



Osteoporosis Canada

Ostéoporose Canada

COPING

July 27, 2016

Remember: You can live well with osteoporosis!

In the Wink of an Eye You Could Lose Your Independence

In this issue

- Fracture Fact
- Falls and the Injuries they Cause, pt. 1
- Bone Matters: Archived Presentation
- Funny Bone
- A Recipe from our sponsor

Fracture Fact

Many non-prescription medications, such as sleep aids, cough and cold remedies or anti-allergy pills, can also increase your chances of falling by causing drowsiness or confusion.

For those who suffer from osteoporosis, falls from a standing height or other minor trauma such as a cough or sneeze can have devastating effects. Here are some sobering facts:

- Falls account for 85% of all injury-related hospitalizations in adults 65 years and older. Some with severe osteoporosis may be much younger!
- The time spent in hospital is 70% longer for fall-related injuries than for all other causes of hospitalization.
- In Canada, 95% of all hip fractures in those 65 years of age and older are the result of a fall.
- Over one-third of fall victims are unable to return home and are discharged to a long-term care facility for further care.

Think of it, in the wink of an eye you could lose your independence!

Do you have in place a fall prevention strategy to help protect yourself? Read our four-part series first published in February and March 2014 to learn how you can avoid falls and the painful and debilitating fractures they too often cause. Here is Part 1, What Causes Falls.

You CAN Prevent Falls and the Injuries they Cause – pt.1

What Causes Falls?

Falls and the injuries they cause are a major health concern for older Canadians. Because they have more fragile bones, individuals with osteoporosis have a higher risk of breaking a bone when they fall than those without osteoporosis. Thus, the development of improved strategies to prevent falls and fall-related injuries among seniors and those with osteoporosis has become a public health priority in Canada. In this four-part series on preventing falls and fall-related injuries, we will discuss what

causes falls, what you can do to reduce your risk of falling, and some simple home exercises that can help you improve your balance and reduce your risk of falls.

Did you know?

- Over 30% of seniors over the age of 64, and over 50% of seniors over the age of 79, fall at least once per year.
- Most falls occur inside the home while doing usual daily activities.
- Falls are the most common cause of injury and the 6th leading cause of death for seniors.
- Broken bones are the most serious type of injury related to falls.
- Women are three times more likely than men to be hospitalized because of a fall.
- 40% of falls that require hospitalization involve hip fractures.
- Canadians spend about \$3 billion a year on seniors' fall injuries.
- Almost half of admissions to long-term care facilities are fall-related.
- Approximately one-third of the people who break a hip will die within the first year and half will never regain their pre-fall level of functioning.
- FALLS, AND THEIR CONSEQUENCES, CAN BE PREVENTED.

Falls usually happen because of a combination of factors. Anyone who has already been injured due to a fall or broken a bone due to osteoporosis may develop a "fear of falling." This often causes them to restrict their activities and become less physically active. Less physical activity can cause weaker muscles, stiffer joints and reduced balance, all of which further increase the risk of falls.

Most falls are caused by poor balance or an inability to recover balance. Many factors affect balance, including physical and mental health, the indoor and outdoor environment, social and economic factors and risky behaviours.

Personal Health Risks

- Having a **chronic illness** or condition can increase the risk of falls. For example, a stroke, Parkinson's disease or arthritis can make it harder to maintain good balance. Certain types of heart disease can drop your blood pressure, which can make you dizzy and increase fall risk. Bladder problems that make you rush to the bathroom can also increase the risk of falling.
- Some **medications** are known to increase the risk of falling (see fact sheet on [Secondary Osteoporosis](#)). Examples include blood pressure medications, antidepressants and tranquilizers (talk with your doctor before making any changes to your prescription medications as withdrawal may also cause risks).
- An **acute illness**, such as pneumonia or other types of infection, can increase the risk of falls by causing weakness or dizziness. Similarly, a chronic disease that suddenly becomes unstable, such as congestive heart failure or low blood sugar in diabetes, may also increase fall risk.
- Age-related **sensory changes** can also increase the risk of falls. These include poor eyesight (especially cataracts or adjusting to wearing bifocals), poor hearing, a reduced sense of touch and reduced ability to know the position or movement of a body part without looking.
- Reduced **mental alertness** may increase the risk of falls. This can be caused by depression, dementia, delirium, medication side effects, alcohol, poor nutrition, poor hydration, chronic fatigue or poor sleep.
- Mobility problems also increase the risk of falls. These can be due to any condition that causes

muscle weakness, impaired balance, poor gait or slower reflexes. If you have difficulty getting up out of a chair without using your arms, you have an increased risk of falling. If you have already fallen two or more times within the past year, you are at high risk of falling again.

Indoor Environmental Risks

Most people are surprised to learn that the majority of falls occur inside a person's home. In order to reduce your risk of falls there are many things inside your home that you can look for and take measures to correct. These include:

- Slippery floors, throw rugs, loose carpets and plush carpeting (if carpeting is too thick or plush, it becomes bouncy, which can "throw" an individual off balance).
- Walking around the house wearing slip-on slippers that can come off your feet, or wearing socks or stockings that can slip on floors.
- Walking surfaces cluttered with cords, pet dishes, newspapers, etc.
- Poorly maintained or improperly used mobility aids and equipment, such as canes and walkers.
- Poorly lit stairs, ramps or doorways.
- Stairs that are not uniform from top to bottom or those with narrow steps.
- Stairs without handrails or markings on the edges of the steps.
- Doors with raised sills.
- Lack of, or incorrectly installed, grab bars in bathrooms.
- Toilet seats that are too low or too high.

