



COPING

'A newsletter from COPN'

November 26, 2010

Remember: You can live well with osteoporosis!

If you have received this newsletter from the Canadian Osteoporosis Patient Network
(COPN)

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Thought for Today – “Knowledge is power.” – Frances Bacon

BETTER FRACTURE RISK ASSESSMENT TOOLS MEAN BETTER CARE

This is the fourth in the series of COPING newsletters dedicated to the new 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis. If you have misplaced your copy of the previous newsletters on the Guidelines, more copies are available on the COPN web-page at www.osteoporosis.ca.

Canada's new fracture risk assessment tools (FRAX and CAROC) have very significantly **improved** our ability to predict who is at risk of fracture and who is unlikely to break a bone over the next 10 years. This represents a huge advance in osteoporosis care.

Some individuals may find that when his or her doctor is no longer relying on the results of the bone mineral density test alone, and is now using the FRAX or CAROC tools to assess their risk of fracture, their fracture risk changes – up or down. As a result, some of you may be surprised to learn that you no longer need to take your osteoporosis medication, and others may be surprised to learn that you need to start taking one. Whatever the result, you should feel confident that the new diagnosis and management is based on the best science available today.

Now, let's try to explain some of the science by considering what new things we have learned about bone density measurements in different locations of the body. It used to be thought that a low bone density anywhere was a bad sign (and it still is to a certain extent). However, now we know that the hip bone density is by far the most important in predicting future fractures. The spine bone density still plays a role, but not as big a role as the hip.

This means that those who have their lowest bone density readings in the hip will not see much change in their new fracture risk. On the other hand, those who have their lowest bone density readings in the spine may see an actual improvement in their new calculated fracture risk and some of these individuals may need to stop their osteoporosis medication.

As another example, some people who previously might have been thought to be at only moderate risk of fractures may now be considered to be at high risk because they have very important risk factors. These individuals will need to immediately begin treatment if they are not already taking treatment for osteoporosis.

Whatever your new fracture risk is, as determined by these new tools, you can be confident that both your assessment and your treatment are based on the very best science available today.

YOUR FRACTURE RISK ASSESSMENT IS ONLY AS GOOD AS THE INFORMATION YOU PROVIDE

Osteoporosis is a silent disease. It causes no symptoms until it causes a fracture. Obviously, we want to diagnose osteoporosis before that first fracture occurs. So, what can be done?

It all boils down to doing appropriate osteoporosis screening when the time is right. This starts by seeing your family doctor for routine osteoporosis screening when you turn 50. What can you expect?

Your family doctor or nurse practitioner may ask you a number of questions including:

- Questions about your lifestyle, in particular your diet, your calcium and vitamin D intake, your physical activity, smoking and alcohol.
- Any fragility fracture that happened after age 40
- Any falls in the last year

- Whether either of your parents ever broke a hip
- If you had any weight loss or if you now weigh less than you did at age 25
- Questions about medications you have taken in the last year, particularly Prednisone or some anti-cancer drugs that can harm bones.

When they examine you, your doctor or nurse practitioner might do the following:

- Weigh you
- Measure your height each year to see if you are losing height
- Observe your movements to make sure that you have good balance and muscle strength

Not everyone will need laboratory investigations or X-rays. If you have osteoporosis, then your doctor/nurse practitioner may do a few simple blood tests to make sure there isn't a fixable cause for your osteoporosis.

Broken vertebrae (bones in the back) can happen with few or no symptoms at all. They may, however, cause a person to lose some height. If you have lost 2 cm or more within 3 years or if you are much shorter now than you were as a young adult, your primary care professional may send you for a regular back X-ray to see if there are any broken vertebrae that you were never aware of.

All of these factors, and the results of a BMD test, will be used *together* by your physician to determine your risk of fracture.

WHO NEEDS A BONE DENSITY TEST?

The 2010 Osteoporosis Canada Clinical Practice Guidelines set very clear rules as to who should have a bone density test done:

- All men and women age 65 and up should have a bone density test.
- For men and women between the ages of 50 and 65, the following should flag you for getting a bone density test:
 - You had a fragility fracture after age 40
 - An X-ray showed a broken vertebra
 - Either of your parents broke a hip
 - You were treated with Prednisone in the last year
 - You are a smoker
 - You drink an average of 3 or more drinks of alcohol per day
 - You have rheumatoid arthritis (confirmed by a doctor)
 - You are taking medications that can put you at increased risk of osteoporosis such as drugs for prostate cancer or breast cancer
 - You weigh less than 60 kg (less than 132 lbs)
 - You weigh less now than you did at age 25
 - You have a chronic medical condition that predisposes you to osteoporosis (your doctor will tell you if this is the case).
- For men and women younger than age 50:

- It is very rare that persons under age 50 would need a bone density test, but if you have had a fragility fracture or are on medications that cause harm to bones or suffer from a chronic medical condition that predisposes to osteoporosis, your doctor may recommend that a bone density test be done. Women who had an early menopause (before age 45) should also be sent for bone density testing.

TAKING CARE OF YOURSELF AND YOUR BONES

Looking after your bones is important. Don't forget to exercise regularly, to take the required amounts of vitamin D and to eat a healthy diet with an adequate amount of calcium. If you smoke or drink more than two drinks of alcohol per day on average, do not be afraid to discuss with your doctor how you can curb these habits, which are known to be harmful to bones. Your doctor cares about you and will be happy to help you.

If you need to take a prescription medication for your bones, remember that it will only work well if you take it regularly and properly. Talk to your doctor or pharmacist to make sure that you are doing so. Avoid situations that are risky for falling, such as climbing on chairs or countertops or walking on icy or wet ground. You may have a high risk for fracture, but if you don't fall, your odds of avoiding a fracture are much improved.

Finally, make sure you discuss your bone health with your family doctor or nurse practitioner annually. These are important steps to ensure that your bones remain healthy, strong and fracture-free for the rest of your life.

OSTEOPOROSIS GUIDELINES VIRTUAL FORUM

Register online TODAY! Space is limited.

**Osteoporosis Guidelines: What you and your health provider need to know
Wednesday, December 1, 2010**

1:00 p.m. to 2:00 p.m. ET (Time zones listing below)

How to register:

1. <http://www.meetview.com/oc20101201>
2. Click on "Enter Webcast Lobby" at the top of the page
3. Enter your First Name, Last Name, Email Address and Postal Code
4. Click on "Register"

Time Zones

PT: 10:00 a.m. to 11:00 a.m.

MT: 11: 00 a.m. to 12:00 p.m.

CT: 12: 00 p.m. to 1:00 p.m.

ET: 1: 00 p.m. to 2:00 p.m.

AT: 2: 00 p.m. to 3:00 p.m.

Funny bone –

Coffee, chocolate, men
Some things are just
Better rich!

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, don't forget 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. Don't forget 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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