

*Thanks for joining!
We'll be starting momentarily...*

Longevity Live Series

Not just longer, but better

Session 4: Bone Health



Speakers: Dr. Kandis ND and Kathy, NP

Moderator: Angela



sanoLiving

**Meet
Dr. Kandis, ND
and Kathy, NP**



“Longevity Live Series” Our Group Flow



- Your Support Village
- Dialogue and Etiquette
 - On-camera (optional)
 - Open conversation 🙋 (please raise your hand)
 - In-Meeting Chat
- Post-live session resources
 - sanoMidLife Library (recordings)
 - Peer Connect

Longevity Live Series: Our monthly breakdown...

January 20th	Health-span
February 20th	Heart Health
March 24th	Metabolic Health, The Gut and Weight
April 21st	Bone Health
May 19th	Endocrine Health, Thyroid and Stress
June 16th	Cancer Prevention
September 15th	Pelvic Health, Prolapse and Incontinence
October 20th	Mental Health and Cognitive Decline
November 17th	Sexual Health
December 15th	Integrating It All, The Women's Longevity Playbook

Next session



Bone Health

Osteoporosis is a loss of bone strength, density, structure, and quality, that raises fracture risk.



Why fracture risk rises



Falls drive many fractures, not just low bone mineral density



Sarcopenia raises fall risk and loss of independence

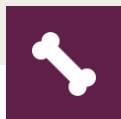


Bone loss is fastest in early menopause, often ~2% per year

We reach our maximum bone density between the ages of 25 and 30

Estrogen Impact on Bone Health

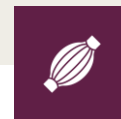
What changes in midlife



Bone loss often begins 1 to 3 years before menopause



Estrogen decline increases bone breakdown



Bone and muscle weaken together



Women are 5x more likely than men to develop osteoporosis, and 80% of fractures after age 50 occur in women.

Risk Factors

Fracture risk reflects more than bone density alone, it also includes falls, prior fracture, health history, and medications.

Higher-risk history



- Prior fragility fracture, strongest predictor of another fracture
- Early menopause, low body weight, or family history
- Rheumatoid arthritis, celiac disease, or eating disorder history
- Long-term glucocorticoids or certain cancer therapies

Modifiable risks



- Smoking and high alcohol intake
- Inactivity, low muscle mass, poor balance, or falls
- Bone-adverse medications, including PPIs and some seizure medicines
- Type 2 diabetes and obesity can raise fracture risk beyond BMD

A wrist, spine, hip, or other low-trauma fracture is a signal to assess bone health and future fracture risk.

Assessing Our Risk

Use simple tools to estimate fracture risk, interpret bone density, and decide when earlier screening makes sense.

FRAX



[Online self-guided assessment](#) that estimates 10-year fracture risk

Functional clues



[The chair stand test](#)
[Grip strength measured with a simple grip dynamometer](#)
[Balance tests](#)

DEXA scan



- Measures bone mineral density
- T-score: normal > -1, osteopenia -1 to -2.5, osteoporosis ≤ -2.5

All women 65+, and younger postmenopausal women with risk factors, should discuss DEXA screening.

Common labs include vitamin D, thyroid, kidney, parathyroid, and celiac screening.

Things In Our Control

Lifestyle habits matter. Consistency matters more than doing more.

Move / train



Bone responds to **stress**:

- **Resistance training** (load)
- **Impact** (like jumping or [heel drops](#))

Both help maintain and build bone strength.

Eat for bone



- **Protein every day**: Aim for **~1.2 g/kg/day**
E.g.: 68 kgs / 150 lbs = 80 g/day
- **Calcium every day**: Aim for **1000–1200 mg/day**, food first

Reduce risk



- Avoid smoking
- Limit alcohol consumption
- Prevent falls (balance, vision, home safety)

Calcium and vitamin D are important, but they are not the whole story, bone also needs strength training, impact and balance, and long-term follow-through.

Supplements

Supplements work best when they fill a gap, not when they try to replace food, movement, and strength work.

Core supplements



- Calcium only to close the gap after food intake is assessed
- Vitamin D to maintain sufficiency, ideally test and treat
- Magnesium when intake is low or depletion risk is high

Evidence notes



- Vitamin K2 is promising, but evidence remains mixed
- Creatine and collagen need stronger practical data
- Prunes have modest supportive data and are easy to add

Supplements cannot out-perform resistance and impact training, protein adequacy, and calcium-rich food.

Menopausal hormone therapy (MHT)



Prevents bone loss



Can reduce fracture risk



Not first-line for osteoporosis alone

Consider when:

- Menopause symptoms are present (hot flashes, sleep, etc.)
- Early menopause or higher risk of bone loss

Timing matters:

- Most appropriate near menopause
- Not typically started later solely for bone health

Medications

Medication is considered when fracture risk is high, and osteoporosis care usually needs long-term follow-up, not a one-time fix.



When medications help



- Consider treatment with osteoporosis, prior hip or vertebral fracture, or high FRAX risk
- Bisphosphonates are first-line for many women at higher fracture risk
- Denosumab is an alternative when bisphosphonates are not a fit

Key cautions



- Do not stop denosumab without a follow-on plan
- Benefits of therapy fade when treatment is stopped
- Long-term therapy needs review for rare side effects



Ask

Dr. Kandis and Kathy ...

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Where to Start This Week

A simple plan beats a perfect plan.

1. Check your risk

- [Complete a FRAX assessment](#)
If you are over 55 ask about having a DEXA.
- Know your result: normal, osteopenia, or osteoporosis
- Bring up prior fracture, early menopause, steroid use, or a family history of hip fracture

2. Build your routine

- Strength train 2 to 3 times per week
- Add impact training: heel drop and simple balance work

3. Support with food first

- Protein daily, calcium-rich foods, and a vitamin D plan

Bone health is a long game, the earlier you identify risk and start protecting it, the more mobility and independence you will have.

How to Access Our Resources

You must be logged in to see the Longevity Live Replays. Simply log in to your sanoMidLife account.
To make it easy, **follow the login path that matches how you originally joined:**



Insurance (i.e., Medavie Blue Cross):

[LOGIN | sanoMidLife/sanoMidVie](#)

Employer:

[LOGIN | sanoMidLife/sanoMidVie](#)

Individual Purchase:

[LOGIN | sanoMidLife/sanoMidVie](#)

The screenshot shows the 'Sign In' page for sanoMidLife?. At the top left is the logo 'sanoMidLife?' and at the top right are 'Sign Up' and 'EN | FR' links. The main heading is 'Sign In'. Below it are two input fields: the first contains the email 'mstanes@uwo.ca' and the second is labeled 'Your password' with a toggle icon. Below the password field are two links: 'Forgot password?' and 'Trouble accessing account?'. At the bottom is a purple 'Sign In' button and a link 'Don't have an account? Sign Up.'