



Osteoporosis Canada

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COPING

January 13, 2016

Remember: You can live well with osteoporosis!

Navigating Winter

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Fracture Fact:

A man who suffers a heart attack from shovelling snow blames his heart, not the snow bank - but a patient who breaks his/her wrist from a simple fall blames the floor.

This article is an expansion of one published in the November 2005 issue of Coping. We wish to thank Gail Lemieux, one of the co-founders of COPN, who wrote the original article based on her personal experience of winter.

The memory of the time I had slipped and fallen on some ice in front of my home, in the middle of a blizzard, still produces fear in my heart. Whenever I head out on an errand, I think about how people with osteoporosis need to be extra alert and aware of the dangers that can present themselves at this time of year.

When I fell that night just steps away from my front door, I fractured two vertebrae. These fractures in my back were so painful that I couldn't get up. I lay helpless on the cold ground as the wind-swept snow gradually covered me. Sometime later, I was found by neighbours who were out for a walk. They first thought I was a garbage can on the ground, covered with snow! This painful experience taught me not to take navigating winter lightly and I would like to share with you some of the things I have learned:

Do I Really Need to Go Out?

- Always be aware of the winter weather conditions. If the weather is, or threatens to turn, bad, ask yourself if it is really necessary to go out. I have learned that the pain, disability and impact on my life caused by a fracture are much more important than what I might accomplish by going out on days when the weather report tells me I should stay in. Whether walking or driving, some days it is just not smart to be out. On days like these, you can always do something else such as writing to COPN to share with us *your* experiences of winter!

Outdoor Walking

- When you go out be sure to wear proper walking boots. These need to be comfortable with low heels and non-slip soles with a good tread.
- There are a number of anti-slip devices, often called ice grips or ice grippers, that slip over your boots or shoes. These devices have spikes or coils on the soles to give you better footing on slippery streets, sidewalks and parking lots so that you don't slip and land on your wrist or hip, possibly breaking a bone. However, if you wear such devices, do remember two very important things:

- Don't be over confident that just because you have these devices on you won't slip and fall. You still need to avoid icy and slippery surfaces if possible and you still need to walk carefully.
- While they are safer to wear outdoors, the opposite can be true indoors. Therefore, be sure to remove them before you go into a store or mall because they are very slippery on indoor floors when they are wet.
- If you use a cane as a walking aid, there is another type of ice gripper you can get for your mobility device. This attaches to the foot of the cane to provide extra grip on a variety of surfaces. The ice grip attachment is secure and easy to install; it flips down to use and flips up again when not in use. These ice grippers come with one ice prong or five ice prongs and are extremely handy for helping you with your balance when there is snow or ice on the ground that cannot be avoided.
- Be alert for hidden ice. Is the road/sidewalk/driveway/parking lot cleared of snow, free from ice, sanded or salted and easy to walk on? Think about where you are going and whether the destination will have clear and safe access.
- Be very careful when getting on or off a bus or streetcar as the road and the steps may be slippery.

Driving

Winter driving can be difficult for everyone, but if you have osteoporosis, even a small accident may cause a broken bone. Here are some winter driving tips:

- Whether you are a passenger or a driver, make sure to always wear a seat belt.
- Can you get into or out of the car easily, and has your destination been cleared of ice and snow?
- Make sure your vehicle is in good repair.
- Install winter tires.
- Change your wiper blades to winter ones; they do a better job of removing snow and ice to improve your visibility.
- If you drive a lot during the winter, take a course on winter driving skills and skid control.
- Watch out for black ice.
- Avoid sudden moves with your car.
- Accelerate and brake slowly.
- Maintain a safe following distance.
- Drive for the conditions: slow down and drive below the posted speed limit if conditions are bad.
- *Always* drive with your headlights on even in the daytime and all year round. This will make you more visible to other drivers and will improve your safety.
- If you are on your own and need to clear the snow from your car, do so very carefully and in small sections. Avoid awkward positions such as bending forward and twisting as these put undue stress on your back.
- Use your defroster to help clear your windshield while you warm up your car. A little extra patience can help you achieve the same result with less physical exertion and a lower risk for spine fractures (broken bones in your back).

