



Osteoporosis Canada

Ostéoporose Canada

COPING

November 18, 2015

Remember: You can live well with osteoporosis!

Fracture Liaison Services (FLS) in Canada, 3-Part Series

Part 3: A day in the life of an FLS coordinator

In this issue

- Fracture Fact
- FLS in Canada, Pt. 3: A day in the life of an FLS coordinator
- COPING Quiz
- COPN Award
- Bones n' Beer 2015
- November – Fall Prevention Month
- Funny Bone
- A Recipe from our sponsor

FRACTURE FACT:

The overall yearly cost to the Canadian healthcare system of treating osteoporosis and osteoporotic fractures is \$2.3 billion.

Did you read Part 1: *FLS and the post-fracture osteoporosis care gap* and Part 2: *FLS Benefits*? Click [here](#) (part 1) and [here](#) (part 2) to read them now.

Fracture Liaison Services (FLS) Coordinators are the backbone of an FLS program. Their job is to screen fracture patients for osteoporosis and follow them to make sure they receive the care they need to prevent the next fracture. This care may include a bone mineral density test and/or osteoporosis medication.

Carla Purcell, RN, has been the FLS Coordinator at Dartmouth General Hospital (DGH), Dartmouth, Nova Scotia, since 2013. We recently spoke with Carla to find out more about the role of an FLS Coordinator and how a coordinator helps fracture patients.

Get to know Carla

Carla has been a nurse at DGH for 25 years. She has been a clinical nurse educator for surgery and outpatient services at Dartmouth General Hospital and the nurse educator for the Dartmouth Osteoporosis Multidisciplinary Education Program. In 2003, she led the development of a province-wide education program on osteoporosis for nurses as part of the Nova Scotia Department of Health Provincial Osteoporosis Project. She also sits on various Falls Prevention committees at the local, provincial and national levels.



I absolutely enjoy being an FLS coordinator and I am proud to work in a program that benefits so many by helping them prevent the pain and suffering of avoidable fractures. Please join me as I walk through my typical day at the Dartmouth General Hospital.

I start each week by examining a list of patients who have an appointment coming up at the hospital's fracture clinic; I identify patients 50 years of age or older who may have suffered a fragility fracture. When it's time for their appointment, I visit with the patient and ask them a series of questions to find out if they have indeed suffered a fragility fracture. A fragility fracture happens when you break a bone from a low-trauma activity, such as sneezing, coughing or from a simple fall. It is often a warning sign that the patient may have osteoporosis and may be at risk of breaking a bone again in the future.

If I determine that the patient has suffered a fragility fracture, I need to investigate further to determine the patient's comprehensive fracture risk. As part of this, I coordinate a Bone Mineral Density (BMD) test and x-rays of the spine where needed and order blood tests to rule out other underlying causes of osteoporosis. I also advise the patient on Vitamin D supplementation and answer questions he or she may have about nutrition. For patients who are prone to falls, I recommend a referral to the local Falls Clinic. I discuss fractures and osteoporosis and I share written information about nutrition and falls prevention with the patient. I really enjoy spending time with the patients to help them understand their current situation.

When I get all of the patient's test results back, I use a special fracture risk assessment tool to find out if the patient is at high risk of suffering another fracture within the next 10 years. I make sure to explain the fracture risk to the patient so they understand why we recommend the osteoporosis treatment they need. An important part of my job is to write to the patient's family physician and notify them of the results of the investigations and of the patient's fracture risk. If the patient is at high risk of suffering another fracture, I recommend he or she be started on prescription medication for osteoporosis.

I follow up again with these patients after a few months to see if they have started osteoporosis medication and if they are taking the medication in the correct way. This is important because many osteoporosis medications come with a fairly complicated set of directions on how to take them properly (e.g., first thing in the morning, on an empty stomach, no other medications at that same time, with a full glass of water, and need to wait for pill to be absorbed before eating any breakfast, etc.). It's no wonder that patients occasionally get confused. But this is very important because patients who do not take their osteoporosis medication the right way will often not absorb any of it at all. A phone call down the road often puts patients back on the right track.

I immensely enjoy educating my patients and answering their questions. I realize that if it were not for the FLS program and my role as an FLS coordinator, many of these patients would not receive the care they need to prevent future fractures.

Over time, I've seen many examples of how FLS has changed the lives of fracture patients. Patients have told me stories about how they suffered a fragility fracture in the past but did not receive any osteoporosis screening or treatment – now they are back in hospital having suffered yet another fracture. They explain that this FLS program was the first time they had been screened for osteoporosis, and wonder why this type of care was not available to them the first time they fractured. Several physicians have also told me that they think FLS is a great program for their patients.

