



COPING
'A newsletter from COPN'
October 15, 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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- 1. Thought for Today**
- 2. The Launching of the 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada**
- 3. Funny Bone**
- 4. Notices/references**

Thought for Today ▪ If you hear a voice within you say "you cannot paint," then by all means paint and that voice will be silenced. ~Vincent Van Gogh

IMPROVING THE DIAGNOSIS AND MANAGEMENT OF OSTEOPOROSIS IN CANADA

It's official! Canada now has the most up-to-date and scientifically sound guidelines in the world, for the diagnosis and treatment of individuals affected by osteoporosis. This week, Osteoporosis Canada is launching the **2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada**. This is, indeed, a remarkable achievement.

It took over two years of enormous time and effort for a dedicated team of 13 Canadian scientists from Osteoporosis Canada's Scientific Advisory Council to create this *Guidelines* document – they reviewed over a thousand research papers, met numerous times and exchanged countless emails as they worked through draft, after draft of this complex project. The review of their work was just as rigorous, as more than 30 experts and stakeholders representing various professional and scientific organizations and associations studied every word before giving the *Guidelines* their final stamp of approval.

The result of all this work is a significant step forward in the diagnosis and management of osteoporosis in Canada. As patients, we can be confident that our physicians now have access to the most up-to-date information and the guidance they need to ensure that we can receive the best care possible.

This COPING issue represents the first in a series of COPING articles explaining the newly published *Guidelines*. These articles will help you better understand the many components of the new *Guidelines*, and better prepare you for discussions about osteoporosis with your own physician.

IT'S JUST A FRACTURE, SO WHY WORRY?

A “fracture” is just another way of saying a “broken bone”. Anyone can break a bone, but people with osteoporosis can break bones very easily with little or no trauma. This means that people with osteoporosis may fracture, just from doing normal day-to-day activities such as bending over, picking up a grandchild, sneezing, or a simple fall. A simple fall means the person falls while just standing or walking, even if they are walking fast and even if they fall hard. People without osteoporosis do not usually break bones from these types of falls.

When fractures occur from minor bumps, or trips, or slips, or simple falls, they are called fragility fractures because they are a clue that a person's bones have become very fragile.

Fractures that occur because of osteoporosis usually occur in the spine, hip, shoulder and wrist. In most cases, these fractures occur with very little trauma which should be our first clue that something is very wrong.

Not all fragility fractures (those that occur from simple falls) are due to osteoporosis. Some bones are just as prone to break in normal people as they are in those who have osteoporosis. This has been found to be the case for the skull and the small bones of the hands and feet. Just think - the bones in your hands and feet for example are very small; no matter how strong these bones may be, tiny bones will still be easy to break in just about anyone. Consequently, fractures of these bones are not considered osteoporotic fractures because these small bones break easily in most people regardless of whether or not the person

has osteoporosis. Apart from these exceptions, all of the other bones in the body are still fair game for osteoporosis.

Osteoporotic fractures are very common. They account for 80% of all fractures in women over age 50. Fractures that occur after age 65 are almost always due to osteoporosis.

Osteoporotic fractures are NOT benign. Let's look at what the research reveals:

- Not surprisingly, broken bones cause pain. The pain can be severe and can last for weeks or months. For some, the pain will become chronic.
- After a broken hip, there is a 1 in 4 chance of dying within that first year due to complications such as infections. There is also an increased risk of death for people who have fractured a vertebra (a bone in the spine).
- Less than 40% of those who break a hip regain their normal walking abilities.
- As many as 10% of individuals who break a hip will break another bone within that first year alone.
- Within one year of breaking a vertebra 20% will break another vertebra.

Unfortunately, for the majority of patients who have had an osteoporotic fracture this year, the diagnosis of osteoporosis will never be made.

OSTEOPOROSIS GOES UNDIAGNOSED 80% OF THE TIME

Osteoporotic fractures are very serious business. They may be a person's first and only warning sign that they have osteoporosis. Without proper treatment, many will continue to break bones and some of these fractures will have major consequences. However, with proper treatment, the chance of a repeat fracture can be significantly reduced. For some, the treatment will stop future fractures altogether.

Let's have a look at what typically happens when someone breaks a bone:

Once in an Emergency Department, a patient with a fracture is X-rayed, the fracture is diagnosed and an orthopaedic surgeon (specialist who fixes broken bones) may be consulted. The fracture may be treated with a cast or with a surgical operation.

After the fracture is looked after, the next logical step is to assess the patient for the possibility of osteoporosis. How often does this assessment actually happen? Unfortunately, it does not happen very often at all. It doesn't matter

which province is studied, the results are the same across Canada: very few patients with fragility fractures are sent for bone density testing. There is a huge difference between what would be the best of care for those patients and the actual standard of care that is usually practised: this is known as a CARE GAP.

As patients with fragility fractures are frequently not diagnosed with their underlying osteoporosis, it therefore should come as no surprise that osteoporosis treatment is usually not offered to patients who have experienced a fragility fracture. Studies show that less than 20% of fragility fracture patients are ever offered osteoporosis medications. The care gap is even worse for men than it is for women. Less than 10% of men who experience a fragility fracture are prescribed osteoporosis medications.

In other words, more than 80% of all fragility fracture patients do not receive adequate treatment for their osteoporosis. This care gap is overwhelming no matter which province is looked at.

The need to identify the presence of osteoporosis in fracture patients is so great that Osteoporosis Canada (OC) has made closing the fracture care gap its number one priority. In the coming months and years OC will work with its many partners in the health care system to close that care gap as much as possible, and to ensure that those at highest risk of suffering another osteoporotic fracture are both identified, and given the care they urgently need.

UP NEXT

The next several issues of COPING promise to be very newsworthy as they will cover various topics from the *2010 Osteoporosis Guidelines*. Be on the look-out for our October 29th issue which will be covering the importance of a *Comprehensive Fracture Risk Assessment*.

Funny bone – A 6 year old boy was asked where his grandma lived. “Oh,” he said, “she lives at the airport, and when we want her we just go get her. Then when we’re done having her visit, we take her back to the airport.”

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 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.

iv. To have your name removed from the COPN mailing list please contact us at the email below.

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