



Osteoporosis Canada

Ostéoporose Canada

COPING
The E-newsletter of the
Canadian Osteoporosis Patient Network (COPN)
March 2006

COPN – Dedicated to representing people with osteoporosis on all issues related to the disease.

Please Give us Your Feedback

The first issue of *COPING* (we didn't have a name then) was published in November 2004. With your support, we have grown tremendously in the months since then. Our subscribers have more than tripled, and the list continues to grow every month. Thank you all very much.

We want to be sure we are meeting your needs. Please drop us an email copn@osteoporosis.ca or phone toll-free 1-800-463-6842 (416-696-2663 in Toronto), ext. 229, and give us your answers to the following:

1. Have you enjoyed receiving the newsletter?
2. What have you enjoyed the most?
3. What have you liked the least?
4. What areas of interest to people with osteoporosis would you like us to add to the newsletter?
5. Any other comments?

We look forward to hearing from you.

The Common Drug Review – Erratum

In the article on the Common Drug Review in the January 2006 issue, we made an unfortunate error. The correct name and acronym for the body that houses and supports the Common Drug Review is CCOHTA – Canadian Coordinating Office for Health Technology Assessment. We apologize for the misinformation.

COPN At Work – Knowledge Exchange Task Force

One of the ways in which COPN represents the perspective of people with osteoporosis is to participate in committees such as the Knowledge Exchange Task Force, whose main function is to help with knowledge translation (to make research results accessible to the lay person) and dissemination. Ina Ilse attended a meeting last fall on behalf of COPN; this is her report.

Knowledge Exchange Task Force members are individuals who represent various organizations involved with musculoskeletal diseases such as (to name a few) lupus, arthritis, skin disorders, osteoporosis, muscular dystrophy and oral health. The Task Force's main function is to help with knowledge translation and dissemination. Researchers are continuously working to find means for either curing or minimizing the impact of diseases. However, academics are used to scientific terminology, which is not well understood by the general public. So, the Knowledge Exchange Task Force members were chosen to undertake the daunting task of finding a means whereby the gap between the knowledge gained and the knowledge distributed to the public can be overcome.

The meeting in November 2005 was the task force's third and was held to:

- Develop an understanding of the value of the research presented
- Support a meaningful two-way exchange between researchers and Task Force members
- Develop opportunities to promote and activate new knowledge, findings and outcomes of current research with peers, organizations and the community
- Build on the strength of existing knowledge and training, incorporating the vision of the Institute of Musculoskeletal Health and Arthritis (IMHA), in particular its research priorities
- Create a working partnership based on understanding, respect and a shared commitment to research to improve the well-being of all Canadians
- Assume the role of research partner as an effective participant in the process of knowledge exchange.

To achieve the goal of sustained health and an enhancement of quality of life by eradicating the pain, suffering and disability caused by these conditions, IMHA has identified three strategic priorities: Physical Activity, Mobility and Health; Tissue Injury, Repair and Replacement; and Pain, Disability and Chronic Disease. These priorities currently guide its initiatives.

I found this meeting to be very productive. The members of the Task Force now understood what was expected of them and everyone seemed more at ease with the proceedings and with each other. There were many others attending the meeting as invited participants from the various organizations. These included Osteoporosis Canada's President and CEO Karen Ormerod and Jacqui Wigginton, Chair of Osteoporosis Canada's Board of Directors.

The consensus was that with so many organizations represented, well-versed participants would be able to spread the word that one can have a better quality of life, even when one is plagued with pain. Research has proven that, when one decides that pain is not going to dominate, life can be better.

Walking Tall: A Trend-Spotter Looks at Osteoporosis

Shirley Roberts is a Canadian trend-spotter and the author of *Harness the Future: The Nine Keys to Emerging Consumer Behaviour*. She wrote the article "Walking Tall" because she is very concerned that lifestyle trends will increase the incidence of osteoporosis.

Walking tall is a blessing that I used to take for granted, until I saw my future flash before me through my mother's unfortunate experience. I have discovered that many other Canadians will also face a painful and restrictive life as they get older. Lifestyle trends are putting more people at risk of losing their ability to walk tall, or even to walk at all.

My mother, Doris Roberts, stopped walking tall in her early 70s as her spine slowly formed the letter C, a sign that osteoporosis had taken hold. Bone density tests confirmed the prognosis, but too late for hormone replacement therapy or other medications to have much therapeutic benefit. A broken wrist and cracked ribs, while very painful, were minor inconveniences compared to what lay ahead. By age 80 she walked with a cane and soon thereafter a walker helped her get around. Two days before Christmas 2003, at the age of 85, my mother's thin brittle bones would support her tiny 5-foot frame no longer. She broke her left leg close to the hip and has never walked again. Narcotic painkillers, needed to dull the pain of bones that would not heal, put her in a catatonic state twice and quickened the advancement of dementia.

