



Osteoporosis Canada

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COPING

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Remember: You can live well with osteoporosis!

Pregnancy-related Osteoporosis: Amber's Story

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I had the pleasure of connecting with an amazing woman whose life changed dramatically in her early 30s at the height of her career. Her email brought me to tears as it transported me back to the painful memories of my own spinal fractures after the birth of my daughter in 2001. Because Amber's story was so compelling, I invited her to share her journey with the Osteoporosis Canada Board of Directors and COPN. It reminds us all of the impact of this nasty disease and how critical the work of Osteoporosis Canada is to help Canadians learn how to prevent broken bones caused by osteoporosis.

Having a baby is normally an exciting and joyous time. For some mothers like Amber and me, it was extremely challenging. However, Amber is strong, determined and relentless at improving her bone health to prevent future fractures. And I am so grateful for her willingness to share her story.

-Christine Thomas, Member, Board of Directors and COPN Executive Committee, Osteoporosis Canada

Two months after my son was born, I experienced extreme back pain and could not lift or take care of my newborn on my own. I was 31 years old. Every doctor chalked it up to post-labour back pain, so it took nearly four months before I was sent for x-rays. When I was finally sent for x-rays, it was discovered that I had four compression fractures in my spine. I had lost three inches of my height from the compressions, and at the time my muscles were so atrophied, I was 20 lbs. lighter than my normal pre-pregnancy weight.

These fractures would explain why I could barely move and had violent muscle spasms. These spasms were far more painful than anything I had ever experienced, including the delivery of my 9.5 lb. baby, which I did without any drugs. Because I was nursing my son, I was not taking any prescription pain killers so this was a very painful time. Nursing was the only thing I could do with him, so I pushed through the pain. It's hard to imagine, having a broken back and only taking over-the-counter pain relievers.

The discovery of the fractures led to the diagnosis of osteoporosis. I was in the severe

Fracture

Fact:

Pregnancy-related osteoporosis is a very rare condition characterized by fracture during pregnancy or shortly after birth. It can be a dangerous condition that causes severe back pain, height loss and disability.

range, with fractures and Z-scores of -3.5 in the lumbar spine and -1.4 total hip. Soon after this diagnosis, I experienced an additional fracture; this one was the worst yet with a 40% compression of the vertebra.

Pregnancy-related osteoporosis is a very rare condition and is not widely known or understood. Trying to find answers was nearly impossible, and I self-diagnosed by finding a study on the Internet that described my situation exactly. I was sent to a specialized osteoporosis clinic. Here I met healthcare professionals who offered sympathy, kindness and a willingness to help, even though they had limited experience with this type of osteoporosis.

To say I was on an island of isolation would have been accurate. I would have given anything to have some sort of information or support group – the physical and emotional pain was intense and no one could relate or offer advice. What person could possibly relate to a new mother not being able to pick up her baby, or watching on the sidelines as someone else cared for their child? The loss of independence from an injury like that is hard at any age, but when it happens when someone is so dependent on you, like a newborn needing its mother, where your body is programmed to respond to their cries and you can't, it's nothing short of emotional torture.

My son is now four. Although I still can't lift him, and probably never will be able to, we have found creative ways to manage. I have an amazing physiotherapist who has worked with me extensively and I have come so far from where I was in terms of reversing the severe kyphosis and reducing my pain.

I have also had some recovery of my bone density. Two years ago I started a drug trial at an American university testing an osteoporosis medication on my demographic of women with severe pre-menopausal osteoporosis. For those of you who are clinicians and find it challenging managing your patients on these various drugs, imagine trying to devise a treatment plan to cover 60 years of a young woman's life!

The study led me to a group of other women around the world who also have pregnancy-related osteoporosis. So far there are 100 members of this group. There are others from Toronto and one who joined recently from Montreal. I'm sure there are many more women who go undiagnosed, being told their back pain is normal. Some of us have more extreme cases that will *eventually* lead to diagnosis. But some may just have a fracture or two and once those heal they are back to normal, but unknowingly living with osteoporosis and at risk for more fractures. They may go on to have more pregnancies and incur additional fractures that could have been avoided the second time around. Or they may never know until they fall and fracture in their later years. The importance of catching osteoporosis early cannot be overstated.



Amber and husband

In an ideal world, every healthcare practitioner would be aware of this condition and send any extreme cases of back pain post pregnancy for testing. But how can we expect to have every rare disease and situation top of mind for every healthcare practitioner? I don't have those expectations, but as I finally turn the corner on taking my life back and regaining my energy, I hope someday to be involved in raising awareness.

