



PM Care Capsule

.....
we manage because we care

THE QUARTERLY CAPSULE

FOR INTERNAL CIRCULATION ONLY

Issue No.3/2007

SEPTEMBER 2007

Cover Story

Breast Cancer

Features

Menstrual Migraine

Fat around the Middle

Women's Health

Reports

PMCare Wellness Programmes

PM CARE SDN BHD

No. 1, Jalan USJ 21/10, 47630 UEP Subang Jaya, Selangor Darul Ehsan.
Tel : 03-8026 6888 Fax : 03-8026 6999 Website : www.pmcare4u.com.my

CONTENTS

THE EDITORIAL

CHIEF EDITOR

Wan Shukri Ariffin

EDITORS

Dr. Benjamin Sinappan

Dr. Helmi Ismail

Kamal Aryf Baharuddin

EVENT REPORTERS

Azmi Ramlee

Belinda Saafi

Josniha Johari

ADVERTISEMENT &

DISTRIBUTION

S. Mahandrran

ADVERTISEMENT PLACEMENTS

For advertisement placements, please contact Mahandrran at mahandrran@pmcare.com.my

READER'S CONTRIBUTION

We invite members and others to submit comments, opinion and articles for publication in the *PMCare Capsule*.

Please send your contributions to:

The Editor,
PM CARE SDN BHD
No. 1, Jalan USJ 21/10,
47630 UEP Subang Jaya,
Selangor Darul Ehsan.
Tel : 03-8026 6888
Fax : 03-8026 6999
Website : www.pmcare4u.com.my

Printed by :
Percetakan 3F Sdn Bhd

Disclaimer:

This Capsule consists of materials compiled from various sources to serve as educational material only.

	Page
COVER STORY	
Breast Cancer	3
FEATURES	
Menstrual Migraine (Migrain Haid)	5
Fat Around The Middle	6
Woman's Health	12
REPORTS	
PMCare Wellness Programmes	8

PMCare would like to thank all our members for your continuous support. We look forward to serve you better.



Check out **PMCare** Health Bulletin for the latest health news and information at www.pmcare4u.com.my

Capsule Theme



Woman's Health



BREAST CANCER

By Dr. Benjamin Sinappan

Breast cancer is the second most common cancer among women after skin cancer. And breast cancer is the second most common cause of death among women after lung cancer. In 2001, breast cancer was diagnosed in about 200,000 women. On average about one fifth of them have died of it.

Many women fear breast cancer because it is common. However some of the fear about breast cancer is caused by misunderstanding. For example, the statement "One of every eight women will get breast cancer" is misleading. That figure is an estimate based on women from birth to age 95. It means that theoretically, one of eight women who live to age 95 or older will develop breast cancer. However, a 40-year-old woman has only a 1 in 1,200 chance of developing breast cancer during the next year and about 1 in 120 chance of developing it during the next decade. But as the age increases, the risks also increase.

Other factors also affect the risk of developing breast cancer. Thus, for some women, the risk is much higher or lower than average. Most factors that increase risk, such as age cannot be modified. However regular exercise, particularly during adolescence and young adulthood and possibly weight control may slightly reduce the risk of developing breast cancer. Regularly drinking alcoholic beverages may increase the risk.

Far more important than trying to modify risk factors is being vigilant about detecting breast cancer so that it can be diagnosed and treated early, when it is more likely to be cured. Early detection is more likely when women have mammograms and perform breast self-examinations regularly.

Screening

Because breast cancer rarely produces symptoms in its early stages and because early treatment is more likely to be successful, screening is important. Screening is the hunt for a disorder before any symptoms occur.

Risk Factors for Breast Cancer

Age

Increasing age is an important risk factor. About 60% of breast cancers occur in women older than 60. Risk is greatest after age 75.

Previous Breast Cancer

At highest risk are women who have had in situ or invasive breast cancer. After the diseased breast is removed, the risk of developing cancer in the remaining breast is about 0.5 to 1.0% each year.

