Lead Effects in Bone Structure as a Possible Factor for Osteoporosis

Sonia Cortés Trinidad, Elliette Hernández Calero, and Wilmarie Rivera Otero, Medical Geology Workshop, November 17, 2005

INTRODUCTION

- Osteoporosis
 - 1. Definition
 - 2. Symptoms
 - 3. Consequences
- Lead
 - 1. Definition
 - 2. Toxicology
 - 3. Consequences
 - 4. Importance of study

OBJECTIVE

Determine whether there is a correlation between the deposition of lead in bone structure and the development of osteoporosis in a population that has been living in a public housing project constructed before 1978, where the presence of lead has been confirmed.

HYPOTHESIS

 Lead bioaccumulation in bones from people living in a public housing, is associated with osteoporosis.

NEED FOR RESEARCH

- Osteoporosis "silent epidemic"
- Identify the disease in an early stage.
- Importance of receiving medical analysis and adequate treatment in time.
- The possible relationship between lead exposure and osteoporosis is poorly understood.
- Studies by University of Rochester has been conducting studies comparing lead concentration in bones and the risk of osteoporosis later in life.

EXPERIMENTAL GROUP

- <u>Luis Lloréns Torres</u> Public Housing (San Juan, Puerto Rico)
- Occupation date September 31, 1955
- Existence of lead confirmed by the Public Housing Administration.
- √ 100 individuals between 25 and 60 years old.
- Individuals must have been living in this housing project for at least 20 years.

CONTROL GROUP

- Ponce de León Public Housing (Ponce, Puerto Rico)
- Occupation date February 14, 1941
- Non-existence of lead confirmed by the Public Housing Administration.
- √ 100 individuals between 25 and 60 years old.
- Individuals must have been living in this housing projects for at least 20 years.

PROJECT DESCRIPTION

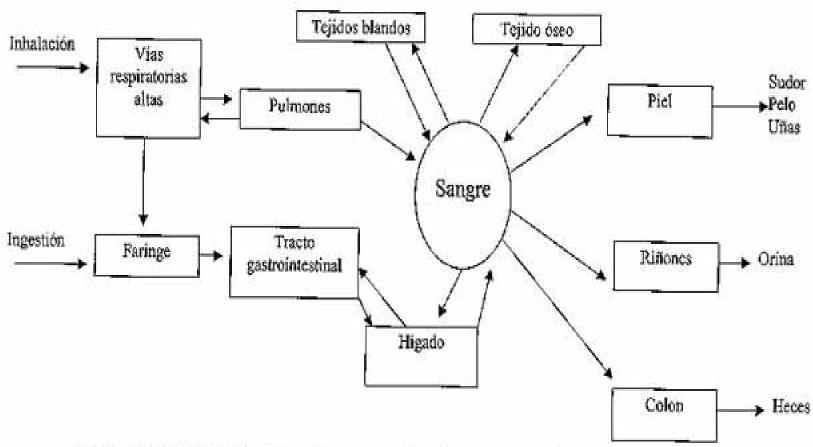
- Interview and administration of structured questionnaire.
- Identify the individuals to participate in the project.
- Orientate the group to be studied.
- Laboratory analysis.

METHODOLOGY

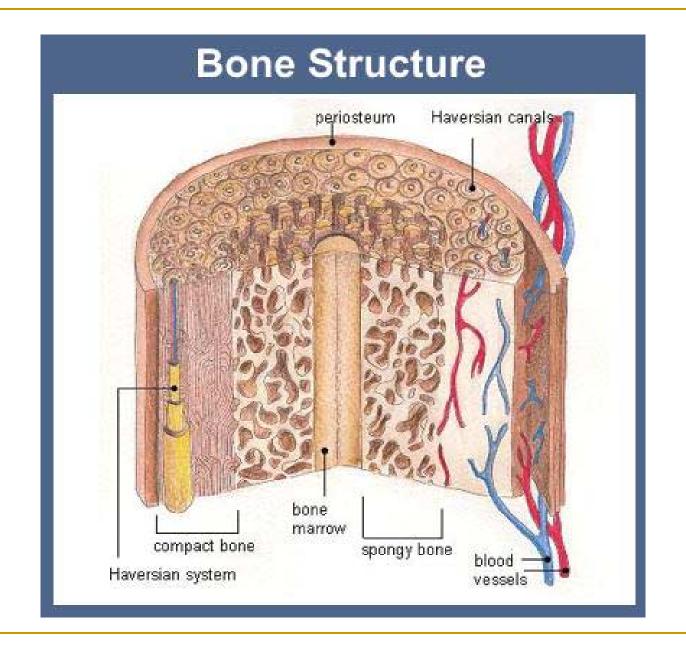
- Identify presence of lead in blood samples.
- Osteoporosis examined by X-ray analysis.
- Densitometry of bone.
- The data from both sources will be sorted by gender, age; presence of lead and densitometry results.

