - 6.6% - 17.8%

Higher levels observed
among women
[specially 65+]

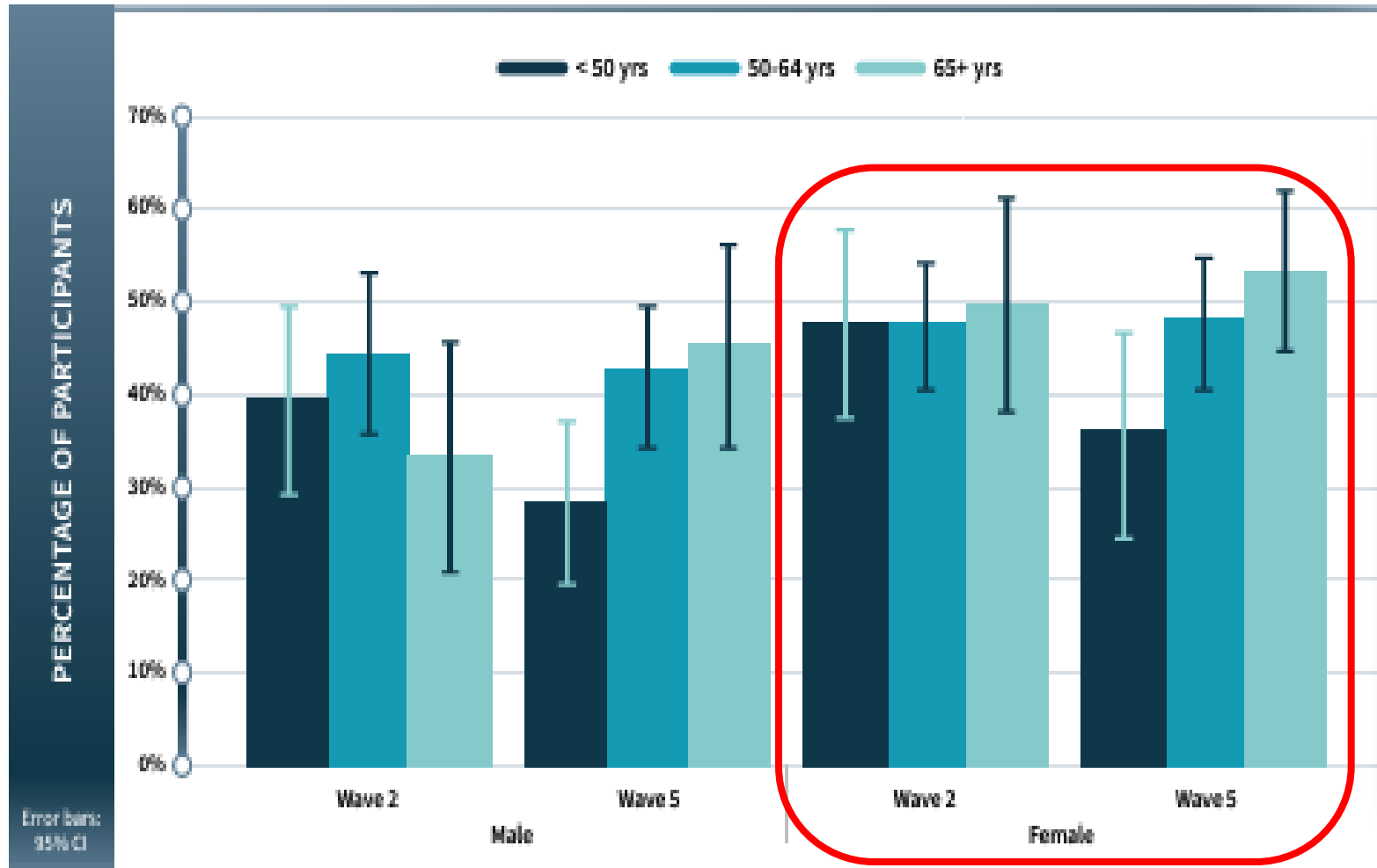
Double the 1 in 10
reported by TILDA for
those >65yrs.



Fear of falling [FOF]



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Higher levels among females
across all ages than males:

Specifically older women

65+ [wave 5]

53% v 45%



The perfect storm – so what are we going to do about it?



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- Prevalence is high
- Risk factors differ
- Rates of falls and fragility fractures are high
- FOF intensifies with age
- A complex challenge demanding urgent attention

