



Osteoporosis Canada

Ostéoporose Canada

COPING

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Remember: You can live well with osteoporosis!
Fracture Liaison Services (FLS) in Canada, 3-Part Series
Part 2: Fracture Liaison Services
(FLS) Benefits

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FRACTURE

FACT:

80% of Canadians who suffer a fragility fracture do not receive treatment for their underlying osteoporosis. This is the post-fracture osteoporosis care gap.

Did you read Part 1: *FLS and the post-fracture osteoporosis care gap*? Click [here](#) to read it now.

Why is FLS needed in Canada?

One in 3 women and one in 5 men will break a bone because of osteoporosis during their lifetime. In fact, fragility fractures are more common than heart attack, stroke and breast cancer combined. More than 80% of fractures in those over 50 are due to osteoporosis, but only approximately 20% of patients treated for fractures in Canada ever receive the osteoporosis care they need to prevent their next fracture.

Both in Canada and worldwide, FLS has been shown to be the most effective program currently available to prevent repeat fractures due to osteoporosis. It has outperformed every other post-fracture intervention that has been studied, both in terms of significant patient outcomes and in the reduction in healthcare costs. FLS programs are needed in Canada to help close our large post-fracture care gap. FLS ensures that fracture patients are given the osteoporosis care they need to help prevent their next fracture.

FLS ensures that fracture patients are given the osteoporosis care they need to help prevent their next fracture. In hospitals that don't have FLS, few fracture patients are screened with BMD testing or treated for osteoporosis. In contrast, in hospitals with FLS, approximately 80% of fragility fracture patients will be screened with BMD testing. Of those assessed by FLS and found to be at high risk for repeat fracture, 70-90% will be started on the osteoporosis treatment that they need.

FLS benefits for fracture patients

- A fracture risk assessment to find out the patient's chance of breaking another bone.
- Treatment recommendations for patients found to be at high risk of fracturing another bone (the FLS will ensure that osteoporosis treatment is given to the patient, either by prescribing it directly to the patient or by recommending the appropriate treatment to the patient's family physician).

- Improved quality of life and enhanced independence of seniors.
- Reduced incidence of avoidable and potentially life-threatening fractures.

FLS benefits for the healthcare system

- Osteoporosis and the fractures it causes impose a large financial burden on our healthcare system. In 2010, osteoporosis was estimated to cost \$2.3 billion in Canada. The following figure shows some of the costs associated with osteoporosis care.
- FLS programs have been proven to be cost-effective and can help reduce the financial burden of fractures on the healthcare system. Implementing more FLS programs will reduce healthcare costs due to osteoporosis.

\$2.3 BILLION

The overall yearly cost to the Canadian healthcare system of treating osteoporosis and the fractures it causes.

\$3.9 BILLION

The overall yearly cost to the Canadian healthcare system if a portion of Canadians were assumed to be living in long-term care facilities because of osteoporosis.

\$21,285

The cost of a hip fracture to the Canadian healthcare system in the 1st year after hospitalization.

\$44,156

The cost of a hip fracture to the Canadian healthcare system if the fracture patient is institutionalized.

The average acute care cost per hip fracture patient in hospital and rehabilitation centres.

\$20,000

OC is committed to improving the osteoporosis care and clinical outcomes for fracture patients. We believe that people all across Canada need access to FLS and therefore promote and support the implementation of these programs across the country.

In the next issue of the FLS series, you will learn more about the role of FLS coordinators and how they help fracture patients.

If you have questions about this article or any other aspect of osteoporosis, please call toll-free 1-800-463-6842 (416-696-2663 in the Greater Toronto Area) to speak to an information counsellor.

[Click here](#) for this week's COPN Quiz

You Make My Life Better

COPN Award

If you want to tell someone "You make my life better", [click here.](#)

Lindy Fraser Award Winner 2015

Osteoporosis Canada's Scientific Advisory Consultants and Osteoporosis Canada would like to announce this year's Lindy Fraser Award winner as chosen by the members of the SAC.

