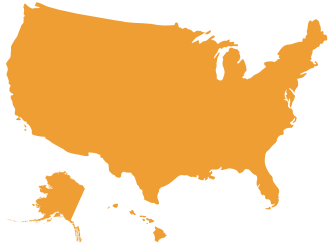


NUTRITION AND BONE HEALTH ACROSS THE LIFESPAN

WE'RE IN THE RED.

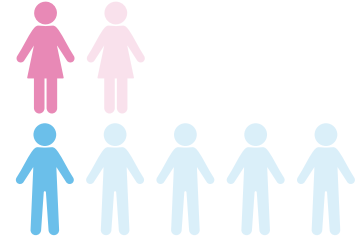
54 M U.S. adults **over 50** have osteoporosis or low bone mass.



57 B in medical and indirect costs associated with fractures annually in the U.S.



1 in 2 women and **1 in 5** men will experience a bone break due to osteoporosis.

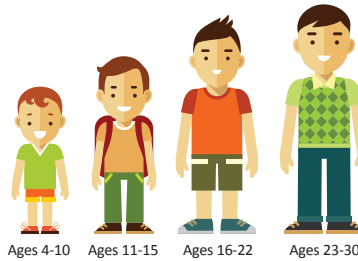


BUILDING BETTER BONES.

Bone is a living tissue that needs nutrients.



Bones can keep growing and becoming stronger until the late 20s.

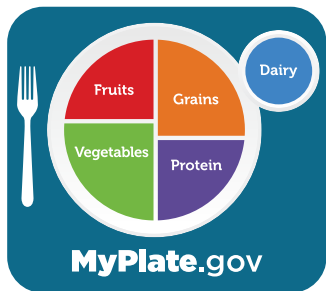


Lifestyle factors influence **>20%** of peak bone mass.



NUTRITION.

Looking to build a bone beneficial diet? Start Simple with **MyPlate**.



The minerals calcium, phosphorus, and magnesium help make bones strong.



Protein makes our bones flexible and able to absorb shock without breaking.

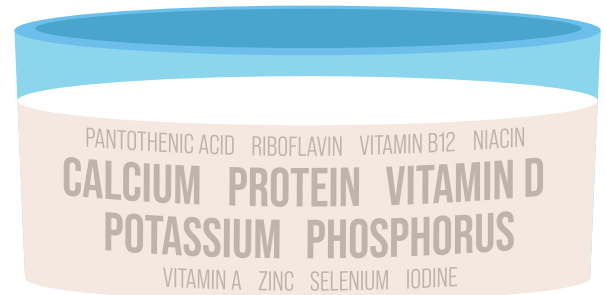


Vitamins A, B12, C and K, iron, zinc, and potassium may also beneficially influence bone.



Vitamin D assists with absorption and deposit of minerals into bone.

Dairy has more bone building nutrients than any other food group.



PHYSICAL ACTIVITY.

Weight bearing and resistance exercises, like walking and lifting weights are best for bones. Aim for **30 minutes a day**.



CLINICAL DIAGNOSIS OF OSTEOPOROSIS.

Postmenopausal women and men ≥ 50 years should be diagnosed if they have a demonstrable elevated risk for future fractures, including:

- T-score ≤ -2.5 by BMD at the spine or hip.
- Low trauma hip fracture.
- Low bone mass (T-score ≤ -1.0) by BMD who sustain a low trauma vertebral, proximal humerus, pelvis, or in some cases, distal forearm fracture.
- Elevated risk based on the World Health Organization Fracture Risk Algorithm (FRAX).