Remember: You can live well with osteoporosis!

Osteoporosis Canada's Scientific Advisory Council Part 3: Guidelines Committee

This is the third in an ongoing series on Osteoporosis Canada's Scientific Advisory Council and its committees. To view the first installment on the Executive Committee, go to http://www.osteoporosis.ca/wp-content/uploads/2016-09-21-COPING-SAC-FINAL.pdf

For the second on the Research Committee, go to http://www.osteoporosis.ca/wp-content/uploads/2016-11-30-COPING-SAC-pt-2-FINAL.pdf

Helping Doctors Make Decisions: Osteoporosis Canada's Guidelines Committee

Do I need a Bone Mineral Density test? What is my risk of breaking a bone? Should I take medications to help lower my risk, and if so, which ones?

These are but a few of the questions you might ask when consulting your doctor about your bone health. In answering, he or she will draw upon the knowledge gained through years of formal learning, Continuous Medical Education and experience treating other patients. But one important resource is almost certainly behind each discussion – Osteoporosis Canada's 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada. In this article, we explain why guidelines such as these are important to you and your doctor and the role the Guidelines Committee of the Scientific Advisory Council plays in developing and updating guidelines for osteoporosis care in Canada.

What are guidelines and why are they important?

A medical guideline (also called a clinical guideline, clinical protocol or clinical practice guideline) provides healthcare practitioners with recommendations to assist in the diagnosis, management and treatment of conditions affecting the health of patients. Guidelines help raise and standardize the quality of medical care, and achieve the best balance between effective patient outcomes and cost.

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Fracture Fact

In October 2010,
Osteoporosis
Canada published
the most up-todate and
scientifically
sound guidelines
in the world for
the diagnosis and
treatment of
individuals
affected by
osteoporosis.

Guidelines are developed through a lengthy process that begins with a team of experts who identify and evaluate all available evidence to ensure that only scientifically credible and up-to-date information is considered in the final product. This can include data about prevention, diagnosis, prognosis, therapy including medication dosage, risks and benefits of medications and cost-effectiveness. The team then defines the most important questions related to clinical practice and identifies all possible decision options and their outcomes. Some guidelines provide algorithms (a set of problem-solving steps that identify key decision points and most appropriate courses of action) to assist practitioners in customizing a treatment plan for each patient.

Here is an example of a clinical practice guideline taken from the 2010 Guidelines:

"Individuals 50 years and older who have experienced a fragility fracture should be assessed and considered for treatment."

"The 2010 Guidelines started a major shift in thinking about treating patients at high risk for fracture rather than just with low bone density. They have encouraged a rethink of all people over 50 who have broken a bone in a low trauma situation. Seven years later they are still valid and useful - unusual for most guidelines that we see!"

Dr. Heather Frame, Family Physician and Vice Chair OC Board of Directors



How were the 2010 Guidelines created?

The development of the Osteoporosis Canada 2010 guidelines followed a process called the Appraisal of Guidelines, Research and Evaluation (AGREE) framework. Primary care physicians, patients, osteoporosis specialists from various disciplines, radiologists, allied health professionals and health policy-makers were surveyed to identify priorities for these guidelines. Systematic reviews of the literature were conducted according to these priorities to update knowledge in two key areas: assessment of risk of fracture and therapies for osteoporosis. A Best Practice Guidelines Committee assessed the quality of all the evidence, then developed and graded initial recommendations.

Before being finalized, the recommendations underwent a comprehensive review by the SAC Executive and Guidelines Committees, an expert panel consisting of members of the Scientific Advisory Council, members of stakeholder organizations, family physicians and experts from across Canada. The final product - the 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada - was announced in October 2010. More than six years later, the Guidelines web page continues to be among the most popular on the OC website. There have been a total of 239,584 accesses to the Canadian Medical Association Journal (where the Guidelines were published) from the OC website since 2010.

*For the article announcing the launch of the Guidelines, go to http://www.osteoporosis.ca/multimedia/pdf/copn/eng/COPING
October 15th 2010.pdf. Five more articles on aspects of the Guidelines follow to December 23, 2010.

COPING Classics

In 2010 COPING published a series of six articles on the then new Guidelines. Click here* to view.

For greater detail on the 2010 Guidelines, see the article published in the CMAJ here http://www.cmaj.ca/content/early/2010/10/12/cmaj.100771.full.pdf+html?ijkey=edc6c6048e7d4acdc4136 8fe3f1e622bf5a2deac&keytype2=tf ipsecsha.

Osteoporosis Canada's Guidelines Committee

Reporting to the SAC Executive Committee, the Guidelines Committee is made up of more than a dozen experts representing a cross-section of osteoporosis-related disciplines. All dedicated volunteers, they contribute their expertise and hundreds of hours of time to fulfill the Committee's responsibilities, which include:

- reviewing and providing feedback on all research and medical matters related to guideline development,
- identifying and evaluating emerging internal and external developments of scientific/medical significance, and where indicated, making specific recommendations to the SAC, in collaboration with the Executive Committee,
- ensuring that the Chair of the Guidelines Committee serves as an active participant on the Executive,
- giving direction, support, advice and counsel to OC senior staff on technical, scientific and/or medical matters of importance to the organization,
- safeguarding the credibility and integrity of OC in terms of guideline development,
- overseeing the review and approval of all material prepared for public/professional distribution with respect to scientific and/or medical content, and
- periodically reviewing existing OC guidelines to ensure they are up to date (the Committee is planning to review the 2010 Guidelines this year).