Family History of Breast Cancer

Breast cancer in a first-degree relative (mother, sister or daughter) increases a woman's risk by 2 to 3 times but breast cancer in more distant relatives (grandmother, aunt or cousin) increases the risk only slightly. Breast cancer in two or more first-degree relatives increases a woman's risk by 5 to 6 times.

Breast Cancer Gene

Recently, two separate genes for breast cancer (BRCA1 and BRCA2) have been identified in two separate small groups of women. These genes are present in less than 1% of women. If a woman has one of these genes, her chances of developing breast cancer are very high, possibly as high as 50 to 85% by age 80. However, if such a woman develops breast cancer, her chances of dying of breast cancer are not necessarily greater than those of any other woman with breast cancer. Women likely to have one of these genes are those who have a strong family history of breast cancer. Usually, several women in each of three generations have had breast cancer. For this reason, routine screening for these genes does not appear necessary, except in women who have such a family history. The incidence of ovarian cancer is increased in families with both breast cancer genes. The incidence of breast cancer in men is increased in families with the BRCA2 gene.

Fibrocystic Breast Disease

Having fibrocystic breast disease seems to increase risk only in women who have an increased number of cells in the milk ducts. For these women, the risk is moderate unless abnormal tissue structure (atypical hyperplasia) is detected during a biopsy or the woman has a family history of breast cancer.

Age at Puberty, First Pregnancy and Menopause

The earlier menstruation begins, the greater the risk of developing breast cancer. The risk is 1.2 to 1.4 times greater for women who first menstruated before age 12 than for those who first menstruated after age 14. The later menopause occurs and the later the first pregnancy, the greater the risk. Never had a baby also doubles the risk of developing breast cancer during a woman's lifetime. These factors probably increase risk because they involve longer exposure to estrogen, which stimulates the growth of certain cancers. (Pregnancy, although it results in high estrogen levels, may reduce the risk of breast cancer.)

Prolonged Use of Oral Contraceptives or Estrogen Therapy

Most studies do not show any relationship between the use of oral contraceptives and the later development of breast cancer, except possibly for women who took them for many years. After menopause, taking estrogen therapy for 5 to 10 years may slightly increase risk. Taking hormone therapy that combines estrogen with a progestin increases the risk (although it reduces the risk of cancer of the uterus).

Obesity After Menopause

Risk is somewhat higher for obese postmenopausal women. However, there is no proof that a high-fat diet contributes to the development of breast cancer. Some studies suggest that obese women who are still menstruating are less likely to develop breast cancer.

Radiation Exposure

Radiation exposure (such as radiation therapy for cancer or significant exposure to x-rays) before age 30 increases risk.

How to Perform Breast Self-Examination

1. While standing in front of a mirror, look at the breasts. The breasts normally differ slightly in size. Look for changes in the size difference between the breasts and changes in the nipple, such as turning inward (an inverted nipple) or a discharge. Look for puckering or dimpling.



2. Watching closely in the mirror, clasp the hands behind the head and press them against the head. This position helps make subtle changes caused by cancer more noticeable. Look for changes in the shape and contour of the breasts, especially in the lower part of the breasts.

3. Place the hands firmly on the hips and bend slightly toward the mirror, pressing the shoulders and elbows forward. Again, look for changes in shape and contour.



Many women perform the next part of the examination in the shower because the hand moves easily over wet, slippery skin.



4. Raise the left arm. Using three or four fingers of the right hand, probe the left breast thoroughly with the flat part of the fingers. Moving the fingers in small circles around the breast, begin at the outer edge and gradually move in toward the nipple. Press gently but firmly, feeling for any unusual lump or mass under the skin. Be sure to check the whole breast. Also, carefully probe the armpit and the area

between the breast and armpit for lumps.

5. Squeeze the left nipple gently and look for a discharge. (See a doctor if a discharge appears at any time of the month, regardless of whether it happens during breast self-examination.)



Repeat steps 4 and 5 for the right breast, raising the right arm and using the left hand.



6. Lie flat on the back with a pillow or folded towel under the left shoulder and with the left arm overhead. This position flattens the breast and makes it easier to examine. Examine the breast as in steps 4 and 5. Repeat for the right breast.

