Paget’s disease of bone is an uncommon, chronic condition where bone rebuilds at a faster than normal rate. Normally as people age, bone rebuilds slowly. In Paget’s disease, rapid bone repair leads to bones that are too soft or enlarged. Paget’s disease usually affects older people. Bones in the pelvis, low back [spine], hips, thighs, head and arms are commonly involved.

Paget’s disease might be caused by a gene that is activated later in life by exposure to a virus. Men get Paget’s disease slightly more often than women. It’s more common among people of European descent, and may affect more than one family member.

Signs of Paget’s disease include joint and bone pain, headaches, hearing loss, enlarged bones, bowed arms or legs, weak or soft bones that bend or break, tingling and numbness. People with Paget’s disease may be more susceptible to arthritis, hearing problems, pain and general discomfort.

Paget’s disease can be found through blood tests and may be suspected if an x-ray shows abnormal bone structure. Urinalysis can show how fast bone is rebuilding. Non-invasive bone scans may be used to show the extent of bone involvement. Biopsy is used only if cancer is suspected. Paget’s disease is rarely associated with a type of bone cancer.

Medications like acetaminophen (Tylenol), ibuprofen (Advil, Motrin) or naproxen sodium (Aleve) may be used to treat pain from Paget’s disease. Bisphosphonates are prescription drugs that may relieve pain and help normalize bone growth. Oral bisphosphonates include alendronate (Fosamax), etidronate (Didronel), tiludronate (Skelid) and risendronate (Actonel).

Injectable drugs used to treat Paget’s disease include pamidronate (Aredia), zoledronate (Reclast) and calcitonin, a hormone. Surgery may be needed to treat arthritis caused by bone changes to ease pain and improve function.

Medications for Paget’s disease do not treat problems already caused by rapid bone rebuilding, like hearing loss, bone deformity or osteoarthritis.

Most people with Paget’s disease can have a good quality of life. Prompt diagnosis and treatment can help them manage their disease effectively. Fast bone rebuilding can lead to complications, so regular examinations by a rheumatologist or bone specialist are important.

People with Paget’s disease may benefit from physical therapy. They may use orthotic devices, like wedges in shoes, to help improve symptoms or correct uneven leg length. Some people may need assistive devices for support, such as a cane or walker, to prevent falls that could lead to a fracture.