



Osteoporosis Canada

Ostéoporose Canada

COPING

October 5, 2016

Remember: You can live well with osteoporosis!

Medication Matters

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MEDICATION MATTERS

Watch it live!

Have your questions answered!

WED. OCT. 12, 2016
12:00 – 1:00 PM EDT

BONE MATTERS

Take charge of your bone health



Access the forum at

<http://webcast.otn.ca/mywebcast?id=59317799>

Fracture Fact

“Drugs don’t work in patients who don’t take them.” – C. Everett Koop, M. D



For more information on Osteoporosis Canada and the Canadian Osteoporosis Patient Network (COPN)

call 1-800-463-6842

or visit

osteoporosis.ca/copn

Presenter:

Sandra Kim, MD, FRCPC.

Endocrinologist; Assistant Professor of Medicine, University of Toronto; Medical Director, Multidisciplinary Osteoporosis Program, Women’s College Hospital

- Drug treatments for osteoporosis can reduce the risk of fracture by as much as 50%
- For high-risk individuals, the benefits of drug therapy far outweigh potential risks
- Medications won’t work if you don’t take them properly



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“Medication Adherence: An Ongoing Challenge in the Management of Osteoporosis”

Reprinted from the June 18, 2014 issue of Coping.

If you are on a medication for osteoporosis, are you ever tempted to stop taking it? If you answered "yes," you are not alone. Studies indicate that especially for those with chronic conditions, such as osteoporosis, many patients do not take their medication as directed or for as long as they should.

What is meant by medication adherence? **Adherence** to medication involves two factors: **compliance**, which is taking a medication *as directed*, and **persistence**, which is taking a medication *for as long as necessary*. Osteoporosis is a growing problem worldwide, with the greatest burden resulting from broken bones. There are several treatment options available that are effective in reducing fracture risk, but in order to see the benefit, patient adherence is required. However, similar to other chronic diseases, especially those with no symptoms, adherence to osteoporosis therapies is poor. Some articles have suggested that in general, rates of non-adherence can be as high as 50%. In a recent study that looked at people on Ontario Drug Benefits, only 63% of patients given a bisphosphonate prescription were still taking it after one year, and this dropped to 46% after two years.

Why don't people take their medications as prescribed? Possibilities include:

- **Memory loss.** The individual forgets when and how to take the medication.
- **Psychological problems** such as depression. The person is not motivated to take care of her or himself and therefore does not take their prescribed medication(s).
- **Lack of symptoms.** The need for and benefits of a medication are not felt. This is true of osteoporosis, which is often called “the silent thief” because there are no symptoms unless and until one has fractured.
- **Fear** of immediate or longer-term potential side effects.
- **Uncertainty** about the benefit of drug treatment or preference for a “natural” approach.
- **Lack of understanding** of the disease and the value of medication.
- **Poor relationship** between the patient and their healthcare provider.
- **Cost** of medication.
- **Difficulty following the instructions** for use.
- **Complexity of treatment**, especially if the patient has multiple conditions requiring multiple drug therapies.

Not taking your medication as prescribed has far-reaching consequences. Poor adherence means that the drug will not be as effective and health will decline. In addition, medical costs will rise. In 2009, it was estimated that non-adherence cost the US healthcare system \$290 billion. There is little data available for Canada, but in 1995 the cost of medication non-adherence was estimated to be \$7-9 billion annually.

Patients who do not take their prescribed medication do not receive the benefits of that medication. Patients who only partially follow their medication regime may receive some benefit but are also at risk for serious complications. Patients who do not stick with their treatment plan are more likely to end up in hospital. Studies

suggest that for people taking bisphosphonate therapy for osteoporosis, those that take 75% of their medication do not have the same reduction in fracture risk as those who take the medication as prescribed 100% of the time; and when patients take only 50% (or less) of their pills, no benefit is seen (it is the same as not taking any bisphosphonate).

Over 80% of fractures in people over 50 are due to osteoporosis. There are effective medications available to reduce the risk of fracture from 30 - 70% *provided they are taken properly and 100% of the time*. If you are at high risk of fracture, it is very important that you take your osteoporosis medication regularly and as recommended. If you have concerns, talk to your doctor, and ALWAYS talk with your doctor before making any changes to your medications.

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:

Ever notice that we trust banks with our money, but they don't trust us with their pens.

A Recipe from our Sponsor

Broccoli, Kale and Lentil Soup

Course: *Soups & Creams*

Preparation Time: *20 mins*

Cooking Time: *35 mins*

Yields: *4 servings*

1/2 milk product serving(s) per person

Calcium: 22% DV/ 239 mg

It's so easy to make soup from scratch, and this recipe will make you glad you did. The lentils thicken this vegetable-packed soup, and the milk adds a lovely flavour and texture. This soup is even better when made ahead, so make it on the weekend or in the evening, then reheat to pack in a thermos or reheat at lunch time.



For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/broccoli-kale-and-lentil-soup>

Ingredients

1 tbsp (15 mL) **butter**
1 medium onion, chopped
3 cloves garlic, minced
1/8 tsp (.5 mL) hot pepper flakes or smoked paprika
Salt and pepper
1/3 cup (75 mL) dried red lentils, rinsed
2 1/2 cups (625 mL) low-sodium vegetable or chicken broth
4 cups (1 L) chopped broccoli (stems and florets separated)
4 cups (1 L) chopped packed trimmed kale
2 cups (500 mL) heated **milk**
2 tbsp (30 mL) freshly squeezed lemon juice or white wine vinegar

Preparation

In a pot, melt butter over medium heat. Sauté onions, garlic, hot pepper flakes and 1/4 tsp (1 mL) each salt and pepper for about 5 minutes or until softened and starting to turn golden. Stir in lentils, broth and broccoli stems. Cover and bring to a boil over high heat.

Stir in broccoli florets, kale and milk. Reduce heat to medium-low, cover and simmer, stirring occasionally and adjusting heat to prevent boiling, for 15 to 20 minutes or until lentils and vegetables are soft.

Use an immersion blender in the pot or transfer soup to a blender or food processor, in batches, and purée, until smooth or slightly chunky, as desired.

Return to pot, if necessary. Heat over medium heat until steaming, but do not let boil. Stir in more milk if soup is too thick. Drizzle in lemon juice while stirring. Season with up to 1/4 tsp (1 mL) salt and pepper to taste.

Tips

Heating the milk helps speed up the overall cooking time of the soup, which keeps the vegetables a nice, bright green colour. Heat the milk in a microwave-safe measuring cup on Medium-High (70%) power for about 5 minutes or in a saucepan over medium heat on the stove top.

Making soup from scratch allows you to keep the sodium level in check. If using a store-bought broth, look for a low-sodium ready-to-use version or use one with no salt added for an even lower sodium soup

This issue of COPING is sponsored by Dairy Farmers of Canada

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



getenough.ca