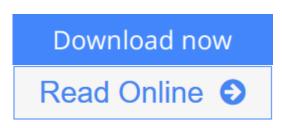


Dr. Lani's No-Nonsense Bone Health Guide: The Truth About Density Testing, Osteoporosis Drugs, and Building Bone Quality at Any Age

By Lani Simpson



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Part whistle-blower book, part bone health bible, *Dr. Lani's No-Nonsense Bone Health Guide* is the first consumer book to expose the shocking difficulty of getting an accurate bone density reading and the serious risks of long-term use of osteoporosis medications, which are often prescribed based on inaccurate readings. In addition to this vital information about bone density testing, Dr. Lani Simpson cuts through the confusion and inaccuracies surrounding osteoporosis and explains what readers can do *now* to build and maintain healthy bones for life. Dr. Simpson shares her well-rounded, whole-body approach to bone health, including discussions of digestive health, diet, supplements, exercise, and how aging affects the bones. Readers learn surprising facts about what foods and medicines might hurt bone health and which ones will help build strong bones. Also included is a thorough discussion of calcium supplementation and how to do it right. *Dr. Lani's No-Nonsense Bone Health Guide* is the key to long, healthy, fracture-free golden years.

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Editorial Review

Review

"Dr. Lani's No-Nonsense Bone Health Guide is loaded with solid and practical information that will have you standing strong and tall for a lifetime. I highly recommend it." ?Christiane Northrup, MD, author of Women's Bodies, Women's Wisdom

About the Author

Dr. Lani Simpson is a chiropractic doctor and a Certified Clinical (bone) Densitometrist (CCD). She has been an expert in women's health care for 25 years, treating thousands of patients with a multidisciplinary and holistic approach to health. She cofounded the East Bay Menopause and PMS Center and the Osteoporosis Diagnostic Center in Berkeley, CA, where she lives. She is an expert in bone density, osteoporosis, and menopause and aging, and gives continuing education seminars to health professionals about these issues.

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Chapter 2: Bone Density Screening — Right Test, Wrong Results?

If your car's fuel gauge is off, the worst that might happen is you'd run out of gas and need a tow ? or a battery charge, if the car's electric. But if the tools used to gauge your health malfunction, the consequences are much more serious. Unfortunately, when it comes to evaluating fracture risk, bone density testing procedures can be off the mark. And that can result in your getting the wrong diagnosis, the wrong treatment plan, or unnecessary medications.

Consider what happened to Ellen, a woman in her sixties who'd had several bone density tests over the years because of concerns about osteoporosis.

Positioning Error Leads to Prescription for Fosamax: Ellen's Story

Ellen called me from her home on the East Coast after a mutual friend recommended she ask me to assess her latest bone density test. Just listening to her story over the phone, I could tell that something was not right regarding the reported findings of her test. The most recent exam showed that Ellen had lost 7 percent of the bone density in her hip since her previous test a year earlier, but her spine remained unchanged. The discrepancy raised a red flag for me. As a densitometrist, I know that it is highly unusual to see such an extreme loss in the hip, especially within one year.

My suspicions were confirmed when I sorted through the stack of paperwork Ellen sent and after I reviewed each of her bone density scans. Comparing the two most recent tests, I could tell that the first technician had failed to position Ellen's hip properly (using a fifteen- to twenty-degree internal rotation), while in the second test the hip was properly positioned.

Why does hip rotation matter during a bone density test? If the hip is incorrectly positioned, errors in density readings of up to 10 percent can occur. That can make the difference in whether or not a doctor recommends medication, as bone loss is a trigger for prescribing drugs. It could also make the difference in whether or not

a person is diagnosed with osteoporosis. In Ellen's case, the mistake led to an erroneous report of a 7 percent bone loss, which, understandably, made her very upset.

What's worse, none of it should have happened. In Ellen's first bone density test, the technologist's failure to properly rotate her hip should have been caught and corrected before the report was made ? if not by the technologist then by the reporting doctor handling the test. Then, for Ellen's second test, the technologist did rotate her hip correctly, but failed to note the error from the previous test. This is the mistake that resulted in the report of an apparent 7 percent bone loss in Ellen's hip. Compounding the problem, the doctor who wrote the report on the second test results did not catch the mistake either. If the test results were truly showing such a significant change in her bone density, Ellen's own physician should have ordered lab tests to investigate the problem further, but that did not happen; instead, she was prescribed Fosamax, a drug for treating osteoporosis. Believing that the reports were accurate, most medical doctors would likely have done what Ellen's physician did, which was to recommend medications solely on the basis of apparent bone loss.

Once I was able to guide Ellen in getting an accurate bone density reading, we discovered that her bone was stable ? meaning no active loss of bone. Additional lab tests verified this finding. To date, she has been able to maintain her bone stability by following a bone-healthy nutrition and exercise program that includes appropriate nutritional supplements ? and currently she has no need for osteoporosis medications.

I wish I could tell you that Ellen's case is unusual. But it's not. I see similar bone density testing errors over and over when consulting with my patients. These problems are common knowledge among those trained in densitometry. We all know that preventable mistakes are being made. Why does this happen?

Users Review

From reader reviews:

Victor Elam:

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