A woman should repeat this procedure at the same time each month. For menstruating women, 2 or 3 days after their period ends is a good time because the breasts are less likely to be tender and swollen.

Postmenopausal women may choose any day of the month that is easy to remember.

Migrain Haid

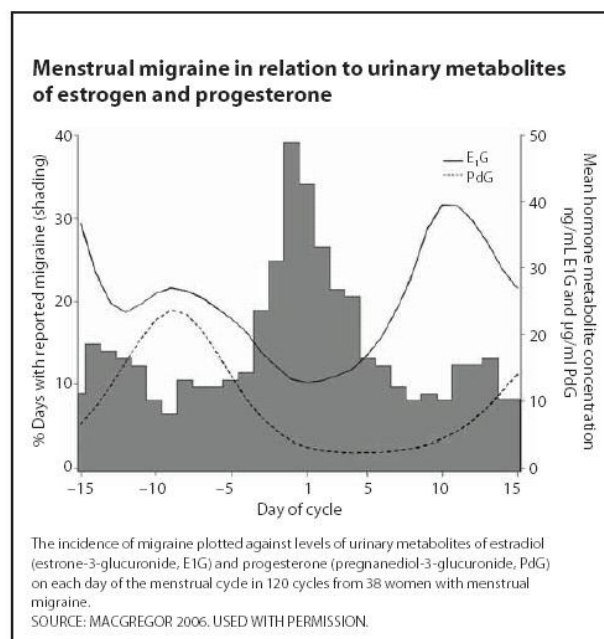
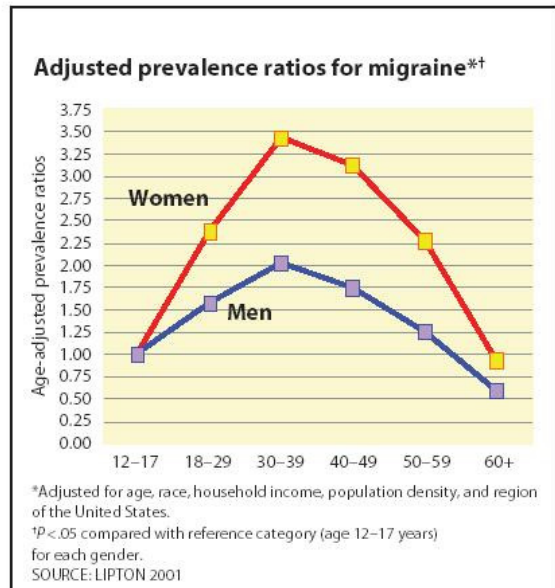
Oleh Dr. Helmi Ismail

Dianggarkan 10-15% dari kalangan dewasa mengalami sakit kepala yang dikenali sebagai Migrain. Dari bilangan ini pula, ramai adalah dari kaum wanita. Mengikut satu kajian, Migrain hanya melibatkan 6% kaum lelaki tetapi 94% kaum wanita.

Kajian di Amerika Syarikat memang menunjukkan kekerapan penanggung Migrain adalah wanita. Lihat rajah di sebelah.

Ramai wanita yang mengalami Migrain mengeluh bahawa sakit kepala ini amat kerap berlaku pada hari-hari sebelum dan semasa mengalami haid. Penyelidik percaya bahawa jenis Migrain yang dapat dikaitkan dengan kitaran haid ini adalah jauh lebih ketara kesan sakitnya dibandingkan dengan yang lain. Sebenarnya ada sebab ini terjadi.

Wanita mengalami kitaran haid (menstrual cycle) dari akhir baligh (puberty) sehinggalah ia menempuhi menapos (menopause). Kitaran ini melibatkan perubahan hormon (seks) dan inilah juga dipercayai mempengaruhi berlakunya Migrain ini – lihat rajah di bawah. Perubahan-perubahan hormon ini mempengaruhi beberapa neuro-transmitter (beberapa bahan kimia semulajadi badan yeang bertindak menjadi perantara isyarat saraf) dalaman seperti serotonin (5-hydroxytryptamine, or 5-HT), noradrenaline, glutamic acid, GABA, juga endogenous opiates (Martin 2006a).