My mother now lives in the Alzheimer's unit of a long-term care facility, with legs that are permanently bent at the knees — a common problem I am told caused by spending so much time

in a wheelchair. I have learned, with horror, what it means to be totally disabled. The humiliation of needing assistance with bathing, getting dressed, going to the washroom and having to be turned in bed frequently to avoid painful bedsores is unimaginable by most people. This is not the “golden years” any of us would envision for ourselves. It is not the future my 48-year-old cousin imagined for herself either. She recently suffered a painful spinal fracture and has been diagnosed with osteopenia, the precursor to osteoporosis. The good news, however, is that this type of suffering is avoidable. Osteoporosis may be preventable with lifestyle changes, and it is treatable.

Our body reaches its peak bone mass at a very young age – about 16 for girls and 20 for young men. Young people who have a calcium or vitamin D deficiency are unlikely to reach their optimum bone mass and are therefore more prone to developing osteoporosis. When the calcium level in blood gets too low, our body steals it from our bones. Our bodies can only get calcium by ingesting it. It works like RRSP contributions. If you make regular contributions of calcium and vitamin D to your “bone bank” when you are young, your bones are more likely to be strong enough to support your body when you get older.

By our mid 30s, men and women alike slowly begin to lose more bone than we gain and this happens for the rest of our lives. Our ability to absorb calcium also declines as we age so we need to make higher contributions to our bone bank. Women lose about 1% of their bone mass per year, but in the first five years following menopause they can lose as much as 3 - 5% per year, because of the drop in estrogen. This puts them at much greater risk of developing osteoporosis.

Today, more than 1.4 million Canadians have osteoporosis, an incidence of one in four women and at least one in eight men over the age of 50. The prevalence of osteoporosis will increase as the population ages, especially among women who are less likely to be taking estrogen to protect against rapid bone loss after menopause. Bone health will also erode because Canadians are cutting back on calcium-rich foods, concerned about fat content, as they try to lose weight. The following lifestyle trends are also eroding Canadians’ bone health and will contribute to an increasing incidence of osteoporosis.

Canadians are eating too much salt. Well-salted French fries and potato chips are long-standing favourites of many Canadians. As well, we are increasingly looking for the convenience of fast foods, processed foods and canned foods that are often heavily laden with salt. Leslie Beck, a Toronto-based dietitian who frequently appears on CTV’s Canada AM, says Canadians are at the upper limit of what experts advise — 2,300 mg, about one teaspoon per day, and yet our bodies only need 1,300 mg per day. Intake of more than 3,000 mg of salt a day increases urinary loss of calcium, which increases the risk of bone loss.

Canadians are increasing their caffeine consumption. They have a growing love affair with hot caffeinated beverages, as evidenced by the growing success of coffee shops. According to Statistics Canada, per capita consumption of coffee increased by 6% over the past decade to 94 litres in 2004, from 88 litres in 1994. Over the same time period, per capita consumption of tea increased a significant 34% to 66 litres.

Caffeine is a diuretic to the kidneys so it increases the amount of calcium excreted in urine. Our bodies lose between 100 and 250 mg of calcium every day in urine so any substance that increases calcium loss, which caffeine does, leads to increased calcium deficiency. Osteoporosis Canada defines excessive caffeine consumption as more than 4 cups of coffee, tea or cola drinks a day.

Soft drinks are increasingly consumed rather than milk. Soft drink consumption has grown at the expense of calcium-rich milk over the past two decades, as reported by Statistics Canada.

<u>Per Capita Consumption (Litres)</u>	<u>1984</u>	<u>1994</u>	<u>2004</u>
Soft Drinks	65	97	98
Fluid Milk	74	67	63

Colas are particularly bad for our bones because they contain caffeine.

Canadians aren't getting enough vitamin D. A 2004 Canadian study indicates that 55% of postmenopausal women are deficient in vitamin D. The vitamin is necessary for normal bone formation and for osteoporosis drugs to be effective. According to Dr. Khan, a member of the Scientific Advisory Council of Osteoporosis Canada, "If you don't have enough vitamin D you won't be able to absorb calcium and you won't be able to mineralize bone." Fifteen minutes a day of summer sun can produce the vitamin D one needs, but the use of sunscreen may interfere with vitamin D production. In the winter months, in the northern latitudes, vitamin D is not produced, and so Canadians need to look to diet and supplements for the vitamin D they need.

Canadians are leading increasingly sedentary lives. Our work is automated; our leisure activities, such as watching TV, playing video games and using computers, are effortless; and cars are our principal mode of transportation. Modern conveniences such as dishwashers, escalators and elevators have also contributed to our inactivity.

Most Canadians are not getting enough exercise, as evidenced by their expanding waistlines. Half of Canadians aged 20+ are considered inactive, 24% moderately active and only 20% are active, according to the 2000/1 Canadian Community Health Survey. Inactivity in the study was the equivalent of walking less than 30 minutes a day. This includes any activity that is not sleeping or sitting. Half of teenagers were deemed sedentary as well, walking less than the equivalent of an hour a day. A 2003 Ipsos-Reid poll found similar results — half of Canadians walk less than 15 – 20 minutes a day.

