



MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

The one symptom you can't feel happening.

Hot flashes, you feel. Brain fog, you feel. Bone loss is completely silent — right up until a fracture makes it very much not silent. This is the one place in menopause where waiting for a symptom to show up means you've already waited too long. So let's get ahead of it, together.

“I feel fine” is exactly what this looks like — until it doesn’t.

Every other symptom in this series announces itself. This one doesn’t. Bone loss happens quietly, without a single feeling to warn you, which is why it’s the one area of menopause where feeling fine tells you almost nothing. Here’s what’s actually happening underneath, why the timing matters more than you’d expect, and the short, doable toolkit that lets you get out in front of it — none of it meant to scare you, all of it meant to hand you the wheel.

WHY IT’S HAPPENING

Your bone was never solid and finished. It’s a living remodel.

Here’s the part almost no one explains. Bone isn’t a static scaffold you were issued once and simply carry around — it’s constantly being torn down and rebuilt by two crews working in balance. One crew, the osteoclasts, clears away old bone. The other, the osteoblasts, lays down new bone in its place. For most of your life those two crews keep pace with each other, and **estrogen is the foreman that keeps the demolition crew from getting ahead of the builders.**

When estrogen drops, that brake comes off. Bone breakdown starts outrunning bone building, and the balance that quietly held for decades tips the wrong way. Nothing about that feels like anything — which is precisely the problem, and precisely why understanding the mechanism matters. A change you can’t feel is still a change you can act on, once you know it’s there.

THE WINDOW IS NARROW

This isn’t a slow, even slide. It’s a steep, specific drop.

Most women picture bone loss as a gentle decline that starts somewhere vaguely in midlife and drifts along forever. That’s not how it works, and the real shape of it changes everything about the timing. Loss accelerates sharply starting the **year before your final period**, stays fast for about **three years after**, and then settles into a more moderate pace for another **four to eight**

years.¹

That narrow stretch in the middle — right around your final period — is where much of the damage happens. Which means “I’ll deal with my bones later” usually translates, without anyone intending it to, into dealing with them after the most critical window has already closed. This isn’t a someday conversation. The biology has made it a right-now one, and the good news buried in that is simple: you likely still have time, and time is exactly what this depends on.

THE NUMBERS, PLAINLY

Why “I feel fine” isn’t the reassurance it sounds like.

You deserve the actual figures, not a vague warning — because the numbers are what make the case, and they make it calmly. On average, women lose about **10% of bone density across the menopausal transition**.¹ Sit with the word *average* for a second, though: it means roughly half of women lose more than that.

At the higher end, some research puts the loss at up to **20% in the 5 to 7 years surrounding menopause** for those most affected.¹ And about **25% of postmenopausal women are what researchers call “fast bone losers”** — shedding bone at a meaningfully higher rate than average, typically with nothing at all to point to it.¹

None of this is here to tip you into panic. It’s here to explain, once and clearly, why *feeling fine* isn’t useful information when it comes to bone specifically. Feeling fine is what a fast bone loser feels too — right up until the moment it isn’t. That’s not a reason to be afraid. It’s the reason to get an actual answer.

GETTING AN ACTUAL ANSWER

You don’t have to guess. A DEXA scan just tells you.

The whole point of the silent symptom is that you can’t sense it — so you measure it instead. A DEXA scan (dual-energy X-ray absorptiometry) is a quick, painless, low-radiation scan that reads your bone density directly rather than leaving you to wonder. It gives you a single number, a **T-score**, and the ranges are refreshingly clear:

- **Normal:** a T-score of **-1.0 or above**.⁴
- **Osteopenia** (low bone mass, not yet osteoporosis): between **-1.0 and -2.5**.⁴
- **Osteoporosis:** **-2.5 or below**.⁴

Standard guidelines recommend screening starting at **65**.⁵ But a blanket default doesn't account for early menopause, a family history of osteoporosis, or your own individual risk — which is exactly the kind of thing worth raising directly with your Mariposa Specialist to decide whether you should be screened earlier.

How often you rescreen depends on that first result. Research suggests roughly **15 years between scans if your bone density is normal or only mildly reduced, about 5 years for moderate osteopenia, and closer to yearly if you're already in the advanced osteopenia range**.² That's it — a five-minute scan, not an ordeal. The barrier is almost never the test itself. It's simply not knowing to ask for it.

WHAT ACTUALLY HELPS

Because bone loss has drivers, it has levers.

Here's the freeing part. A silent symptom sounds like something that happens *to* you — but bone density responds to a handful of specific, well-studied levers, and every one of them is something you can actually pull. A specialist's job is to figure out which ones matter most for you, and in what order.

Hormone therapy

This is one of the more clear-cut findings in the whole menopause research landscape. A **2025 systematic review found hormone therapy produced greater improvements in bone density than exercise alone, along with a decreased risk of fracture at both the hip and the spine**.³ That doesn't mean exercise doesn't matter — it means hormone therapy addresses the root hormonal cause in a way movement alone can't fully replicate, which is exactly why the two work best *together*, not as rivals. Whether it fits you depends on your history, your symptoms, and your goals — which is precisely what a real conversation with your Mariposa Specialist is for.

Weight-bearing and resistance exercise

We cover this in full in our Strength guide, but it's worth repeating here: exercise that loads your skeleton — walking, resistance training, a weighted vest — signals your bones to hold onto their

density. And **high-intensity resistance training specifically has been shown to improve bone density in postmenopausal women with low bone density**, not merely maintain it.⁶ Your bones respond to being asked to do something. Ask them.

Calcium, vitamin D₃, vitamin K₂, and protein

The building materials matter as much as the signal to build. Menopausal goals run to roughly **1,200 mg of calcium a day for women over 50**, and vitamin D specifically as **D3 (cholecalciferol)** rather than D2 — D3 is the form your body makes from sunlight and raises blood levels more effectively, which matters because you need it to absorb the calcium in the first place. **Vitamin K2** is worth knowing about too: it activates the proteins that guide calcium *into* bone rather than letting it accumulate in soft tissue and arteries, which is why it's increasingly paired with D3 instead of treated as an optional add-on. And protein — covered throughout this series in our Nutrition guide — supports the bone matrix itself, not just muscle.

Reducing what works against you

Some of the biggest levers are the ones you take your foot off of. **Smoking accelerates bone loss independent of everything else** — one of the more directly controllable risk factors on the whole list. **Heavy alcohol use interferes with the bone remodeling process itself**, not just general health. And falls matter as much as density does: clearing home tripping hazards, addressing vision changes, and building the balance that comes with strength training all reduce fracture risk even before your density itself improves.

Which of these matter most for you, and in what order, is exactly what a first visit sorts out — matched to your body, not to a one-size protocol.

THE BOTTOM LINE

The quietest symptom, and the one most worth getting ahead of.

Bone loss is the quietest thing in this entire series — and the most important one to get out in front of rather than wait out. The steepest window is narrow and specific, landing right around your final period, which makes this a genuinely time-sensitive conversation rather than a someday one. That's not a reason to worry. It's a reason to act while acting still does the most good.

And the toolkit is short. A DEXA scan for an actual answer, a real conversation about hormone therapy, and the strength and nutrition habits covered elsewhere in this series — that's the whole of it, and every piece works better the earlier it starts. You don't need to sort it alone, and you don't need to wait until something breaks to take it seriously. Bring it to someone who already does. See what a first visit looks like →

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