



Bone Problems

New bone replaces old bone all the time. After age 30, more bone is taken away than replaced. Even in healthy people, bones become weaker with age.

People with HIV are more likely to have two bone problems:

Osteoporosis (OP). Osteoporosis is a disease that weakens bones over time. Because of this, your bones are more fragile and easy to break.

Osteonecrosis (ON). This is when tiny breaks occur in the bone. In time, the bone falls apart. This often happens in the thighbone.

Symptoms

OP. Many people find out they have *OP* when a bone breaks. The hip, backbones and wrist break more often in people with brittle bones.

ON. Joint pain, mostly in the hips is a symptom of *ON*. *ON* is often called avascular necrosis or AVN. Sometimes, the pain is felt in the groin. At first, the pain may only be felt when weight is put on the joint. A person may limp. It may be hard to stretch out your leg. The joint may feel like it clicks when you stand up. If the problem is in a joint that does not bear weight, such as the shoulder, the pain may be less. The pain often becomes constant unless it is treated.

It is not known why people with HIV have more bone problems. The virus itself may increase the chance that bones become weak or break. Certain HIV meds are known to affect bone strength. The longer a person has HIV, the more likely he or she is to have bone loss

Risk Factors

Most people have bone loss as they age. Bone loss is faster for people if:

- White or Asian
- Older than 50
- Slender or lightweight
- Drinks a lot of caffeine or alcohol
- Post menopause
- Does not get enough exercise
- Lacks calcium or vitamin D in their diet
- Smokes
- Takes certain HIV meds
- Takes certain other meds such as corticosteroids

Tiny breaks in the bone are more likely if a person:

- Has been injured
- Drinks a lot of alcohol
- Has used corticosteroid meds for a long time

Prevention

You can prevent or delay bone loss if you:

- Take calcium and Vitamin D pills
- Exercise with weights
- Walk, dance, or other exercise that puts weight on your muscles and bones
- Do not smoke
- Cut down on caffeine and alcohol
- Spend a little time in the sun with no sunscreen on every week

How to Know You Have Bone Problems

OP. If your medical provider thinks you may have *OP*, he or she may order a special bone test called a DEXA scan. In addition, some HIV experts now agree that everyone with HIV who is age 50 or older get a DEXA scan. The DEXA will tell your doctor if the density of your bones is less than it should be.

ON. To find out if you have *ON*, a doctor may order:

MRI scan. If your doctor thinks you may have *ON*, he or she will most likely order an MRI. This is the best test to tell for sure if a person has *ON*.

An MRI can tell early on if you have this problem. The treatment works better if it is found early.

- CT scan. This uses X-rays to make many, detailed pictures as the scanner moves around the body.
- X-ray. It will show advanced *ON*. When the disease shows up on an X-ray, it is too late for *ON* to be cured. X-rays are also used if you might have suffered a fracture

Treatment

OP. *OP* treatment is based on your risk of breaking a bone in the next 10 years. If your risk isn't high, treatment might not include meds and might focus instead on changing risk factors for bone loss and falls. If the *OP* is caused by HIV meds, changes in treatment may be needed. There may be other meds that do not harm the bones as much. If corticosteroids are the cause, you may need to switch to another form of treatment.

ON. Surgery may be needed to treat *ON*. Some treatments rely on meds or supports for the bone, but may not work as well. Surgery can help prevent hip and knee problems. Bones or joints can be replaced to help support the hip.

For more information

Contact your Registered Nurse Care Manager, or call PHP Nurse Advice Line at: (800) 797-1717.