Inactivity causes bones to become less dense and more brittle, so by leading a sedentary life, Canadians are increasing their risk of developing osteoporosis. A U.S. study found that when a patient wears a wrist cast for as little as three weeks, 6% of bone in that area is lost. If a healthy person is confined to bed rest for an extended period of time, they will develop osteopenia. Stressing bones actually strengthens them. That is why weight-bearing exercises, such as walking, and muscle-building resistance exercises are recommended to osteoporosis patients.

The following nine action steps will help you keep your bones healthy:

1. Get Osteoporosis Canada's recommended amounts of calcium and vitamin D each day.

Osteoporosis Canada has a calcium calculator on their Web site at www.osteoporosis.ca that can help you determine how much calcium you are currently getting.

2. Limit salt consumption to one teaspoon a day from all food sources. To accomplish this, eat more fresh foods and less processed and fast food. As well, look for sodium levels on package ingredient statements to help you choose foods with lower salt levels.
3. Limit consumption of caffeine drinks to 4 cups (5-ounce cups, not 10-ounce mugs) a day, or switch to decaffeinated varieties.

4. Reduce or even eliminate consumption of soft drinks, especially those that contain caffeine.
5. Be physically active every day, with a priority on weight-bearing and strength-training exercises. Health Canada's Physical Activity Guide provides practical and easy-to-follow advice to improve your endurance, flexibility, strength and balance. You can order a free copy at www.healthcanada.ca/paguide or call 1-888-334-9769.
6. Limit alcohol consumption to 2 – 3 drinks a week.
7. If you smoke, quit.
8. Ask your doctor for a bone mineral density test to determine whether you have osteoporosis. If you do, your doctor may recommend a medication to increase bone density and reduce the risk of a fracture.
9. Fall-proof your home to minimize the risk of falling. For example, mats without rubber backing should be removed.

Reader Comments

We are always delighted to receive reader comments, but especially so when they indicate that readers benefit from the personal stories. A reader from the west coast writes: "Reading Pam Erickson's background diagnosis (November 2005 issue) certainly rang true with me....the constant leg pain and loss of sleep mentioned by Pam has been my experience for the last two years....I have recently started to sleep with a pillow between my knees. Thank you for that advice."

Tell Us Your Story of Living with Osteoporosis, Stories that Might Help Others

Here are some topics that you may wish to consider. Email us at copn@osteoporosis.ca. Please note that stories you submit may be published in subsequent newsletters or on the COPN web site.

- How you have managed to increase your bone mineral density.
- How you are working (or not) with weight-bearing exercises.
- How you are managing to get enough calcium, especially if you are intolerant to dairy products.
- How you deal with the pain of osteoporotic fractures.
- What are your family's experiences with osteoporosis; how are you managing? How has your family been affected by osteoporosis?
- How are you helping your children to be aware of the osteoporosis in your family?
- Your struggle to be diagnosed with osteoporosis.
- Your surprise at the diagnosis of osteoporosis/osteopenia: what was your immediate reaction?
- Did you have problems getting an effective osteoporosis drug? What happened?
- Being a caregiver to someone with osteoporosis.
- Any other aspect of being a person with osteoporosis – tell us your story.

Funny Bone

In honour of St. Patrick's Day, here are a few Irish jokes (with apologies...) to tickle your funny bone:

♣Definition of an Irish husband: He hasn't kissed his wife for 20 years but will kill any man who does.♣

♣Murphy told Quinn that his wife was driving him to drink. Quinn thinks he's very lucky because his own wife makes him walk.♣

♣Reilly went to trial for armed robbery. The jury foreman came out and announced, "Not guilty." "That's grand!" shouted Reilly. "Does that mean I can keep the money?"♣

♣Irish lass customer: Could I be trying on that dress in the window?
Shopkeeper: I'd prefer you use the dressing room.♣

♣Question: Why are Irish jokes so simple?
Answer: So the English can understand them.♣

What's Happening in Your Area?

Would you like to be the eyes and ears of COPN in your region? COPN wants to know what is going on in your area that would be of interest to people living with osteoporosis in other parts of Canada. Gather the information and e-mail us at copn@osteoporosis.ca with your report.

Volunteer with COPN

Is your life in any way affected by osteoporosis?

Are you interested in representing people with osteoporosis?

COPN is a virtual network of people whose mandate is to provide the patient perspective wherever possible. We are a dynamic, growing network and we have many opportunities for you to join us:

- Steering committee members to provide leadership
- Publicists to spread the word
- Writers/editors to help put out the e-newsletter *COPING* and provide content for our web pages

Join our team. E-mail us at copn@osteoporosis.ca.

Newsletter disclaimer: We invite you to contribute to this newsletter. Selection of material is at the discretion of the editor. Individuals contributing material are solely responsible for the content, accuracy and originality of the material. To contribute to the next edition of the COPN newsletter, contact us at copn@osteoporosis.ca. Any information contained in *COPING* is not intended to replace medical advice. Readers are advised to discuss their individual circumstances with their physician.