In October 2015, the Guidelines committee released the Recommendations for Frature Prevention in Long-Term Care seen at http://www.osteoporosis.ca/health-care-professionals/clinical-tools-and-resources/

Current members of the SAC on this committee are: **Heather McDonald Blumer – Chair**; Suzanne Morin, Alexandra Papaioannou, Lianne Tile, Lisa Ann Fraser, Larry Funnell (COPN), Sandra Kim, Bill Leslie, Sumit Majumdar, Robert Josse, Heather Frame, Lynn Nash and Ravi Jain (OC).

We Welcome Your Feedback

- Have a question?
- Is there an osteoporosis-related topic that you would like to see featured in the newsletter?
- Looking for a great volunteer opportunity?

Please contact us by calling Osteoporosis Canada's toll-free number **1-800-463-6842** or emailing copn@osteoporosis.ca.

Dr. Jacques P. Brown, Osteoporosis Canada SAC Member, Honoured by Canadian Rheumatology Association with 2017 Distinguished Investigator Award

Osteoporosis Canada congratulates Dr. Jacques Brown, long-serving member of the Scientific Advisory Council, on receiving the Distinguished Investigator Award from the Canadian Rheumatology Association for his

outstanding contributions to rheumatology in Canada.

Dr. Jacques Brown graduated from medical school and completed his residency in Internal Medicine at Université Laval in Quebec City and his fellowship in rheumatology at Université de Sherbrooke before heading to

Lyon, France to undertake post-doctoral training in metabolic bone diseases. Dr. Brown was co-principal investigator on the Canadian Multicentre Osteoporosis Study (CaMos). He has contributed to the knowledge of post-menopausal osteoporosis through his work "Recognizing Osteoporosis and its Consequences in Québec," in which more than 3,000 women were studied for osteoporosis and fractures. In total, he has now published more than 200 scientific articles in high-impact journals.

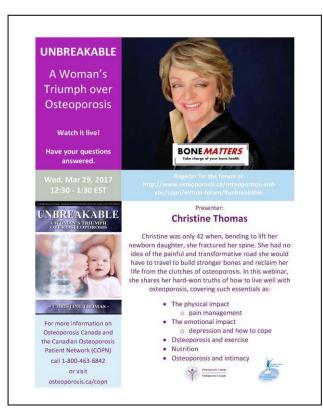
Dr. Brown has received several other distinctions to honour his exceptional career, including:

- knighthood in the Ordre National du Québec, a recognition of the exceptional individuals who have served Quebec and its people,
- the Lindy Fraser Memorial Award from Osteoporosis Canada for his work on clinical practice guidelines of osteoporosis, and
- the Queen Elizabeth II Diamond Jubilee Award to acknowledge his significant contributions and achievements.

To read more about Dr. Brown and his remarkable accomplishments, go to www.osteoporosis.ca.



BONE MATTERS – UPCOMING PRESENTATION



Join us for our next Bone Matters live virtual forum with presenter Christine Thomas. Christine will share her story of being diagnosed shortly after becoming a mother, and her journey through managing the multiple aspects of living with osteoporosis, such as the physical and emotional impacts, nutrition, exercise and more.

Presentation date:

Wednesday, March 29, 2017 at 12:30-1:30PM EST

Sign up in advance <u>here</u> and watch the presentation live from your own computer.

<u>Click here</u> to find out more about the **Bone Matters** virtual education forum series.

FUNNY BONE:

In Hollywood a marriage is a success if it outlasts milk. – Rita Rudner

A Recipe from our Sponsor

Chocolate Raspberry Quinoa Pudding

Course: Desserts & Sweets Preparation Time: 10 mins Cooking Time: 30 mins Yields: 4 servings

1/2 milk product serving(s) per person

Calcium: 15% DV/ 168 mg

Do you love rice pudding? Do you love chocolate and raspberries? Well, here is your next favourite dessert: quinoa simmered into a pudding with a deep chocolate flavour and punch of raspberries. You won't believe how delicious it is (and so simple to make).



For more information about this recipe: https://www.dairygoodness.ca/getenough/recipes /chocolate-raspberry-quinoa-pudding

Ingredients

2 tbsp (30 mL) unsweetened cocoa powder 3 tbsp (45 mL) granulated sugar 2 cups (500 mL) **milk** 1/2 cup (125 mL) quinoa, rinsed and drained 1 cup (250 mL) fresh or frozen raspberries (thawed and drained, if frozen) 1/2 tsp (2 mL) vanilla extract



Nutrition Tip

Cook rice, couscous, barley or quinoa in milk. It soaks the nutrients right in.

Preparation

In a deep, medium-size saucepan, whisk together cocoa and sugar until well blended. Gradually whisk in milk. Stir in quinoa. Bring to a gentle boil over medium-high heat, stirring occasionally.

Reduce heat to low, cover and simmer, stirring often, for 25 minutes or until quinoa is very soft tender and pudding is slightly thickened (the pudding will thicken considerably upon cooling). Remove from heat and stir in raspberries and vanilla. Let stand, covered, for 10 minutes. Serve hot, let cool until warm or room temperature or refrigerate in an airtight container for up to 2 days and serve cold.

Tips

Quinoa can have a bitter coating, called saponin, on the surface of the grain. Most quinoa sold is pre-rinsed but it's best to rinse it just in case. Place quinoa in a fine-mesh sieve and rinse well under cold, running water. Drain well before adding to recipes.

Use a deep pan when simmering recipes using milk as it tends to bubble up. Keep a close eye on the pan and lift the lid and stir frequently to make sure it doesn't boil over.

The pudding looks thin when it's first cooked but thickens up quickly as it stands and gets very thick after being refrigerated; stir in a little more milk if desired to thin.

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.