"POOLS" Y DESTINO DEL Pb 50% Inhalación ► Exhalación Ingestión 250 µg/día 16µg/día 90% Absorción Retención pulmonar: 50% 10% 225 µg/día Absorción: 90% \mathbf{E} SANGRE \mathbf{L} Ι s 25 ug/día_ _Bμg/día M p 33 µg/día Ι <u>τ</u> 35d —**→**1,<u>15ma</u>T N 11 µg A Bilis 8 <u>ug</u> 16µg 3 µg/d \mathbf{C} III HUESOS Tejidos Blandos 8 <u>ug</u>/d Ι 0,7 mg τ30 años 17 µg/d 0 Secrec. τ 40 d T70 y 200mg N Endoa. PIEL →PELOS **HECES ORINA** Sudor **Faneras**

Depósito

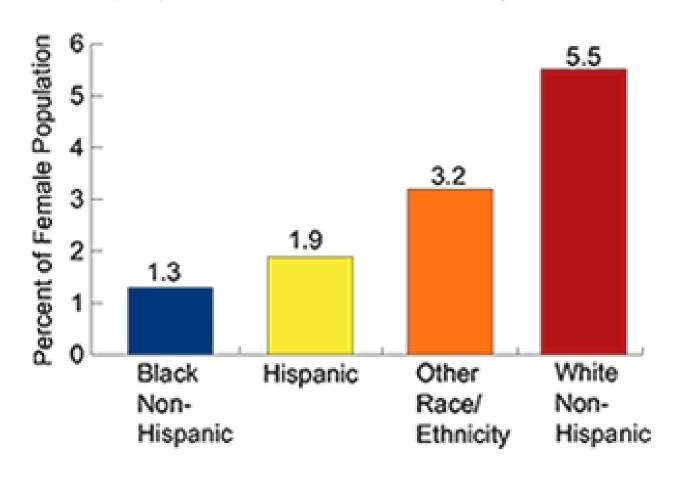


Fuente: Hemberg, S. (1988). Lead. In.: Occupational Medicine. C. Zeaz, ed. Chicago, Ill.: Mosby

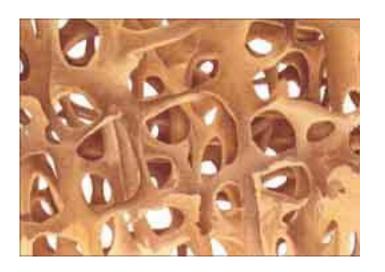


Females Diagnosed with Osteoporosis, by Race and Ethnicity, 1999

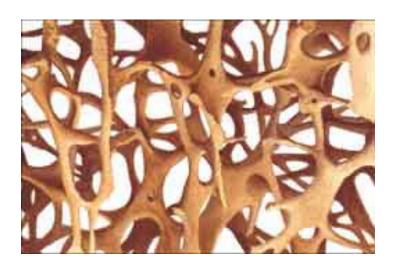
Source (II.20): National Health Interview Survey

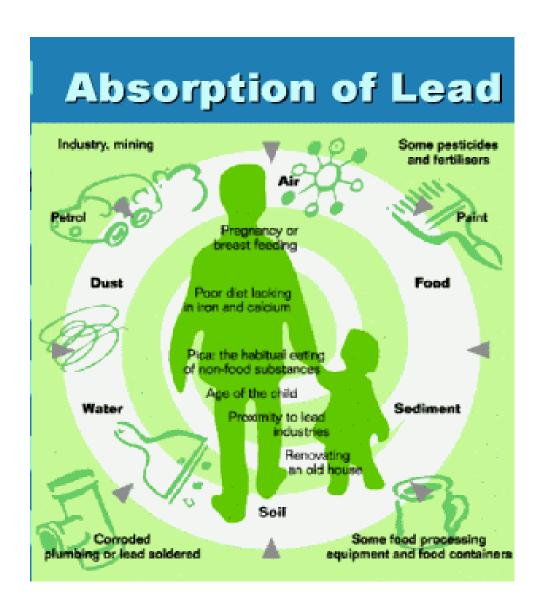


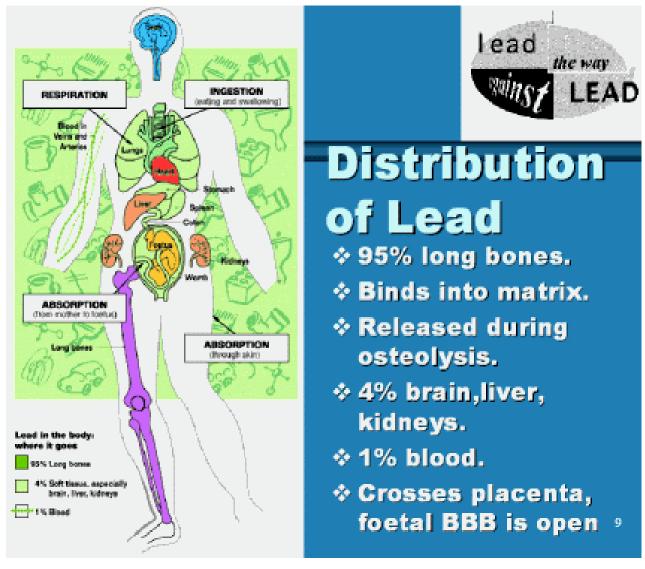
NORMAL BONE



BONE WITH OSTEOPOROSIS







http://www.becomehealthynow.com/images/organs/bones/bone structure cross bh.jpg