Osteoporosis Canada established this award in 1993 to recognize individuals who have made an outstanding contribution to the field of osteoporosis research and education in Canada. The award is named in honour of Lindy Fraser, who, in 1981 at the age of 87, started the first self-help group for people with osteoporosis. She herself was an inspiration to others as she shared her struggle to get out of bed, into a wheelchair, then to walk again with a cane. In 1982, she answered a call from a small group in Toronto to take part in the first national symposium on osteoporosis. That appearance was the spark that gave rise to Osteoporosis Canada.

This year's award winner has shown immeasurable dedication and determination in the collaborative effort to achieve the common vision of Canada without osteoporotic fractures. Osteoporosis Canada is happy to recognize **Dr. Heather Frame** as the 2015 Lindy Fraser Award Winner.

Dr. Frame received her medical education at the University of Manitoba and is a Certificant of the College of Family Physicians of Canada. Dr. Frame worked as a Family Physician in Toronto for two years before returning to Winnipeg, where she has practised since 1985. Currently, she practises Family Medicine at the Assiniboine Clinic as well as working in the Mature Women's Centre Osteoporosis Clinic, Victoria Hospital, Winnipeg. Dr. Frame is a committee member of the Manitoba Bone Density Program.

Dr. Frame has worked with the OC Board as well as the SAC. She worked with SAC on the development of the 2005 update to the 2002 Guidelines and officially joined the SAC in 2005. She has worked on a number of publications and committees including having been Co-chair of the new Knowledge Translation Committee and currently sits on the Guidelines Committee. In the past, she has served on the OC SAC Executive Committee.

Heather was key in the development of the paper in 2013 published in CARJ entitled "Improving the Management of Osteoporosis Through Simple Changes in Reporting Fragility Fractures" done in conjunction with the Canadian Association of Radiologists. She went on to present a poster at IOF-ISCD on the same subject. Currently, she is the Vice-chair of the OC Board of Directors, which she joined in 2010. She is on the Board Development Committee and the Strategic Planning sub-committee. Dr. Frame has also done multiple CME (Continuing Medical Education) events for physicians and public forums on osteoporosis.

Dr. Frame is a voice for Primary Care and its role in the management of osteoporosis.

Congratulations Dr. Frame!



Dr. Frame (middle) with Dr. Jiwa (right), President and CEO of Osteoporosis Canada, and Dr. Morin (left), Chair of the SAC

Moved? Changed phone number or e-mail address?
Let us know by calling 1-800-463-6842 or emailing copn@osteoporosis.ca and we'll update your information. This will ensure we keep you up to date!

FUNNY BONE:

I wondered why the baseball kept getting bigger. Then it hit me.

A Recipe from our Sponsor

Easy Rice Pudding

By Stefano Faita

Course: *Desserts & Sweets*

Preparation Time: *10 mins*

Cooking Time: *30-35 mins*

Yields: *4 to 6 servings*

2/3 milk product serving(s) per person

Calcium: 20% DV/ 215 mg



Ingredients

pudding:

4 cups (1 L) **whole milk**

1/2 cup (125 mL) Arborio rice

1/3 cup (80 mL) sugar

1 small cinnamon stick

1 vanilla bean, cut in half or 2 tsp (10 mL) vanilla extract

Topping:

Handful slivered almonds

Handful dried chopped apricots, for garnish

Preparation

Add the milk, rice, sugar, cinnamon stick and vanilla bean to a small, heavy-bottomed saucepan. Bring to a gentle boil over medium-high heat. Reduce heat and simmer, uncovered, stirring occasionally to prevent rice from sticking to the bottom of the saucepan. Cook until rice is soft and tender, about 30 to 35 minutes. Let stand 10 minutes.

Serve warm or cold. Garnish with almonds and dried apricots.

For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/easy-rice-pudding>

This issue of COPING is sponsored by Dairy Farmers of Canada

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