Penemuan ini mampu menerangkan keadaan kejadian sakit kepala Migrain ini tampak mengurang dari segi kekerapan dan berat bila sahaja seseorang wanita itu hamil atau putus haid (menapos). Lanjutan dari itu juga adalah jelas mengapa Migrain lebih kerap berlaku semasa fasa lewat luteal dan awal follicular pada kitaran haid.

Berikutan dengan penemuan ini, penyelidik merasakan Menstrual Migrain perlu diiktiraf sebagai satu entity tersendiri dalam kategori sakit kepala Migrain.

Fat Around the Middle

By Dr. Benjamin Sinappan

If you are apple rather than pear shaped, with a tendency to gather fat around your waist, you will know how difficult it is to keep slim. What you may not know is how dangerous the fat around your middle really is, more than the fat on your thighs or bottom, increasing your risk of diabetes, heart disease, stroke, high blood pressure and certain cancers.

Because of where the fat sits on your body, normal diets, even rigorous exercise regimes rarely work. However, health experts have devised a simple lifestyle plan that works.

Their recommendations will not only help you get rid of fat around your middle, but you will also be doing the best you possibly can to prevent health problems in the future. Short term, you get to look

How?

The aim is to change your body's underlying biochemistry so that it gets the message that it is OK to let go off the fat it is choosing to store around the middle of your body.

What is the cause?

The main reason some people gather more fat around their middle than others is specifically because of the action of the stress hormone cortisol.

Millions of years ago, our bodies were designed to react quickly to danger. Like wild animals we were on constant alert so we could run or fight if threatened. When your brain thinks your life is in danger it stimulates the release of adrenaline and cortisol. This fight or flight response is incredibly clever and thoroughly efficient. It provides instant energy for 5-10 minutes allowing you to react swiftly to dangerous situations.

These days, many of us live under chronic stress. But our bodies cannot distinguish between spiraling debt, infuriating work colleagues, family disputes and the truly life-threatening stress it gears up to challenge. So it reacts exactly the same as it is always done.

The problem with many modern lifestyles is that stress is almost continuous and comes without the natural release that either fighting or fleeing might provide. Unless you do something physical all that extra energy, in the form of fat and glucose, has nowhere to go. It must be simply re-deposited as fat.

Food cravings you can't control

After a stressful event cortisol levels in the blood often remain high for a while, effectively increasing your appetite because your body thinks you

Are you stressed?

If you can see yourself in the list below, your cortisol levels are likely to be high.

should refuel after all this fighting or fleeing. This means people under constant stress quite often feel constantly hungry. Worse, their body urges them to stock up on the foods it thinks will be most useful after all that 'activity' – carbohydrates (like sugar) and fats.

It is just the sort high-sugar, high-fat comfort and convenience food many people crave.

The fat around the middle connection

If you do not fight or flee when your body expects you to, the fat and glucose swimming around your system get deposited as fat around the middle of your body. And if you eat something sugary or fatty as a consequence of the post-stress appetite surge, any weight you gain as a result, will be around your middle too.

The reason fat targets the middle is because it is close to the liver where it can most quickly be converted back into energy if needed. There it provides the body with protection ready for the next stress attack.

Your body is only trying to help. To continue providing the energy it thinks you need, it tries to keep a convenient fat store ready for constant use and creates cravings and increases appetite to ensure good supplies of necessary fuel.

- A tendency to gain fat around your tummy, chest, back and hips
- Increased appetite
- Increased cravings for chocolate, sweets, breads, cakes, caffeine and alcohol
- Your immune system is low
- Headaches
- Nail biting
- Teeth grinding
- High cholesterol
- Blood sugar swings
- Digestive problems (such as bloating and flatulence)
- Chest pains
- Muscle aches and pains
- Shoulder and neck pain
- Hair loss
- Irregular periods
- Difficulty in concentrating or forgetfulness
- Depression
- Increased premenstrual symptoms (PMS)
- Slower metabolism
- Low sex drive
- Tiredness but an inability to sleep well
- Tendency to get a second wind in the evening
- Waking up in the middle of the night, finding it hard to get back to sleep.

