BONE HEALTH

# Bone health after 65: vitamin D, calcium, and osteoporosis screening

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Fall prevention has two jobs: fewer falls, and less harm when a fall still happens. Strong bones handle the second job. Ask your doctor whether you need a bone density test, and whether vitamin D or calcium makes sense for you.

## Why bones matter when you fall

A fall that bruises one person can break a hip in another. Bone strength is often the difference.

- Hip fractures lead to nearly 319,000 hospital stays a year in the United States.

- Falls cause 88% of emergency visits and hospital stays for hip fractures.
- Falling sideways raises the chance of a hip fracture about sixfold.

Osteoporosis (thin, fragile bones) is one of the fall injury risks you can do something about.

## Who should get a bone density test

The U.S. Preventive Services Task Force recommends osteoporosis screening, usually with a bone density test, for:

- Women 65 and older
- Younger women past menopause who are at increased risk

If you are a man, ask your doctor whether testing makes sense for you.

Anyone who breaks a bone in a minor fall should have two checks: a falls assessment and a bone health assessment. One without the other misses half the problem. Fracture liaison services, where available, link the two.

Your doctor may use a bone density scan (DEXA) and a fracture risk tool such as FRAX to decide on treatment. Several prescription medicines reduce fracture risk. Whether one is right for you is a decision for you and your doctor.

## Vitamin D: the advice has changed

You may have read that everyone over 65 should take vitamin D to prevent falls. That advice is now out of date. Here is where major groups stand, as summarized in our fall prevention white paper:

- **Older handouts (2017):** recommended at least 800 IU daily for everyone at risk of falls. This is no longer considered a universal fall prevention step.
- **U.S. Preventive Services Task Force (2024):** its falls recommendation no longer addresses vitamin D. A separate review is in progress.
- **World Falls Guidelines (2022):** vitamin D is not for everyone. It is for people at risk of deficiency, such as care home residents and people who are homebound or frail. For them, 800 to 1,000 IU daily is described as reasonable.

- **American Geriatrics Society (2025):** about 1,000 to 2,000 IU of vitamin D3 daily from diet plus supplements, no high-dose "bolus" doses, and blood levels checked only when there is a clinical reason, such as osteoporosis or a fracture.

The bottom line: low vitamin D should be corrected to protect bone and muscle, but vitamin D is not a substitute for exercise or a safer home. Ask your doctor what amount, if any, is right for you before starting a supplement.

## Calcium and protein

Adequate protein, calcium, and vitamin D together support bone and muscle. For women past menopause, the Task Force's 2018 fracture recommendation advises against low-dose vitamin D (400 IU or less) with calcium (1,000 mg or less) for preventing a first fracture, and says there is not enough evidence to judge higher doses.

Food is a good place to start. Aim for protein at every meal to protect muscle. A doctor or dietitian can tell you how much calcium you need and whether a supplement makes sense.

## Ask about your medicines

Some medicines affect bone. For example, proton pump inhibitors (heartburn medicines whose names end in "-prazole") are linked to bone loss and fractures with long use. Ask your pharmacist or doctor whether any of your medicines affect bone health. Do not stop or change a medicine on your own.

## Exercise builds bone and balance together

Weight-bearing, strength, and balance exercise protect bone and reduce falls at the same time. Strong hip muscles also help you catch yourself before a sideways fall. A physical therapist can build a program that is safe for your bones.

## Softer landings

Even with strong bones, how you land matters. Try not to catch a fall on a stiff, outstretched arm, which risks a broken wrist. Landing on large, padded areas like the buttocks and thigh is safer. Practice safe falling only with a therapist, on a mat or bed first. For people at high risk in care facilities, hip protectors reduce hip fractures, but only when they are actually worn.

## How Home Safety Solutions can help

Bone health is a medical conversation, but the home is where most falls happen. An in-home safety visit finds the spots where a fall is most likely and suggests changes ranked by risk and cost, plus questions to bring to your doctor. Learn what happens during a home safety visit. Call (813) 365-9171 or email info@homesafety.solutions.

**Related reading:** Is it normal to fall as you get older? · I've fallen and I can't get up · Medicare yearly wellness visits · CDC: What You Can Do to Prevent Falls (PDF)

*This article is general education, not medical advice. Talk with your doctor, pharmacist, or therapist about your own situation.*

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