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In 2016, over 65,000 people aged 60 or over came to the hospital with hip fracture. Up to a third of people die within a year of hip fracture, owing to the injury itself or because hip fracture precipitates or complicates existing illness—here's how to avoid those risks completely.

According to the Academy of Medical Royal Colleges [5], the big four causes of preventable ill-health are *smoking, poor nutrition, lack of physical activity and alcohol excess*. When it comes to hip fracture, these factors can all affect bone health. Also important are the medicines that you take, your mental health and maintaining your balance.

Reduce your risk of falling

Falls [6] are a major public health problem with an estimated 646,000 individuals dying from falls globally each year and approximately 37.3 million falls requiring medical attention. Falls cost the NHS more than £2.3 billion each year.

Hip fractures are usually caused by a fall or injury to the hip (but may also be caused when cancer weakens the bone). Regular weight-bearing exercise can strengthen muscles, boost confidence and improve coordination, reducing the risk of falls. It's also important to clear the environment of hazards such as loose carpets, cluttered floors and poor lighting.

Taking too many tablets can cause you to tumble—especially if your blood pressure plummets or they have a sedating effect. In one study [7], falls risk was increased by 18 per cent in people taking at least four tablets a day, and by 50 per cent when ten or more medications were prescribed daily.

Alcohol and hip fracture are connected too—and not just because of nasty falls: chronic heavy drinking is associated with osteoporosis [8]. It's safest not to drink more than 14 units a week [9] on a regular basis.

Face your fears

Fear of falling [10] is recognised as a risk factor for falling in itself. When you are so concerned about falling (perhaps because of a previous fall) that you stop getting out and about, you can become increasingly frail and more likely to fall. Your self-imposed immobility, driven by fear, makes what you fear become more likely. It's a debilitating spiral.

Talking about your fears, setting small achievable goals and making a plan for getting help if you should fall are all advised. Remembering that both immobility and mobility carry risks, and finding the right balance between the two, is key.

Watch your weight

The country's leading doctor, Dame Sally Davies, has said that the current obesity epidemic is so serious that it should be treated as a "national risk." It's true that obesity [11] takes its toll on the body, but when it comes to hip fracture, being *underweight* [12] is actually a significant risk factor owing to the lack of soft tissue padding, or cushioning of the hip, during a fall.

What's more, it's thought that bone strength [13] increases in proportion to body weight—though recent studies question whether it's really that simple. "The link between bone and fat is complex and not yet thoroughly understood" say some scientists [14]. The truth probably lies somewhere in the middle, with bone health being best when you are neither too overweight nor too underweight.

Seek sunshine

Vitamin D [15] (consumed in the diet or made in the skin in response to sunlight) is essential for strong bones; deficiency can result in rickets in children and osteomalacia in adults. For those deficient in the vitamin, supplements are sometimes taken.

Writing recently in The Lancet *[16]*, Professor Mark Bolland from the University of Auckland suggests though that vitamin D supplementation "does not prevent fractures or falls, or have clinically meaningful effects on bone mineral density. There is little justification to use vitamin D supplements to maintain or improve musculoskeletal health".

Their use may remain important for frail or chronically ill people, unable to seek the sunshine. "Modest supplementation in hospitals and rest homes remains important to prevent the severe demineralisation of bones that happens with very low Vitamin D levels," says Professor Reid from the University of Auckland.

Benefits beyond bones, such as in multiple sclerosis and cancer, are also being considered for vitamin D, with large scale trials underway.

Take bone boosting medicines

Drugs that strengthen bones are available and include alendronate [17] and risedronate tablets, usually taken weekly. The National Osteoporosis Guideline Group do though recommend reviewing treatment after five years, and weighing up the risks and benefits of continuing. More important are making lifestyle changes [18] to promote bone health and reduce fracture risk.
Treating the root cause of disease, by eating healthily and moving more, can accomplish more than drugs in many conditions, and hip fracture due to osteoporosis is no exception.

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