Do you have a problem?

For the purposes of measuring fat around the middle, BMI (body mass index) is not the best test, nor is a measure of body fat percentage. The best test is the difference in size between your hips and your waist (your 'hip to waist ratio'). This is the true measure of fat around the middle and the best indicator of whether or not you are going to be vulnerable to all the health risks associated with it.

Just get a tape measure and compare your waist measurement (at the narrowest point) with your hip measurement (at the widest point). Divide your waist figure by your hip figure to get what is known as your waist-hip ratio.

Example

86 cm waist divided by 94 cm hip = 0.9

If your calculation gives a figure > 0.8 you are officially apple shaped and you need to take action. For men the danger zone is > 0.95.

Menopausal?

If you are going into the menopause, your body will be extremely reluctant to let go of the fat around your middle. This is because fat is a manufacturing plant for estrogen which will help protect your bones from osteoporosis. It is a very clever system, designed to protect you but it helps explain why mere diet and exercise alone will rarely shift that stubborn fat. The combined effect of female hormonal changes, slower metabolism and stress with high cortisol levels create a bigger likelihood of fat around the middle.

Why tummy fat is bad for you

Not all fat in the body behaves the same. Fat around the middle of the body, most likely to have a mind of its own. This "toxic fat" is far more metabolically active than fat elsewhere because it increases the risk of heart disease, high blood pressure, stroke, cancer and diabetes. One of the biggest problems it causes is *insulin resistance.

*Insulin resistance

When blood sugar increases (a result of the stress response or from what you have eaten), your body releases insulin to help move the glucose out of your blood and into the cells to actually provide them with energy.

But if you do not need that energy (you do not fight or flee) the default mechanism is to store the glucose as fat. If the stress continues (it usually does) cortisol levels remain high, so the body triggers the breakdown of sugar stores in the liver and muscles to provide further fuel. Out comes

more insulin to deal with the extra blood glucose.

Overtime, the body simply can not respond to insulin the same way it used to. You can become intolerant to insulin – or insulin resistant.

Eating healthily – NOT dieting!

There is a chance that your pattern of eating is subconsciously telling your body that it is under stress. If you restrict your diet or cut calories your body inevitably thinks there is a famine out there and that causes stress. It will slow down your metabolism to hold on to your precious fat stores. Furthermore, if your blood sugar levels fluctuate (as they do for most women), your body will be releasing adrenaline which is the same hormone it releases when you are under stress. Once more it encourages your body to store fat.

The solution is to find a way of eating that tells your body all is well – and reassure it that is not under stress.

PMCare WELLNESS PROGRAMMES

By Dr. Benjamin Sinappan

PMCare organizes numerous health talks and health screening programmes throughout the year to enhance and incorporate the importance of preventive health to the employees and their dependents as well as to build a healthier community. This is in line with our pledge towards building a healthy community at work and at home.



In August, we took part in TM Health & Safety Week which was held from 22 – 24 August at Menara TM. PMCare handled 12 of the 23 booths offered in the event. Our providers both from hospitals and clinics also participated in the event. Various screening activities were organized such as eye screening, ENT screening, abdominal ultrasound, joint screening and physiotherapy, diet advice, sexual chit chat and the basic tests such as blood sugar, blood cholesterol, blood pressure, body mass index etc. Joint screening and physiotherapy was the most popular booth this year. About 3486 number of participants was recorded for this 3 day event. The estimated cost for the tests done reached RM 135,000. It is definitely a huge saving for Telekom Malaysia employees as well as all their tenants in Menara TM.

As part our community outreach programme, PMCare recently organized a wellness programme for the school children, teachers and parents of SK Sri Subang Jaya. The response was overwhelming and we plan to organize more of such programmes in the future in other areas.

