9 Habits That Boost (or Break) Your Bone Strength

9 MIN READ

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From skipping breakfast to too much salt, these everyday choices can quietly chip away at bone strength.

Strong bones are the foundation of healthy aging. Every step, stretch, and leap you take relies on your skeleton's ability to support you.

How do you help keep your bones strong? Daily habits. From how you move to what you eat to how you rest, the actions you take every day will help keep your bones healthy or put them at risk.

Here are nine evidence-backed lifestyle choices that protect your bones.

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1) Limit (or Skip) The Alcohol to Protect Bone Minerals

Public health recommendations over the past few years have underscored that no amount of alcohol consumption is risk-free. But when it comes to bone health, the message has been **mixed**.

Heavy drinking (three or more drinks/day), impairs **bone remodeling**, impacts **nutrient absorption**, alters hormones, and increases hip-fracture risk.

Yet low-to-moderate alcohol intake (up to two drinks/day) is **associated** with

greater bone mineral density (BMD) and lower risk of hip fracture among both women and men. This may be due to bone-supporting elements in alcohol, like resveratrol in red wine and phenolic acid in beer. It also may be influenced by when alcohol is consumed, for example, during meals versus “binge” drinking in short time periods.

“I recommend less than two drinks a day, to be on the safe side,” says Heather Hofflich, DO, an endocrinologist and professor of medicine at UC San Diego Health.

The message? Less is more when it comes to alcohol and bone health.

2) Add Weight-Bearing Exercises to Your Routine

Movement is crucial to maintaining bone strength. Physical activity increases muscle mass and puts mechanical stress on bones, triggering the activity of bone-building cells and hormones that strengthen skeletal tissue.

“The best way to avoid bone loss is to participate in regular weight bearing exercise. [It] doesn’t have to be a lot; just 30 minutes of walking a day is great,” says Donald Miller, PharmD, professor emeritus at North Dakota State University.

Being sedentary may also harm bone health indirectly, through hormonal changes that disrupt calcium absorption and by reducing outdoor time and beneficial sun exposure.

But the best type and level of outdoor activity for bone may depend on gender, age, and factors like baseline bone health. In a **large, cross-sectional study** of nearly 10,000 American adults, men who engaged in greater amounts of moderate-to-vigorous (brisk walking, jogging) and vigorous activity had greater lumbar spine and **femoral neck BMD** than men who were more sedentary.

By contrast, a **study** of Chinese women 60-70 years old with low bone mass, found that regular interruptions of sedentary time and light physical activity (easy walking, household movement) were more beneficial for BMD than moderate-to-vigorous activity.

Super Age advisor, Michelle MacDonald, recommends jumping for bone health. One study found that just 10 to 20 jumps, done twice a day, increased bone density in premenopausal women. **And still another study** showed that just 10 maximum-height jumps, performed three times per week, was enough to make an improvement.

Takeaway: The type of activity that offers the greatest benefit to bone health may vary. But staying active — and avoiding prolonged sitting — is essential for maintaining bone strength and reducing fracture risk as we age.

3) Go Out in the Sun (With Protection)

When sunlight hits skin, it triggers the production of vitamin D, an essential nutrient for calcium absorption. Sun exposure is a primary way we get vitamin D — only a few foods naturally contain D, though many are fortified with it.

And being *active* outdoors seems to amplify the benefit to bone health.

In a **randomized controlled trial** of older adults with low bone mass, walking briskly outside during the day (three times per week) increased lumbar BMD more than either walking at night or getting sun exposure without exercise.

And in a **cohortstudy** of 24,700 adults (mean age = 68.4), daily outdoor walking was associated with lower osteoporosis risk over three years. Those who walked for 30-60 minutes had a 17% lower risk, while those who walked for more than 60 minutes saw that risk level drop significantly, to 40%. The protective association was stronger among those with low genetic risk of osteoporosis, but even those at high risk benefitted, particularly from walking for longer periods each day.

Protecting skin from UV rays is important. But **research** finds that moderate sun protection — using sunscreen, staying in the shade, wearing long sleeves — is not associated with lower BMD. Meaning? Even when protecting your skin, you're likely stimulating some vitamin D production. And people who regularly use sun protection also are more likely to spend more time outdoors.

Bottom Line: Get outside and move around, taking precautions to protect your skin. But keep in mind, as we get older, our ability to make vitamin D from sunlight decreases, so supplementing may be necessary.

4) Don’t Skip Breakfast (or Eat Too Late)

A **new study** has associated skipping breakfast and routinely eating a late dinner with greater risk of osteoporotic fracture.

The study analyzed data from more than 927,000 adults (average age 66.6) over 2.5 years. Those who skipped breakfast had 18-23% greater fracture risk, and people who ate late increased their risk by 8%.

The fracture risk among postmenopausal women who skip breakfast was especially profound — an increase of 2.3 times higher over 2 years.

The researchers suggested possible explanations for these outcomes:

- Lower nutrient intake: Breakfast skippers consumed less calcium and vitamin D overall, and had lower serum D levels. Since vitamin D is essential for calcium absorption, this pattern could compromise bone health.
- Circadian disruption: Skipping breakfast and late-night eating can interrupt circadian rhythms, which may indirectly impact BMD. Late-night eating is also associated with elevated glucose levels and oxidative stress, which may impact bone resorption and impair bone formation.

5) Pay Attention to Your Calcium Intake (And Vitamin D)

Calcium is the foundation of bone. Along with phosphorus, it’s what’s used to build our skeleton when we’re young and **keep it strong** throughout our lives. Bones also serve as the body’s calcium reservoir.