Outdoor Environmental Risks

When walking or travelling outside your home, especially to a new destination, it is always a good idea to give yourself plenty of time to get there. Taking your time will give you the opportunity to carefully examine your outdoor environment for unsafe conditions and potential fall risks, which may include any of the following:

- Uneven or cracked sidewalks.
- Unmarked curb edges or corners without curb ramps.
- Long crosswalks without pedestrian islands, which often oblige people to rush across to the other side.
- Controlled intersections with green light times too short for a safe walking pace.
- Objects on sidewalks or walkways such as bike racks or garbage cans.
- Slippery surfaces due to rain, snow, ice or wet leaves on stairs or walkways. On days such as these, if you must go out, please do so with great caution.
- Uneven ground such as grassy areas on lawns or parks, etc.
- Stairs without handrails or without clear edge markings on all the steps.
- Poor lighting, either not enough (be prepared with a flashlight in case you need it) or too much glare (always carry sunglasses with you).

Social and Economic Risks

There are many social and economic factors that increase the risk of falls. These include:

- Living alone without a way to access help.
- Lack of social networks, which leads to isolation and depression.
- Insufficient income for safe living quarters or nutritious food.
- Lack of access or knowledge on how to get proper healthcare services or information.
- Poor eating habits with low protein or calcium intake or inadequate fluids.

Risky Behaviours

Despite the many risk factors for falls that already exist as described above, many seniors add to their fall risk by engaging in risky behaviours that often result in unnecessary falls. These include:

- Wearing someone else's shoes or wearing improper footwear, such as loose-fitting or worn-out shoes, or shoes with soles that are too thick. Thick-soled shoes (such as platform shoes) may be too high to maintain good balance and/or may make it difficult for the bottom of your feet to feel the texture of the ground on which you are walking. Having a sense of the texture of the ground helps maintain good balance.
- Taking long-term medications without a regular review for fall risk by a physician or pharmacist. As we age or as our health status changes, medications that we have been taking for a long time for a chronic condition may need to be adjusted or changed in order to maximize their benefits and minimize their side effects.
- Starting or stopping medications or supplements on your own or on the suggestion of others, without the approval of your family doctor.
- Consuming alcohol to the point of impaired judgment and/or balance.
- Trying to get objects in such a way that it puts you at risk of losing your balance, rather than asking for assistance.
- Carrying heavy, awkward parcels or handbags that can affect balance.
- Climbing onto chairs or other furniture to reach high places.
- Not using assistive devices (walkers, canes, etc.) when needed, using them incorrectly, or using assistive devices that are in poor condition.

Want to keep reading this series? [Click here](#) to visit the 2014 COPNG Archives to find parts 2-4.

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.

Bone Matters: Archived Presentation

The June 8, 2016 Bone Matters forum, *The Serious Side of Gravity: Prevention of Falls and Fractures*, is now available.

Go to <http://www.osteoporosis.ca/osteoporosis-and-you/copn/virtual-forum/> and follow the link to view the archived version.

FUNNY BONE:

By the time a man realizes that his father was right, he has a son who thinks he's wrong. – Charles Wadsworth

A Recipe from our Sponsor

Chicken, Swiss & Vegetable Bulgur Salad

Course: *Salads*

Preparation Time: *20 mins*

Cooking Time: *5 mins*

Yields: *4 servings*

2/3 milk product serving(s) per person

Calcium: 28% DV/ 303 mg



Similar to classic Tabbouleh but packed with vegetables, tender chicken and nutty Swiss cheese, this is a filling lunch that will really satisfy. The zesty orange dressing gives it a fresh flavour, even when made ahead and packed for lunch the next day.

For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/chicken-swiss-vegetable-bulgur-salad>

Ingredients

3/4 cup (175 mL) coarse bulgur

Salt

1 1/2 cups (375 mL) water

2 stalks celery, sliced

1 large tomato, chopped

1/2 English cucumber, chopped

1/2 cup (125 mL) finely chopped fresh parsley

1 1/2 cup (375 mL) chopped cooked chicken

breast

4 oz (125 g) cubed **Swiss or washed-rind**

cheese

2 tsp (10 mL) grated orange zest

1/4 cup (60 mL) freshly squeezed orange juice

2 tbsp (30) wine vinegar

1 tbsp (15 mL) olive oil

2 tsp (10 mL) Dijon mustard

Pepper

Preparation

In a saucepan, combine bulgur, 1/4 tsp (1 mL) salt and water and bring to a boil over high heat. Remove from heat, cover and let soak for 15 minutes. Drain and place in a large bowl. Let cool to room temperature.

Add celery, tomatoes, cucumber, parsley, chicken and cheese to bulgur.

In a small bowl, whisk together orange zest, orange juice, vinegar, oil, mustard and pepper. Pour over bulgur mixture and toss to coat. Season with up to 1/4 tsp (1 mL) salt.

This issue of COPING is sponsored by Dairy Farmers of Canada

NOTICE: Every issue of COPING is vetted by members of Osteoporosis Canada's Scientific Advisory Council to ensure accuracy and timeliness of content. These newsletters are not intended to promote or endorse any particular product. Product references, if they appear, are for illustration only.

These newsletters are not intended to replace individualized medical advice. Readers are advised to discuss their specific circumstances with their healthcare provider.



getenough.ca