

*Extra! Extra! Read All About It.*

## **COPING**

*'A special response from COPN'*

May 9<sup>th</sup>, 2008

In the last couple of weeks there have been two media stories regarding potential risks of osteoporosis medications that can cause concern for those of us living with osteoporosis. Osteoporosis Canada's experts from the Scientific Advisory Council reviewed the original scientific papers and have produced the following response.

### **1. News report linking two osteoporosis drugs to heart problems/irregular heart beat**

This study reported that among 719 women with atrial fibrillation 47 had used alendronate (Fosamax®) while among 966 women without atrial fibrillation 40 had used alendronate. It was concluded that the use of alendronate was associated with an increased risk of atrial fibrillation.

The authors described some limitations with the study that were not presented in the media report. The limitations described were:

- The small number of women using alendronate
- This trial wasn't a randomized controlled study, the type of study that is usually required to prove such a cause and effect.

Because of these limitations it is not possible to state that alendronate causes atrial fibrillation.

A year ago, there was also a report of a possible association between zoledronic acid (Aclasta®) and the severity of atrial fibrillation. To date, atrial fibrillation has not been reported with other commonly used osteoporosis medications including risedronate (Actonel®) and etidronate (Didrocal®). Other scientific studies and evidence support the view that **atrial fibrillation associated with bisphosphonate use is extremely rare.**

### **2. News reports linking long term use of alendronate to unusual fractures of the thigh/hip bone.**

This study identified 15 women with atypical fractures of the thigh/hip, called subtrochanteric fractures, who had been treated (prior to the fracture) with alendronate (Fosamax®). The authors noted that bisphosphonate use was observed in 37% of all patients presenting with this type of fracture and that in their group of patients, these fractures represented 6% of all hip fractures. The authors indicated their findings suggest a potential link between alendronate use and these atypical fractures of the thigh bone. They do not indicate that further studies are required to establish if a clear association exists.

This letter to the editor has some limitations, **which were discussed by the authors**, and which should lead us to interpret the findings with caution. Three major limitations are:

- The small number of women identified with these atypical fractures on prior alendronate therapy.
- The unknown number of patients who suffered these types of fracture who have never received alendronate (Fosamax®) therapy.
- The fact that this was not a prospective randomized controlled trial, the kind of trial needed to be able to make such a cause and effect conclusion. As such it is not possible to state that alendronate cause atypical fractures.

### **Conclusion,**

It is a fact - all medications have risks associated with them. Osteoporosis medications are no exception.

While the recent media reports remind all of us for the need to weigh the potential benefits of a medication against the possible risks, the fact is that a cause and effect relationship has not yet been established between bisphosphonates and the events noted above (atrial fibrillation and subtrochanteric hip fractures)

**However, in patients who have osteoporosis, fractures (broken bones) are extremely common, especially when appropriate medication is not taken.** Osteoporotic fractures are linked to additional fractures, decreased quality of life, worsening of other health conditions and in some cases even death. Bisphosphonate medication provides protection from osteoporotic fractures.

It is important to remember that your physician carefully considers the risks and benefits of taking a medication every time he or she recommends and prescribes a medication for you. Your healthcare team is available to review any concerns or questions you may have about this issue.

## Gardening Part II will come to you on May 23

### Funny Bone:

At age 20, we worry about what others think of us. At 40, we don't care what they think of us. At 60, we finally discover they haven't been thinking about us at all.

**Remember:** It is important for you to eat a **healthy diet**, get some appropriate **exercise**, take your **calcium and vitamin D** and if your doctor has prescribed a **medication** don't forget to take it as directed.

**COPING WEEKLY** will come to you every second Friday. We hope you enjoy it and find the information useful. Don't forget to log on to [www.osteoporosis.ca](http://www.osteoporosis.ca) for up to date information.

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

# COPING

'A newsletter from COPN'

June, 2008

*Remember: You can live well with osteoporosis!*

**In order to do a thorough job of the changeover to the new system, *COPING* will be going on holiday. You won't receive another newsletter until the first of September. We haven't forgotten you. We will return. Have a wonderful summer.**

## **Thought for today:**

Kind hearts are the garden  
Kind thoughts are the roots  
Kind words are the blossoms  
Kind deeds are the fruits.

## **Gardening safely with osteoporosis: (Part 2)**

In the last issue of *COPING*, we talked about planning your garden. This time we have some practical tips, adapted from England's National Osteoporosis Society newsletter.

**A reminder:** Be positive. Think about how you work in your garden. Acknowledge that you may have to take a different approach to your gardening. And don't forget to get help when you need it.

## **Getting the dirt on gardening:**

- Reduce unnecessary tasks. Leave light leaf litter or lawn clippings on the garden. Use grass clippings or bark as mulch to cut back on weeding. Read up on deep bed/no dig methods for growing vegetables.
- Take care with your posture. Try to keep your back straight. A low padded kneeling stool, especially with side handles to help you push up may be useful. Try warm-up exercises before you start, and continue with appropriate exercises to improve fitness and lessen pain.
- Lift safely by planning your lift. Bend your knees and keep your back straight. Use the correct equipment, e.g. wheelbarrows or dollies.
- Reduce unnecessary lifting. For example, have water taps in different parts of the garden to lessen the need to carry water. Put a bucket into a child's wagon, pull it over to the tap to fill and then pull it to the spot in the garden where you want it. Try a long handled, lightweight watering can. You can use a hose with an appropriate nozzle to direct water without bending. Invest in a self-watering system if you can afford it.
- Put tools down carefully to prevent accidents.
- Wear supportive footwear. Strong toe-capped shoes may prevent damage if you drop something.

- If you use a walker, attaching a basket will leave your hands free.
- Wooden rails can help if levels change in the garden. Slopes or ramps may be better than uneven steps.
- Regular exercise is the key to maintaining balance and co-ordination but hip protectors could give added padding in case you fall.

### Take it up

Apart from being an enjoyable activity, gardening has benefits for you:

- Building confidence is important after a fall or fracture. Gardening can be an incentive to increase mobility.
- For some, gardening is a more rewarding activity than other forms of exercise.
- Fresh wholesome food can be grown cheaply and think of all those interesting, calcium-rich, dark green leafed vegetables you could grow, e.g. broccoli. Herbs to enhance the flavour and appearance of food can be grown easily in containers.
- Flowers can be beautiful both outside in the garden and cut for a bouquet to be brought in for enjoyment on a rainy day.
- Gardening can provide a distraction, as part of pain management, or more generally in creating a sense of well-being and looking to the future.
- Gardening can also provide some wonderful opportunities for socialization when the neighbours stop and chat.

And don't forget all that vitamin D from sunshine.

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

It is important for you to eat a **healthy diet**, get some appropriate **exercise**, take your **calcium and vitamin D** and if your doctor has prescribed a **medication** don't forget to take it as directed.

### Funny Bone:

Great Truths from Adults:

- ~ Families are like fudge -- mostly sweet, with a few nuts
- ~ After listening to a teenager, if you can remain calm, you don't have all the facts.
- ~ There's always a lot to be thankful for if you take time to look for it. For example, I am sitting here thinking how nice it is that wrinkles don't hurt.

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