My future does hold good things and I am very grateful to have had the support of my husband, family, friends, healthcare team, employer and co-workers to make this a happy ending for me. I have a beautiful bond with my son; I've been back at work full time and was recently promoted; and my pain is at a manageable level. Last year we went to Mexico for our first family trip, which felt like a normal thing for our little family to do; it felt like the beginning of a new chapter of our lives that is not defined by this disease.

IOF Global Patient Charter

Osteoporosis is a major public health concern. It is an underlying cause of chronic pain, long-term disability and premature death. Yet the condition remains severely underdiagnosed and undertreated. **This must stop!** The International Osteoporosis Foundation (IOF) has launched the IOF Global Patient Charter to help raise the profile of this silent disease. Go to <https://www.iofbonehealth.org/iof-global-patient-charter> and sign the Charter to help make fracture prevention a global health priority.

We Welcome Your Feedback

- Have a question?
- Is there an osteoporosis-related topic that you would like to see featured in the newsletter?
- Looking for a great volunteer opportunity?

Please contact us by calling Osteoporosis Canada's toll-free number **1-800-463-6842** or emailing copn@osteoporosis.ca.

BONE ***MATTERS***

Take charge of your bone health

**Frequently Asked Questions
about Osteoporosis
Postponed until further notice**

Dear COPN members,

Due to circumstances beyond our control, the Bone Matters Webinar *Frequently Asked Questions about Osteoporosis with Dr. Suzanne Morin*, which some of our members are aware of, will be postponed until further notice. This presentation was originally scheduled to air on Wednesday, November 22 at 1PM ET.

We apologize for the inconvenience and thank you for your understanding. We hope you'll be able to join us when we reschedule the presentation.

FUNNY BONE:

Before I got married I had six theories about bringing up children; now I have six children and no theories. – John Wilmot (Earl of Rochester)

A Recipe from our Sponsor

Overnight Pumpkin Porridge

Course: *Main Dishes*

Preparation Time: *5-10 mins*

Cooking Time: *10-15 mins*

Refrigeration Time: *6-12 hrs*

Yields: *4 servings*

1/2 milk product serving(s) per person

Calcium: 21% DV/ 230 mg



Cooking oats in milk creates a creamy texture and cooks the nutrients right in. This overnight soak method reduced the cooking time of steel-cut oats by about half while also allowing the flavour of the pumpkin and the aromatic spices to blend into a comforting breakfast while you sleep.

For more information about this recipe:

<https://www.dairygoodness.ca/getenough/recipes/overnight-pumpkin-porridge>

Ingredients

3/4 tsp (3 mL) ground cinnamon

1/2 tsp (2 mL) ground ginger

Pinch salt

1 cup (250 mL) unsweetened pumpkin purée

2 cups (500 mL) **milk**

1 cup (250 mL) water

1 cup (250 mL) steel-cut oats

4 tsp (20 mL) maple syrup, divided

Pumpkin seeds to garnish (optional)

Additional ground cinnamon

Preparation

In an airtight container or bowl, stir together cinnamon, ginger, salt and pumpkin; gradually stir in milk and water. Stir in oats. Cover and refrigerate for at least 6 hours or for up to 12 hours.

Transfer oat mixture to a large saucepan; stir well. Bring just to a boil over medium heat, stirring often. Reduce heat and boil gently, stirring constantly, for about 5 minutes or until thick and oats are tender. Remove from heat, cover and let stand for 3 minutes.

Spoon porridge into 4 bowls and drizzle each with 1 tsp (5 mL) maple syrup and sprinkle with pumpkin seeds and cinnamon.

Tips

Be sure to use traditional steel-cut oats for this recipe and not a quick-cooking variety as the quick-cooking oats create a mushy, pasty texture with this soaking method.

Extra porridge can be refrigerated in an airtight container for up to 3 days. Add more milk to thin to desired texture when reheating. Reheat on medium-high (70%) power in the microwave or in a saucepan over medium heat.

Extra pumpkin purée can be refrigerated in an airtight container for up to 3 days or frozen for a few months. Add pumpkin to smoothies, muffins, soups and even spaghetti sauce.



Nutrition Tip

Prepare your dressings or dips with yogurt.

This issue of COPING is sponsored by **Dairy Farmers of Canada**

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