If you are like most Canadians, you probably do not want to miss out on winter's glories entirely. Exercise in the out of doors can be a great way to strengthen your muscles and bones but if you have had a fracture or are at high risk of fracture, many winter activities, such as skating, downhill skiing or tobogganing, are probably not appropriate for you. Still, on a clear, sunny day when the sidewalks are dry and ice free, you can get some exercise by bundling up for a brisk walk with a friend. If you choose to walk alone, make sure that someone knows where you are going and how long you will be gone. If there is an activity that you have always

participated in and are skilled at, such as snowshoeing or cross country skiing, you may still be able to continue doing it depending on your fracture risk and your overall fitness. Check with your physician or a fitness professional to be sure.

Winter can be a wonderful time to be outside enjoying the wonderland it brings. Just prepare, be aware, stay cautious, and you, too, can have some fun while taking good care of your bones.

High dose vitamin D supplementation does not improve muscle function and may increase the risk of falls.

Vitamin D supplementation has recently been evaluated in Switzerland in a small 1 year randomized clinical trial by Bischoff-Ferrari and colleagues. This study compared the effects of two “high” doses of vitamin D (60,000 IU of vitamin D3 per month or 24,000 IU vitamin D3 plus 300 mg of calcifediol per month) to a standard dose of 24000 IU per month (equivalent to 800 IU per day). The study did not include a control group receiving zero vitamin D supplementation. The study was completed in 200 men and women over the age of 70 yrs. The people enrolled in the study had at least 1 fall before entering the study.

High dose vitamin D did not result in improvements in strength in the lower limbs. In fact there were actually more falls in the high dose vitamin D groups in comparison to the standard dose 24,000 IU Vitamin D monthly. Therefore, increasing vitamin D intake above standard recommended intake levels provided no benefit with respect to muscle strength, and was actually associated with an increased risk of falling.

Although vitamin D is present in a few food groups, including fatty fish, eggs and D fortified milk and cereal, it is difficult to meet daily requirements with diet alone. Vitamin D in doses of 800-1000 IU daily will prevent vitamin D deficiency in most people

Osteoporosis Canada recommends routine vitamin D supplementation for all Canadian adults year round. Healthy adults between 19-50 years of age, including pregnant or breast feeding women, require 400 – 1,000 IU daily. Those over 50 or those younger adults at high risk (with osteoporosis, multiple fractures, or conditions affecting vitamin D absorption) should receive 800 – 2,000 IU daily.

Osteoporosis Canada advises Canadians to discuss their vitamin D requirements with their physician.

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.

FUNNY BONE:

If we are not meant to have midnight snacks, why is there a light in the fridge?

A Recipe from our Sponsor

Gouda meatloaf

Course: *Main Dishes*

Preparation Time: *15 mins*

Cooking Time: *1 hr*

Yields: *6 to 8 servings*

1/2 milk product serving(s) per person

Calcium: 17% DV/ 198 mg

Ingredients

2 lbs (900 g) extra-lean ground beef
1/2 onion, finely chopped
1/2 cup (125 mL) breadcrumbs
6 oz (180 g) **Canadian Gouda**, cubed
1/4 cup (60 mL) old-fashioned mustard, divided
Salt and freshly ground pepper
1/4 cup (60 mL) apple jelly

Tips

Cheese alternatives: Canadian Swiss cheese, Cheddar.

Preparation

Preheat oven to 375°F (190°C).

In a large bowl, mix beef, onion, breadcrumbs, cheese and 2 tbsp (30 mL) of mustard. Season generously with salt and pepper.

Press mixture into an 8 x 4" (20 x 10 cm) loaf pan and cook in the oven for 45 minutes.

Meanwhile, melt apple jelly in a small saucepan and stir in remaining mustard. Remove meatloaf from oven and drain cooking juices. Baste top with apple jelly mixture and cook for 15 more minutes.

Remove from oven and let rest for 5 minutes. Slice and serve.



For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/gouda-meatloaf>

This issue of COPING is sponsored by Dairy Farmers of Canada

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