COPING
'A newsletter from COPN'
February 4, 2011
Remember: You can live well with osteoporosis!

The New Guidelines Virtual Forum
Question & Answer Part 2

This is Part 2 containing the remaining questions asked by participants from the New Guidelines Virtual Forum and the answers given by our specialists, Dr. Bill Leslie and Dr. Alexandra Papaioannou. The virtual education forum is available for viewing on www.osteoporosis.ca. Click on "COPN Patient Network" on the left hand side, and then click on "Virtual Forum" for more information. If you have any questions, please email cPatientNetwork@osteoporosis.ca or call 1-800-463-6842 ext. 224.

7. **Does a lumbar vertebral fracture show up on a BMD or is another x-ray recommended to pick this up?**

   Most lumbar spine fractures are not detected by a BMD test even when this examines the lumbar spine. Occasionally, severe fractures can be suspected on the scan but these need X-ray confirmation. Vertebral fracture assessment (VFA) can be done with some BMD scanners and is a relatively new technique for imaging the thoracic and lumbar spine to identify fractures. The 2010 Osteoporosis Canada Guidelines make recommendations on the role of VFA in fracture risk assessment and patient management. An X-ray of the thoracic (mid-back) and lumbar spine (low-back) is recommended if there has been a measured height loss greater than 2 cm as this may be due to a spine fracture.

8. **Many older people are still on Didrocal®. Is that medication considered to be of benefit? Why, in the list of drugs, is Didrocal® never included? Is it because it isn't very effective?**

The 2010 Osteoporosis Canada Guidelines still include Didrocal® (etidronate) which is still available. Many patients have been successfully treated with this medication and continue to tolerate it quite well. However it has not been shown to prevent hip fractures. It is considered a second line agent as there are newer agents that have stronger evidence of fracture prevention. Etidronate can be considered for prevention of vertebral fractures in menopausal women and long term glucocorticoid users intolerant of first line therapies.

9. Do the additional factors that warrant consideration for therapy in patients at moderate risk for fracture make these patients at high risk for fracture?

The additional factors that warrant consideration for therapy in patients at moderate risk helps to identify those in whom treatment may be warranted. These individuals are at higher risk than those without additional risk factors. Some (but not all) of these individuals would fall in the high risk range (>20% 10-year fracture risk).

10. Is it helpful to have a follow up BMD test to monitor effectiveness of treatment or is the test's value limited to helping assess osteoporosis risk and diagnosis?

The 2010 Osteoporosis Canada Guidelines provide information in terms of BMD monitoring. This remains an area of controversy as no randomized trials have directly assessed the value of repeat BMD testing on persistence with treatment or reduction of fractures. If performed, repeat measurement of BMD should initially be performed after 1 to 3 years; the retesting interval can be increased once therapy is shown to be effective. If BMD has improved or remains unchanged, the patient is considered to have had a good response to therapy.

11. If I tripped and fell and had a hair-line fracture in my 5th metatarsal of my foot, it is not due to osteoporosis?

Fractures of the head/face, hands, ankles and feet are not usually related to osteoporosis. This would include fractures of the metatarsals. These types of fractures are not included as fragility fractures in the 2010 Osteoporosis Canada Guidelines.

12. Does osteoporosis or the pharmacological treatment of osteoporosis affect the healing potential of bone following a fracture?

There is no evidence that current medications approved for treatment of osteoporosis adversely affect bone healing after a fracture or surgery. There has been a large clinical trial after recent hip fracture that showed pharmacologic therapy not only reduced future fractures but also mortality.

13. Why is smoking considered an increased risk factor for osteoporosis?

Smoking increases the risk for osteoporosis and fracture through a number of mechanisms, and is therefore considered "multifactorial". In part, these effects are through a reduction in body weight (smokers tend to be thinner) and reduced physical activity. Smoking may also further reduce the low levels of circulating estrogen in postmenopausal women. Smokers with lung disease may also be treated with intermittent glucocorticoids and these drugs increase the risk of osteoporotic fractures.

14. I have read that the most cost effective drugs to lower fracture risk are thiazide diuretics. Please comment.

There is some evidence that thiazide diuretics reduce calcium loss from the kidneys, which may be beneficial in terms of preserving BMD and reducing fracture risk. These medications have not been tested in randomized clinical trials for osteoporosis and fracture reduction, and therefore cannot be recommended as a treatment for osteoporosis.

15. Which is better for managing my pain, ibuprofen or aspirin? I have broken both ankles, a wrist and a leg in three places. I am 53 years old and do not have high blood pressure.

Over the counter pain medications (Aspirin® or ASA, ibuprophen or Advil®, Tylenol® or acetaminophen, etc) are equally effective for managing the pain of a fracture. However, stomach problems, such as gastritis, peptic ulcer disease, and even gastric bleeding, are the major side effects of anti-inflammatories (Aspirin®, ASA, ibuprophen, Advil® etc.) whereas acetaminophen or Tylenol® do not usually cause these side effects. Even so, some individuals may find that they tolerate one of these types of drugs better than another.

Save the Date – Wednesday, March 23, 2011, 2:30 p.m. to 4:00 p.m. ET

Join us and register for our upcoming virtual education forum on Nutrition and Osteoporosis titled *Bone Healthy Nutrition: Calcium, Vitamin D, and so much more.* Open registration starts on March 4, 2011. The forum will be led by Dr. Susan Whiting. Visit our website for more information www.osteoporosis.ca

The Canadian Pain Coalition (CPC)

One of the more frequent questions raised by COPN members is “How can I better cope with the pain?” The Canadian Pain Coalition (CPC), a partnership of patient pain groups, health professionals, and scientists, is dedicated to finding answers to those questions. To help in that work, the CPC is conducting a survey on the pain experience of Canadians. Your participation in this survey as a person with pain, or someone who cares for a person living in pain, provides you with an opportunity to help improve the overall understanding of how pain affects a person’s life and that of their caregiver.

Please take a few moments to participate in this important survey and to find out more about the many services offered by the CPC by visiting the Pain Resource Centre at http://www.canadianpaincoalition.ca/.

Funny bone – My dog is so obedient. He does what he is bid. The park bench said “Wet Paint”. And that’s exactly what he did!

Notices/references

i. 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, remember to take it as directed.

ii. COPING Weekly will come to you every second Friday. We hope you enjoy it and find the information useful. Remember to log on to www.osteoporosis.ca for up-to-date information.

iii. 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 healthcare-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.

iv. To have your name removed from the COPN mailing list please contact us at the email below.
You must provide the first and last name for which you registered in order to be removed from this list.
<cPatientNetwork@osteoporosis.ca>

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