The response from our members was also very encouraging for both the health talks and screening programmes. The support from the providers was excellent and we would like to extend our gratitude to all the providers who took part in all our wellness programmes.

Below are some of the programmes organised successfully in the second quarter of 2007.

Venue	Date	No. of Participants
Telekom, Menara TM, Kuching, Sarawak	5 & 6 July	2180
TNB, Cenderoh, Perak	10 July	36
CELCOM Safety Week, Menara Celcom, Kuala Lumpur	11 & 12 July	1653
TNB Bangsar Family Day	14 July	610
Telekom, Safety & Health Week, Menara TM, Bangsar	22, 23 & 24 August	3486
TNB Jalan Timur	29 August	1218
School Programme, Family Day, SK Sri Subang Jaya, Subang.	8 September	325



REPORTS
P

PMCare proudly welcomes Proton and CIMB Bank as our new clients, beginning 1 August 2007 and 1 October 2007, respectively.



We look forward to serve our new members and provide them the best healthcare management services. This will definitely improve their quality of life and together will work towards building a healthier community.

We also would like to extend our gratitude to all our existing corporate clients for their continuous support. Their confidence in us has made us where we are now.

.....

Upcoming PMCare CME Programme

PMCare in collaboration with Ranbaxy (M) Sdn Bhd will be organising another CME programme for the benefit of all PMCare panel doctors. The PMCare - Ranbaxy CME programme will be held as follows:

Date	:	Wednesday, 24 October 2007
Venue	:	PJ Hilton, Petaling Jaya
Time	:	7.00pm to 9.00pm
Topic	:	“Role of Generics in Today’s World”
Speaker	:	Dr. Saikiran Leekha Medical Advisor, Ranbaxy Laboratory Ltd.



RANBAXY

Note :
Doctors who are interested to attend this CME, please contact our Provider Network Executives to confirm your participation.

*PMCare would like to wish
Selamat Hari Raya Aidilfitri
to all our members, corporate clients, medical providers
and other business associates.*

Selamat Hari Raya

The decorative elements include a row of five golden ketupat (diamond-shaped rice cakes) and a photograph of a large, illuminated stadium at night, likely the National Stadium in Kuala Lumpur.

LEBIH RAMAI WANITA DENGAN DIABETES MELLITUS DI MALAYSIA

Statistik terkini membayangkan bahawa wanita lebih ramai menghidap kencing manis atau diabetes mellitus. Ini telah dicerap dari kajian Faktor Risiko Penyakit Kronik yang telah dijalankan oleh Kementerian Kesihatan Malaysia pada tahun lalu. Kajian ini menyasarkan kepada golongan berumur dari 25 hingga 64 tahun.

Perkara ini telah dinyatakan oleh Setiausaha Parlimen Kementerian Kesihatan, Datuk Lee Kah Choon dalam sidang Parlimen 11 September 2007. Bilangan pesakit wanita mengatasi lelaki dengan bilangan 717,000 berbanding pesakit lelaki seramai 608,000.

Adalah dianggarkan diabetes mellitus dihidapi oleh lebihkurang 1.33 juta penduduk di Malaysia. Ia adalah satu masalah kesihatan besar dengan bilangan ini melibatkan 56% terdiri dari kaum Melayu, 17% India dan 13% serta selebihnya dari kaum-kaum lain.

Kajian yang sama menunjukkan lebih ramai lelaki yang mengalami darah tinggi atau Hypertension.

Kementerian Kesihatan telah melancarkan pelbagai kempen termasuk gayahidup sihat untuk menimbulkan kesedaran juga perubahan penjagaan kesihatan diri. *PMCare* tidak ketinggalan di dalam usaha ini. Dengan sokongan hospital-hospital juga klinik-klinik panel, *PMCare* kerap mengadakan kempen kesedaran sambil menawarkan ujian-ujian perubatan, terutama pengukuran BMI dan kadar glukos darah kepada ahli-ahli serta orang ramai di serata negara. Program kesihatan yang dianjurkan sebagai kempen Inisiatif Kesihatan *PMCare* telah memenufaatkan lebih dari 10,000 individu hingga kini. Usaha ini akan diteruskan lagi dengan lebih giat. Syarikat-syarikat dan badan-badan yang menggunakan khidmat *PMCare* diberi keutamaan. Pihak pengurusan (sumber manusia) boleh menghubungi wakil-wakil *PMCare* untuk keterangan lanjut.