I know that the FLS program can be life-changing because some of my past patients also visit me from time to time to tell me how much the program has changed their life. One patient I had recommended for osteoporosis treatment visited to tell me that she suffered a terrible fall after starting treatment but did not break any bones this time around. I love hearing these types of stories because they show that the FLS

program is doing exactly what it is supposed to do – preventing patients from breaking again. I hope that more FLS programs will be put in place across Canada so more patients, in hospitals all across the country, can receive the care they need to prevent unnecessary fractures.

If you have questions about this article or any other aspect of osteoporosis, please call toll-free 1-800-463-6842 (416-696-2663 in the Greater Toronto Area) to speak to an information counsellor.

[Click here](#) for this week's
COPN Quiz

You Make My Life Better

COPN Award

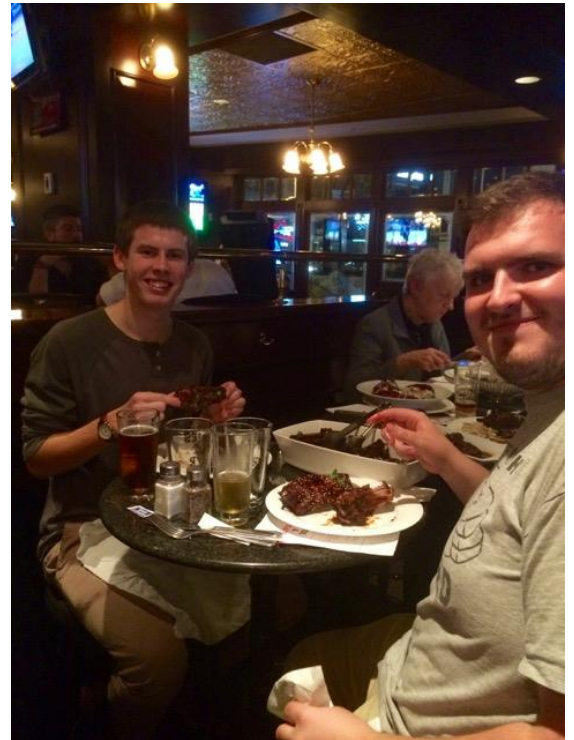
If you want to tell someone “You make my life better”,
[click here.](#)

Men Taking Charge of Their Bone Health – Bones ‘n’ Beer

Why don't men pay attention to their bone health? Why do so many men break bone after bone, yet never get assessed for the underlying cause of those fractures? If one in five men breaks a bone because of osteoporosis, where are they hiding? And how do we reach them? Rick and Larry puzzled over these questions as they enjoyed a pint (or maybe two) at a downtown Vancouver pub in early 2011. Both had been diagnosed with osteoporosis years before, yet neither was able to name more than a handful of men who had admitted they had osteoporosis. They agreed that the traditional approaches to raising awareness were simply not catching men's attention.

Inspired by the raucous packed house watching the Canucks game on TV, an idea began to take hold: why not bring men to a familiar venue like this pub with a promise of hearty food, good beer and sports conversation, then when their guard is down, lecture them about the importance of paying attention to their bone health? Some might call that approach “bait and switch.”

Rick and Larry called it Bones ‘n’ Beer. Ten months later the first hint that their theory might be sound was confirmed when a sold-out crowd of more than 100 men (and a few women) packed the Pumphouse Pub in Richmond, BC for the first ever Bones ‘n’ Beer. Now five years later the Bones ‘n’ Beer franchise has been successfully replicated ten more times in cities across Canada, spreading the word that men do need to pay attention to their bone health. Read on for reports on the two most recent events in Vancouver and Winnipeg.



Men of all ages came out to the BC Bones n' Beer

5th Annual Bones 'n' Beer in BC

Sellout crowd? *Check*. Tasty ribs? *Check*. Delicious craft beer? *Check*. Entertaining sports celebrity? *Check*. Hard hitting facts about men and osteoporosis? *Check*. We had all the right ingredients to confirm yet another successful Bones 'n' Beer on October 28 at the Lions Pub in Vancouver.

Our multi-talented host, retired BC Lions All Star Angus Reid, kept the rowdy crowd under control, inspired us with his keynote address and ignited spirited bidding in our live auction that was highlighted by the grand prize of a Yukon Adventure for two. The crowd was momentarily sobered when Dr. David Kendler, member of the Scientific Advisory Council of Osteoporosis Canada, presented men's fracture statistics and the consequences they may face if they don't take care of their bones. The energy in the room quickly rebounded as the signature Bones 'n' Beer meal was served: mounds of Korean Glazed BBQ Beef Ribs, Sweet and Smokey BBQ Pork Ribs, fresh baked corn bread and creamy coleslaw, all washed down with award-winning Red Truck craft beer.



