



COPING

'A newsletter from COPN'

January 21, 2011

Remember: You can live well with osteoporosis!

What is a Virtual Education Forum?

A virtual education forum is essentially an informative presentation broadcast over the internet: an interactive web cast. Virtual forums allow people across Canada online access to professionally led educational presentations about how to live well with osteoporosis.

Our virtual educational forums are geared toward the needs and interests of people living with osteoporosis. Each virtual forum is dedicated to addressing topics that COPN members have expressed interest in.

The New Guidelines Virtual Forum

Question & Answer Part 1

Osteoporosis Canada released its 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada. On Wednesday, December 1, 2010, COPN hosted its sixth virtual education forum. Dr. Bill Leslie and Dr. Alexandra Papaioannou presented on these new osteoporosis guidelines and offered valuable information about improving care for people living with osteoporosis. The next issues of COPING will contain the questions asked by participants of the virtual forum and the answers given by our specialists. Although many of you did not participate in the Virtual Forum, *New Osteoporosis Guidelines: What you and your health provider need to know*, the forum is still 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.

- 1. I'm 55 years old. I've been taking Fosavance® (70mg alendronate with 5600 IU vitamin D once per week) for the past 2 years. Before that I was taking Actonel® (risedronate 35 mg/week) for about 5 years. I was told by the doctor that I also should take calcium. My calcium supplement gives me about 650 mg of calcium along with other microelements.**

Question: Why should I take calcium if I am taking a bone building drug like Fosavance®?

In order for medications like bisphosphonates (e.g. Fosavance®) to increase bone density and reduce fractures, individuals still need to have adequate calcium and vitamin D from diet and supplements. All of the studies that have shown benefit of drug therapy for osteoporosis have included calcium and vitamin D supplements. It is important to know whether your supplement contains 650 mg of elemental calcium or 650 mg of the calcium salt (e.g., if your supplement says that it is calcium carbonate 650 mg, then it contains only 250 mg of elemental calcium). The recommended calcium intake is for elemental calcium from all sources (diet and supplements combined) and should be 1200 mg per day after age 50. If your diet and supplement do not provide this total daily dose then you may wish to increase your intake. There is no evidence that taking more than 1200 mg of elemental calcium offers any additional health advantages or any advantage to the bones. In addition, taking excessive calcium can pose some medical risks.

- 2. Is there an easy and inexpensive test to measure absorption of vitamin D?**

Inability to absorb vitamin D is uncommon, and is usually only an issue in individuals with conditions known to interfere with digestion and absorption (bowel resection, gastrectomy, celiac disease, Crohn's disease, pancreatic disease, biliary disease and other diseases of malabsorption). In the absence of these conditions, it can be assumed that an individual will absorb vitamin D normally. Osteoporosis Canada does not recommend routine vitamin D testing. Our new Guidelines recommend that those who require osteoporosis medications and/or who have medical conditions that can interfere with vitamin D absorption should have a vitamin D level done.

- 3. If a person has had a bone mineral density test within the past year or two, would you suggest her physician review the risk factors based on the new system to evaluate the need for medication? Do physicians at this point have access to the FRAX calculator? How recent does the BMD test have to be to properly use the FRAX tool?**

The FRAX calculator, which is the World Health Organization's (WHO) fracture risk assessment tool, is available online (www.shef.ac.uk/FRAX) and is also available as an iPhone application and on some BMD machines. The CAROC

system, a simplified version of FRAX from Osteoporosis Canada, was published in the Canadian Medical Association Journal (which most physicians are subscribed to) and does not require computer based calculations. There will be available on the Osteoporosis Canada website an APP for CAROC in the future. Either of these tools (CAROC or FRAX) could be used to assess 10-year fracture risk for individuals that have had previous BMD testing. The risk assessment is most accurate when the BMD test is recent (within the last 3 years) and becomes less useful over time as BMD may have changed. It is also important to be aware that the risk calculation does not apply to individuals receiving drug therapy for osteoporosis since it will overestimate fracture risk in individuals already on treatment.

4. Why is only the BMD from the femoral neck used in risk calculation, and not the BMD from the spine?

The World Health Organization (WHO) selected the femoral neck as the reference site for osteoporosis diagnosis and fracture risk assessment based upon the large number of studies that have collected data on the femoral neck. In addition, this is the best site for prediction of hip fracture risk, which is the fracture site responsible for the greatest cost, human suffering and death. The Osteoporosis Canada Guidelines note that when the risk assessment is in the moderate range based upon the femoral neck (10-20% fracture risk over ten years) then the lumbar spine may be helpful in deciding which individuals require treatment. Specifically, if the lumbar spine measurement is much lower than the femoral neck measurement in a moderate risk patient, then treatment would be reasonable. There is ongoing research from the WHO on how best to include the lumbar spine measurement in fracture risk assessment, and this will likely be incorporated in future versions of FRAX.

5. Could you define hip BMD? Is it total hip or femoral neck bone density?

The WHO FRAX system and CAROC systems as used in the 2010 Osteoporosis Canada Guidelines are based upon the femoral neck bone density measurement.

6. Did you consider eating disorders as a risk factor?

Although eating disorders are not specifically listed as a risk factor in the 2010 Osteoporosis Canada Guidelines, these often produce menstrual irregularities (hypogonadism) in younger women and low body weight in older women. The Guidelines include both of these as indications for BMD testing (hypogonadism prior to age 50; in those over age 50, body weight less than 60 kg; or major weight loss that is greater than 10 % of your weight at age 25).

“Crustless Country Quiche”

A Recipe from our Sponsor, Dairy Farmers of Canada

Course Main Dishes

Prep. Time 10 mins

Cooking Time 25 mins

Yields 6 to 8 servings

What you need:

2 tbsp (30 mL) dry bread-crumbs

2 cups (500 mL) diced cooked ham, chicken or turkey

1-1/2 cups (375 mL) chopped cooked vegetables

1/2 cup (125 mL) chopped green onions

1-1/2 cups (375 mL) shredded **Canadian Cheddar** or **Canadian Swiss cheese**

5 eggs

2 cups (500 mL) **milk**

1/2 tsp (2 mL) salt

Cayenne pepper, to taste

Instructions:

Preheat oven to 350 °F (180 °C).

Sprinkle bread-crumbs over the bottom of a well-buttered 13 x 9 inch (33 x 23 cm) baking dish. Scatter ham, cooked vegetables, green onions and **Canadian Cheddar cheese** in pan.

In bowl, beat together eggs, **milk**, salt and cayenne pepper just until blended. Pour over ham mixture.

Bake for 25 minutes or until egg mixture is just set. Do not over-bake. Remove from oven and let stand for 5 minutes.

To serve, cut into rectangles.

For nutritional information and the latest tips please visit:

<http://www.dairygoodness.ca/recipes/crustless-country-quiche>

Funny bone – I've learned....That life is like a roll of toilet paper. The closer it gets to the end, the faster it goes.

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>](mailto:cPatientNetwork@osteoporosis.ca)

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