

COPING

SEPTEMBER 14, 2007

Remember: You can live well with osteoporosis!

Two-day per month osteoporosis drug approved for Canadians

Health Canada recently approved risedronate (Actonel®) 75 mg, a monthly two-day dosing regimen for the treatment of postmenopausal osteoporosis for use in Canada. Patients take one 75 mg tablet on two consecutive days each month. This means a less frequent oral dosing option will be available to Canadian osteoporosis patients by the end of September. Such therapies have, until now, been available only in other countries. The cost per month is comparable to a month's supply of risedronate (Actonel®) 35 mg weekly dosage.

"Patients have been asking me for some time about a monthly dosing regimen," says Dr. Alexandra Papaioannou, Chair of Osteoporosis Canada's Scientific Advisory Council and Professor of Medicine, McMaster University. "Until now, Canadian osteoporosis patients have had to take their osteoporosis medications weekly or even daily. This new dosing regimen may offer patients a convenient way to treat their osteoporosis and prevent fractures. Risedronate 75 mg may be appealing to newly diagnosed osteoporosis patients at risk for fracture or those currently on daily or weekly osteoporosis treatment regimens."

Risedronate 75 mg builds upon the proven vertebral and nonvertebral fracture protection of risedronate for the treatment of postmenopausal osteoporosis and has an overall safety profile similar to risedronate 5 mg daily. Risedronate has been shown to reduce the risk of vertebral and nonvertebral fractures including those at the hip, and has been shown to reduce the risk of fractures as early as six months. Early fracture protection means fewer patients will suffer the potentially devastating effects of a fracture.

"This new dosing regimen is a great option for people with osteoporosis," says osteoporosis patient Anne Wolf. "I don't like to take medication more often than I have to, so to only have to take one pill two consecutive days a month, while still protecting myself from fractures, is very appealing."

"The approval of a new dosing regimen is welcome news for the millions of Canadians who have osteoporosis," says Julie Foley, President and CEO, Osteoporosis Canada. "Osteoporosis is a debilitating disease that can take a huge toll on those who suffer from it, their families, and our healthcare system. It's vital that a range of treatment and dosing options is available so patients can discuss with their physician the option that best suits them."

With this recent approval, risedronate will be available in multiple dosing options (5 mg daily, 35 mg once-a-week, and 75 mg monthly two-day dosing regimen), which allows physicians to help patients choose the option that best meets their unique needs and lifestyle.

Caution: This is a different pill than you are taking at the moment and you will need to discuss it with your doctor to see if it is a good option for you. DO NOT CHANGE THE WAY YOU ARE TAKING YOUR CURRENT ACTONEL.

Related links:

- [Which osteoporosis medications are covered in your province?](#)
- ["Ontarians gain increased access to treatment"](#) - news story (January, 2007) about Actonel® and the Ontario Drug Benefit Formulary

Funny Bone:

Old age, to the pessimist is 'winter'; to the optimist it is 'harvest time'.

-

-
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 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 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

SEPTEMBER 28, 2007

Physical Activity! Last month you read about a study that showed that "senior citizens improve strength, rejuvenate muscle, reverse aging with exercise". The study demonstrated that after training the strength of the older adults improved about 50%. That is very impressive!!! So how do those of us living with osteoporosis exercise safely?

Osteoporosis Canada has some good resources to help you. Check the OC website at www.osteoporosis.ca, go to the tab for Programs and Resources, and then follow the link to Publications. You can also phone 1-800-463-6842.

Physical activity plays an important role in the prevention and treatment of osteoporosis.

The benefits include:

- ~ better balance
- ~ stronger bones and muscles to reduce your risk of injury
- ~ straighter posture to reduce pain and stress on bones
- ~ less pain and more energy
- ~ social benefits (making new friends)

Your exercise program should include:

A. **Weight Bearing Exercises** – This means you must be on your feet. The impact as you step sends new bone to where it is needed to strengthen your bones.

- Walking 4 hours or more per week reduces your risk of having a hip fracture.
- Examples of weight bearing exercises are walking, dancing and stair climbing.
- Start these activities gradually and build up to your goal.

Goal: 4 hours weekly or 40 minutes daily weight bearing activity.

B. **Strength training** – You become stronger by working your muscles until they get tired. Strong muscles help you keep good posture and reduce the chance of injury.

- To build strength, work each large muscle group 3 times a week.
- Use weights, elastic tubing or swim.
- Avoid twisting your back, slouching and lifting weights above your shoulders.
- Aim for 10 to 15 repetitions with light weights.
- Good posture is important when lifting weights.

Goal: 3 sessions of strength training per week.

C. **Aerobic exercise** – Keeping your heart and lungs in good shape keeps you on your feet.

- To increase your fitness raise your heart rate for 20 minutes, 3 times a week.
- Try the talk test (it is easier than taking your pulse). If you can talk with ease – you aren't working hard enough.

- Some aerobic exercises are walking, swimming, and biking. Some of these also double as weight bearing exercise.

Goal: 3 sessions of aerobic exercise for at least 20 minutes per week.

D. **Balance exercise** – If you prevent the fall, you prevent the fracture.

- We fall more as we get older because we don't challenge our balance.
- Try this test. Stand on one foot, without holding on, next to a countertop. How long before you lose your balance? If it was easy try it with your eyes closed.
- If you work on this every day for a few weeks you will see a difference.

Goal: to be able to stand on one leg for 15 seconds without holding on.

E. **Posture training** – Good posture protects your back from vertebral compression fractures and lessens muscle and joint pain. But ... it can be hard work.

- You need to make a consistent effort through the day to maintain good posture in every position and every activity.
- Remember to keep your back straight, tummy in, shoulders back and chin in.
- Use pillows for support when you sit or lie down.
- A good exercise is to stand with your back against the wall and try to straighten yourself up. Now step away from the wall and try to maintain this position.
- You can become taller and your waist thinner if you stand straighter.

Goal: Remembering to maintain good posture in all that you do.

CAUTION: Anyone at high risk of fracture should be careful when moving and may need to avoid some activities.

No pelvic tilt – keep your back straight at all times

No bending – this puts stress on your back

No twisting – this puts stress on parts of the bone.

No overhead lifting – this loads too much weight on the spine.

Thanks to the Dartmouth Osteoporosis Multidisciplinary Education Program for the right to use this material from their booklet 'Bone Up on Osteoporosis'.

That's enough for today! Next issue will talk about safe movement to help us get into the habit of moving safely to protect our spines. In the meantime, if your doctor has put you on a medication, don't forget to take it!

Special Note: Last issue talked about the new dosage for risedronate (Actonel®) 75 mg. As this has just been approved by Health Canada, it is not yet covered on the provincial drug plans. Your doctor and/or pharmacist will know when your provincial government has decided to include it in the pharmacare coverage they provide.

Funny Bone:

Overheard on the golf course: "How do you like that. I come out here for exercise and instead I get a hole in one!"

Coping will come to you every second Friday. We hope you enjoy it and find the information useful.

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.