Thanks to the generous contributions of our many partners, volunteers and staff, we can echo what our guests were saying as they left the Lions Pub at the end of the evening – the 5th Annual Bones 'n' Beer was a roaring success!



2nd Annual Bones 'n' Beer in Manitoba

On Thursday, October 15, Osteoporosis Canada, Manitoba Chapter was pleased to present its second annual Bones 'n' Beer fundraiser at The Pinnacle Club @ Investors Group Stadium in Winnipeg.

Our VIP guests arrived early to enjoy a special back-stage tour of the facility. Guests dined on savoury chicken drumettes, mouth-watering ribs, baked beans and coleslaw, accompanied by accompanied by premium beers.

The evening was highlighted by a "Kick to Win" contest held on the field. Five contestants tried their skill at kicking a field goal from the 30 yard line, then the 25 and finally the 20. One of the kickers went barefoot, much to the delight of the chilly audience!

The proceeds from this event will help the Chapter to educate, empower and support individuals and communities in the treatment of osteoporosis and fracture risk reduction. This fundraiser is a part of the Chapter's commitment to raising men's awareness about osteoporosis and fracture prevention.

November – Fall Prevention Month

November is Fall Prevention Month in Alberta, Manitoba and Ontario. Therefore, we are pleased to inform you of a series of webinars sponsored by the Toronto Rehabilitation Institute, live and archived, on such topics as winter fall risk, vision decline, hearing loss and falls, medication and balance, and much more. To access this series, go to www.trihomeandcommunity.com/falls.

Moved? Changed phone number or e-mail address?

Let us know by calling 1-800-463-6842 or emailing copn@osteoporosis.ca and we'll update your information. This will ensure we keep you up to date!

FUNNY BONE:

"I hate housework! You make the beds, you do the dishes - 6 months later, you have to do it over again." - Joan Rivers

A Recipe from our Sponsor

Corn Pudding

Course: *Main Dishes*

Preparation Time: *15 mins*

Cooking Time: *35 mins*

Yields: *4 to 6 servings*

1/2 milk product serving(s) per person

Calcium: 22% DV/ 238 mg

This dish is typical of the eastern United States, and it is still prepared everywhere in the rural regions where corn grows so abundantly. It was originally made with white cornmeal, but yellow is commonly used.



For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/corn-pudding>

Ingredients

2 1/3 cups (580 mL) **Milk**
3/4 cup (180 mL) medium cornmeal
2 tsp (10 mL) sugar
3/4 tsp (4 mL) salt
1 cup (250 mL) corn kernels
3 tbsp (45 mL) **Butter**, diced
1/2 cup (125 mL) **Canadian Parmesan**,
grated
6 eggs
Freshly ground salt and pepper
1/2 tsp (2 mL) cayenne pepper
Chives, sliced thinly

Tips

For a non-vegetarian version, add 1 cup (250 ml) of finely diced cooked ham along with the corn, butter and cheese.

Preparation

Preheat oven 400°F (200°C). Butter an 8-inch (20 cm) square baking dish.

In a bowl, combine 1 cup (250 mL) of milk, the cornmeal, sugar and salt.

In a saucepan, bring the remaining milk to a boil. Add the cornmeal mixture to the hot milk, stirring constantly. Cook over medium heat, stirring with a wooden spoon, until mixture thickens, about 3 min. Remove from heat and add corn, butter and cheese. Mix well.

In a bowl, beat eggs, seasonings and chives for 1 min. Slowly add to the warm mixture while stirring. Mix well.

Pour mixture into the buttered dish and cook for 35 min or until top is golden and a knife inserted into the centre of the pudding comes out clean.

Cool 5 min at room temperature before serving with a seasonal salad.

This issue of COPING is sponsored by Dairy Farmers of Canada

NOTICE: Every issue of COPING is vetted by members of Osteoporosis Canada's Scientific Advisory Council to ensure accuracy and timeliness of content. These newsletters are not intended to promote or endorse any particular product. Product references, if they appear, are for illustration only.

These newsletters are not intended to replace individualized medical advice. Readers are advised to discuss their specific circumstances with their healthcare provider.



NUTRITION
DAIRY FARMERS OF CANADA



getenough.ca