



**Remember: You can live well with osteoporosis!**

## Are You Standing Tall? Osteoporosis Canada Launches New Campaign

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**Stand Tall Canada**

- Height loss can be a warning sign of a spine fracture (a broken bone in your back).
- A spine fracture may be caused by osteoporosis, a condition that causes bones to break easily.
- You may not be aware of a broken bone in your back because 66% are painless.
- If you have a spine fracture, effective treatment is available to reduce your risk of another broken bone.

- Spine fractures can result in:
- height loss
  - a rounded back (spine)
  - back pain
  - more broken bones
  - disability

**ARE YOU LOSING HEIGHT?**

Your height as a young adult: \_\_\_\_\_

Your height today: \_\_\_\_\_

Amount of change: \_\_\_\_\_

*Keep this to record future height measurements by a health care provider*

Date: \_\_\_\_\_ Height: \_\_\_\_\_

Date: \_\_\_\_\_ Height: \_\_\_\_\_

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Osteoporosis is a disease that causes bones to become thin and weak, leading to an increased risk of a fragility fracture. A fragility fracture is a broken bone that occurs spontaneously or easily from a simple activity such as reaching, bending, twisting, coughing or sneezing. It can also happen following a minor injury such as a fall from a standing height or less at walking speed or less. Fractures do not normally occur in these situations in people with healthy bones. Often the first warning sign of osteoporosis is a fracture. The most common sites for broken bones caused by osteoporosis are the wrist, hip, shoulder and spine.

Spine fractures are a special case because they are often painless and many people are not even aware they have had one. For this reason, Osteoporosis Canada has recently launched the **Stand Tall Canada** campaign to raise awareness of the fact that height loss can be an indicator of a spine fracture and to encourage people who have lost height to see their doctor.

How does this program work? Height screening will take place at health fairs and other Chapter events across the country. Volunteers will set up a booth featuring a stadiometer (a simple device to measure height) placed against a wall or pillar. The volunteer will measure the participant's height three times, take

the average, and record this on the Stand Tall Canada card. The participant keeps the card and uses it to record future height measurements by a healthcare provider.

Everyone loses a bit of height with age. So how much is too much? Ask yourself these questions:

- Have I lost 2 cm (3/4") or more in height as measured by my healthcare provider, or 6 cm (2 1/2") or more overall from when I was a young adult?
- Do I have a more rounded spine?

If you answer yes to either of these questions, the **Stand Tall Canada** program encourages you to talk to your doctor and insist on a spine x-ray of the upper and lower back. In addition, all men and women over 50 should have their height measured annually to assess for a possible spine fracture.

The consequences of all fractures can be devastating: acute and chronic pain, disability and disfigurement, loss of mobility and independence and the fear of having another fracture. And that fear is well founded. One in three hip fracture patients will re-fracture at one year. 20% of people who have a spine fracture will have a second one within the following year. Pay attention to your height. If you go to a health fair, public forum or other

public event featuring osteoporosis, look to see if a volunteer is doing height measurement. Noticing height loss could help you make your first break your last!

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Dr. Famida Jiwa, President and CEO of Osteoporosis Canada addressed Osteoporosis Canada's Annual General Meeting on September 15 in Charlottetown Prince Edward Island. We are pleased to share her remarks here.

## Capture the Fracture

2012 marks the completion of the second full year of implementation of Osteoporosis Canada's focus on secondary fracture prevention. In that vein, 2012 is also highlighted by new collaborative relationships with other organizations that also have an interest in preventing the second fracture.

Through the hard work and dedication of staff and volunteers across all areas of the organization, relationships have been forged with various professional organizations, government agencies, private industry, and related patient groups. These relationships are critical to creating a collaborative approach to achieving Osteoporosis Canada's vision of a Canada without osteoporotic fractures.

In addition to raising awareness by educating healthcare professionals and providing educational materials to fracture patients, mechanisms must be put into place to ensure that an assessment for and treatment of osteoporosis is done for each and every fracture patient. This involves simple yet integral changes within the current health care system that require the collaboration of provincial governments, to make this a reality throughout Canada.