If dietary calcium is too low, the body pulls it from bone to maintain levels needed for other essential jobs — muscle contraction, nerve transmission, vascular function, and blood clotting— gradually lowering BMD.

Consuming calcium throughout life is important, but it becomes even more so as we get older. Adults ages 19-50 require 1,000mg/day. For women, that requirement jumps to 1,200mg at 51; for men, it increases to 1,200mg at 71.

Not getting enough calcium may also amplify bone loss from other risk factors, including eating a high-sodium diet, excessive caffeine intake, high alcohol consumption, and **smoking**.

But it's not only calcium that matters for bone health. Vitamin D — adults up to age 70 **need** 15 mcg/day, and over age 70, 20 mcg/day — helps the body absorb calcium from food and transport it through the intestines. If we're deficient, we can only absorb about 10-15% of dietary calcium, compared to 30-40% when D levels are adequate.

And vitamin K is what helps direct calcium to bone, strengthening the bone matrix. Men need **120 mcg/day, women 90 mcg**.

Takeaway: Prioritize calcium, but don't forget about vitamins D and K. And remember that it's best to get your **calcium from whole foods**. Calcium supplements have been linked to kidney stones; they can interfere with iron absorption, and some **small studies** have linked them to increased risk of cardiovascular disease.

6) Build an Anti-Inflammatory Lifestyle

Low-grade, chronic, systemic inflammation is associated with numerous health conditions, including increased risk to bone health. Inflammation has been found to **affect** bone resorption and bone formation, **increase** fracture risk, and disrupt the processes of bone architecture.

Inflammation can also reduce **mobility** which, in turn, can worsen inflammation.

So chronic **inflammation** is bad news for bone, but what causes it? Lifestyle factors including poor sleep and circadian disruption; physical inactivity; a diet high in saturated and trans fats and sugar all **contribute**.

Aging **itself** is also a factor. Age-related accumulation of senescent cells and visceral fat contribute to an inflammatory state called *inflammaging*. So do hormonal changes. Declines in testosterone and estrogen interrupt anti-inflammatory signals, and are **associated** with low BMD and higher fracture risk.

The solution? Fortunately, the same actions that help calm systemic inflammation also **support bone**: eating a Mediterranean-style diet rich in vegetables, whole grains, nuts and seeds, and lean protein; regular weight-bearing and resistance exercise; getting adequate healthy sleep; moderating or eliminating alcohol; and maintaining a healthy weight.

7) Use the Right Amount of Salt

There have been mixed reports about sodium's impact on bone mineral density. At issue is sodium's role in increasing urinary calcium excretion, or **calciuria**, which may contribute to bone loss over time.

In a cross-sectional Korean **study** of over 9,500 women, sodium intake of more than 2,000mg/day was associated with a higher risk of osteoporosis. And a **study on the DASH diet**, found that increased consumption of fruits, vegetables, whole grains, nuts, fish and poultry reduced bone turnover markers, and lower sodium (1,150-2,300mg/day) reduced urinary calcium. The combination, researchers surmised, may improve BMD status.

However another large **observational study** found no association between sodium intake and changes to BMD, although some later research disputed those findings.

One 2018 review **found** that the negative effects of high sodium consumption are more pronounced when calcium intake is low.

Meanwhile, other research has found that having **too little sodium** (less than 2g, or 2,000mg) can be a risk factor for osteoporosis.

What does all this mean? Does eating too much salt put your bones at risk? Possibly — especially if your calcium intake is low. The safest bet is to consume no more than 2,300 mg of sodium per day (equal to about one teaspoon of table salt) and be sure to meet your calcium needs.

8) Hydrate and Drink Functional Beverages

Twenty years ago, a bombshell study revealed that women **who drank cola** had significantly lower hip BMD than women who did not. Men did not experience this effect, and the results were only from drinking cola —both sweetened and diet, and, at a slightly lesser level, decaffeinated cola — but not other carbonated beverages.

Meanwhile, a 2020 **study** that reviewed data from the Women's Health Observational Study of more than 72,000 women over 11.9 years found that postmenopausal women who drank more than 2 servings of soda per day had a 26-32% higher risk of hip fracture than women who didn't drink it. (The study did not differentiate types of soda consumed.)

Why cola, specifically, may impact bone health is unclear. **Phosphoric acid** added to cola may interfere with calcium absorption or increase bone resorption. People who drink large amounts of soda may also consume fewer calcium-rich foods.

Takeaway: It's fine to enjoy a cold Coke, diet or otherwise, every now and again. But consider other beverages to regularly quench your thirst.

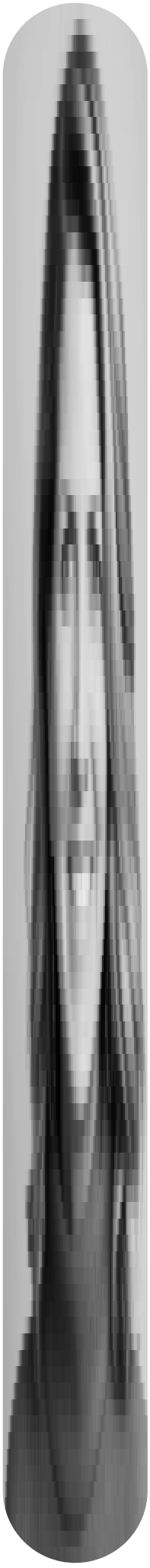
9) What About Caffeine?

For years we were warned that consuming too much caffeine could weaken our bones. But links to low BMD or fracture are inconsistent. High caffeine slightly increases urinary calcium and may reduce calcium absorption — but **adequate calcium intake** seems to neutralize these effects.

“As long as you have enough calcium and vitamin D, caffeine is not a risk (to bone health),” says Dr.Hofflich.

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