A good wife - A Blessing of God

This is for the Wives .. They can be good too .

After 21 years of marriage, my wife wanted me to take another woman out to dinner and a movie. She said I love you but I know this other woman loves you and would love to spend some time with you. The other woman that my wife wanted me to visit was my MOTHER, who has been a widow for 19 years, but the demands of my work and my three children had made it possible to visit her only occasionally.

That night I called to invite her to go out for dinner and a movie. "What's wrong, are you well," she asked? "I thought that it would be pleasant to be with you," I responded. "Just the two of us." She thought about it for a moment, and then said, "I would like that very much."

That Friday after work, as I drove over to pick her up I was a bit nervous. When I arrived at her house, I noticed that she, too, seemed to be nervous about our date. She waited in the door with her coat on. She had curled her hair and was wearing the dress that she had worn to celebrate her last wedding anniversary. She smiled from a face that was as radiant as an angel's. "I told my friends that I was going to go out with my son, and they were impressed," she said, as she got into the car. They can't wait to hear about our meeting".

We went to a restaurant that, although not elegant, was very nice and cozy. My mother took my arm as if she were the First Lady. After we sat down, I had to read the menu. Half way through the entries, I lifted my eyes and saw Mom sitting there staring at me. A nostalgic smile was on her lips "It was I who used to have to read the menu when you were small," she said. "Then it's time that you relax and let me return the favor," I responded.

During the dinner, we had an agreeable conversation - nothing extraordinary, but catching up on recent events of each other's life. We talked so much that we missed the movie.

As we arrived at her house later, she said, "I'll go out with you again, but only if you let me invite you." I agreed.

"How was your dinner date?" asked my wife when I got home. "Very nice. Much more so than I could have imagined," I answered.

A few days later, my mother died. It happened so suddenly that I did not get to do anything for her.

Some time later, I received an envelope with a copy of a restaurant receipt from the same place where mother and I had dined. An attached note said: "I paid this bill in advance. I wasn't sure that I could be there; but nevertheless, I paid for two plates - one for you and the other for your wife. You will never know what that night meant for me. I love you, son."

At that moment, I understood the importance of saying in time: "I LOVE YOU!" and to give our loved ones the time that they deserve.

*Nothing in life is more important than your family.
Give them the time they deserve, because these things cannot be put off till
"some other time."*

Woman's Health



A Woman's life is full of people and things that need care. But do not forget to take care of yourself too. The secret to looking and feeling your best is as simple as adopting good health habits now that can help you prevent disease, stay strong and enjoy life.

STEP

1 GET CHECKED

Establish a regular screening schedule

The following routine screenings are considered essential for the average healthy woman.

Blood pressure screening Mammogram

Blood sugar test Pap smear

Breast exam Pelvic exam

Cholesterol screening Skin screening

Dental check-up

STEP

2 GET MOVING

Exercise to maintain weight and

Physical activity fights weight gain. That is good

because being overweight or obese can lead to a host

of health problems, including heart disease, cancer,

diabetes and osteoarthritis. At the v

helps you beat stress, stay active, ag

look and feel better.



STEP

3 SLOW DOWN

Balancing work and home life can take a toll.

Each day begins early and ends late, and often

there is little rest for the weary. Constant

stress and lack of restful sleep threatens more

than just your state of mind. Tension and

unrest will keep you from reaching your

health goals, relaxing and enjoying time with

your family.



STEP

4 BUILD BONES

Establish daily habits to maintain

Osteoporosis develops with bone loss over the years.

Bones become brittle, weak and vulnerable to fraction.

Osteoporosis is more common in women, especially

after menopause. Risk factors include heredity, age, low

estrogen levels, sedentary lifestyle, lack of calcium in the

diet and having a small frame.