As a first step toward this, in November of 2011, Osteoporosis Canada hosted its Inaugural FOCUS Forum to discuss these necessary changes and to plan their implementation. Through a volunteer driven effort, the forum brought together a multi-disciplinary group of healthcare professionals and Osteoporosis Canada (OC) volunteers with representation from each Canadian province. Armed with the latest research, evidence and the experiences of top advocacy experts, the FOCUS

Forum to discuss these necessary changes and to plan their implementation. Through a volunteer driven effort, the forum brought together a multi-disciplinary group of healthcare professionals and Osteoporosis Canada (OC) volunteers with representation from each Canadian province. Armed with the latest research, evidence and the experiences of top advocacy experts, the FOCUS Forum participants discussed the individual needs of each province and systematically developed specific mechanisms to address the problem of the osteoporosis care gap region by region.

Under the able voluntary leadership of Dr. Diane Theriault, a recent victory of this effort is the establishment of a Fracture Navigator Program at the Dartmouth General Hospital in Nova Scotia, funded by private industry.

Systemic change is a critical component to promote the accurate identification and management of osteoporotic fractures across Canada. Osteoporosis Canada's advocacy efforts for 2013 will continue to include the development of provincially funded secondary fracture prevention programming.

This year also saw the rapid growth, expansion and nationwide launch of Bone Fit™, a unique program designed to certify exercise professionals and certified therapists to attain knowledge and practical skills for prescribing, designing and adapting safe exercise programs that can help reduce the risk of fractures due to bone loss.

Our patient network, COPN (Canadian Osteoporosis Patient Network), continued to flourish and to expand, providing timely and reliable information to support others affected by osteoporosis by giving them the information and the tools they need to live well with osteoporosis and to ensure that the patient voice influences the development of public osteoporosis care policies and practices.

On the heels of the release of our 2010 clinical practice guidelines, in 2012, Osteoporosis Canada's Scientific Advisory Council has been involved in the development and dissemination of various healthcare professional tools, with a focus on secondary fracture prevention. Made up of 62 multidisciplinary clinicians and researchers across

the country, our SAC continue to develop the evidence based material which serves as the foundation of all of Osteoporosis Canada's material.

While all of the achievements highlighted in this report are developed centrally, their true impact is seen with local implementation.

None of this would be possible without the phenomenal dedication and efforts of our chapters and volunteer members located across the country. Their dedication and commitment ensure that osteoporosis education, patient support and fundraising activities flourish in each community across Canada.

Across the country over 1,500 caring individuals work within Osteoporosis Canada's volunteer-driven Chapters and branches, sharing bone health messages with numerous varied groups and osteoporosis patients, advocating for improved access and care for those with osteoporosis, organizing fundraising teas and golf tournaments, raising community awareness of the disease by participating in health fairs and conferences, providing counselling and comfort to the newly- diagnosed, and performing a myriad of administrative tasks to help make it all happen.

In closing I would like to take this opportunity to thank our generous sponsors and donors for their continued support in 2012. We would not be able to do the work that we do without your confidence and ongoing contribution to Osteoporosis Canada

As always, I would like to express my sincere gratitude and appreciation to the entire Osteoporosis Canada family. From the senior management team, national office staff, chapter staff and volunteers, to the board of directors, SAC, COPN; thank you for your dedication, support and strategic vision.

Thank you to all of you for making this organization the rich mosaic that it is. I am truly honoured to represent you all today as we celebrate the close of another successful year. I look forward to working with you all in 2013.

[View Osteoporosis Canada's Annual Report by clicking here.](#)

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**FRACTURE FACT:** Risk factors for osteoporotic fractures include age, fragility fracture after age 40, either parent having had a hip fracture, >3 months use of glucocorticoid drugs, medical conditions that inhibit absorption of nutrients, smoking, an average of 3 or more drinks of alcohol per day and other medical conditions and medications that contribute to bone loss.

**Osteoporosis Canada Proudly Announces  
Recipients of the Queen Elizabeth II Diamond  
Jubilee Medal**

Twenty-eight volunteers and staff from Osteoporosis Canada have been awarded the Queen Elizabeth II Diamond Jubilee medal for their outstanding contributions to osteoporosis care in Canada.



The Diamond Jubilee medal was created to commemorate this year's celebrations of the 60th anniversary of Queen Elizabeth II's ascension to the throne. OC's medal recipients join an impressive group, including our 2012 Canadian Olympians and Paralympians who are being recognized for their contributions and achievements.

In granting all these special Canadians this honour, the Governor General of Canada said "I thank you for your dedicated service to your peers, to your community and to Canada. The contributions you have made to our nation are most commendable and deserve our praise and admiration".

The first of a number of ceremonies to present the medals to OC recipients was held at the recent Annual General Meeting in Charlottetown. Other ceremonies will be held across the country over the next few months to formally present the remaining medals.

**OC Recipients of the Queen Elizabeth II Diamond Jubilee Medal**

Dr. Jonathan (Rick) Adachi	Laurie Georges	Tanya Long
Dr. Stephanie Atkinson	Dr. David Hanley	Marg MacDonell
Cheryl Baldwin	Ina Ilse	Val McRae
Emily Bartens	Dr. Famida Jiwa	Jean Murdock
Sheila Brien	Dr. Robert Josse	Dr. Diane Thériault
Dr. Jacques Brown	Dr. Stephanie Kaiser	Sally Thomas
Janet Choboter	Renu Kapoor	Lorell Thoms
Ken Chong	Marian Kremers	Margaret Willson
Priscilla Cole	Gail Lemieux	
Larry Funnell	Roberta Lewis	

We are delighted to see this acknowledgement of the outstanding contributions of Osteoporosis Canada's volunteers and staff. To all of the recipients of the prestigious Queen's Diamond Jubilee Medal, whether you work in Chapters, COPN, the Scientific Advisory Council, Advocacy, National Office or on our Board of Directors please accept our heartfelt congratulations and appreciation for all you do on behalf of Canadians affected by osteoporosis.

## A Recipe from Our Sponsor – Herb & Sweet Onion Scalloped Potatoes

Take our Super Scalloped Potatoes from 1996, add lightly caramelized sweet onions, buttery yellow potatoes and fresh herbs and wow, they're even better than super!

Course: *Side Dishes*

Prep. Time: *15 mins*

Cooking Time: *1 hr*

Yields: *4 to 6 servings*

*3/4 milk product serving(s) per person*

### Preparation

2 tbsp (30 ml) **butter**

1 sweet onion, thinly sliced

2 tbsp (30 ml) cider vinegar

3 tbsp (45 ml) all-purpose flour

2 cups (500 ml) **milk**

1/4 cup (50 ml) chopped fresh parsley

1 tsp (5 ml) chopped fresh rosemary or

1/4 tsp (1 ml) dried

1/2 tsp (2 ml) salt

1/4 tsp (1 ml) pepper

4 yellow-flesh potatoes or

4 baking potatoes, peeled and thinly sliced

1/2 cup (125 ml) shredded **Canadian Colby** or

1/2 cup (125 ml) **Cheddar cheese**



For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/herb-sweet-onion-scalloped-potatoes>

**Instructions:** Preheat the oven to 350°F (180°C). Butter a 13 x 9-inch (3 L) glass baking dish.

In a large pot, melt butter over medium heat; add onion and sauté for 8 min or until starting to brown. Add vinegar; boil, stirring and scraping up brown bits, until evaporated. Whisk flour into milk; gradually pour into pot, whisking constantly. Cook, stirring, for about 5 min or until bubbling and thickened. Remove from heat; stir in parsley, rosemary, salt and pepper. Add potatoes; toss gently to coat in sauce.

Spread evenly into prepared dish. Sprinkle with cheese. Bake, uncovered, for about 45 min or until golden and bubbling and potatoes are tender. Let stand for 10 min before serving.

**Tips:** Use yellow-fleshed potatoes for a pretty colour – the most familiar variety is Yukon Gold, but any will do. For white potatoes, use an oblong, baking-style potato such as a Russet. Round, waxy or new potatoes don't absorb the sauce properly in scalloped potatoes.

Use white balsamic vinegar in place of the cider vinegar. Use 2 oz (60 g) Canadian Brie cheese, cut into small cubes, in place of the Colby.

This issue of COPING is sponsored by Dairy Farmers of Canada



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