

Remember: You can live well with osteoporosis!

Season's Greetings and Happy Holidays!

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In the December COPN e-Newsletter, the executive members want to take this opportunity to share a special wish just for you. We know that living well with osteoporosis is about having a supportive network of other osteoporosis patients, and those impacted by osteoporosis. Our wishes, and some bone healthy tips, follow:



Warmest thoughts to you and your bone health: Do what physical activity you love to do, with someone you enjoy being with, and where you feel comfortable and inspired. Be fit! *Check with your doctor if you do not know what is safe for your bones.*

Joan Bartley
Winnipeg, MB/Galiano Island, BC

*To those who are at high risk for fracture or have fractured:
Stay the course with your medication, diet & exercise programs.
Do not become complacent but do live your life to the fullest.*

Sheila Brien
Toronto, ON



This Holiday Season may you and yours unwrap the presents of happiness, good health and a fracture-free 2019!

Larry Funnell
Surrey, BC



"Face the challenge...join us...keep moving...it's the new way of life."
Phyllis Kerkhoven
 Fenwick, ON



To all those who may be on their own over the holiday season, celebrate your uniqueness and think of these words from May Sarton, author of Journal of a Solitude: "Solitude is the richness of self." Have a safe and fracture-free Christmas.

Tanya Long
 Toronto, ON

May you all have a memorable Festive Season and a Happy and Healthy 2019!
Ina Ilse
 Toronto, ON



Wishing you a wonderful season of peace and joy. Living well with osteoporosis means making small changes in our environment and still having a full life so that we are in control instead of our disease. It takes baby steps and a good support network that we build over time.

Jackie Kierulf
 Ottawa, ON

This Christmas season I wish for you the fellowship of family and friends. Take time for yourself, too. If you are blessed with a winter holiday in the sun, your bones will love the vitamin D your skin will make. If you are not vacationing in the sun, you can still get your vitamin D - just from the pharmacy.

Happy Holidays!
Sarah Nixon-Jackle
 Saskatoon, SK



Wishing you a magical, joyous and fracture-free holiday season and 2019. To help prevent fractures incorporate balance exercises into your daily routine. You can help keep Canadians unbreakable; share COPN e-newsletter on social media.

Virginia McIntyre
 Coldbrook, NS





All our best wishes for happiness, health and prosperity this holiday season.

And don't forget to be well equipped to avoid any unwanted falls while appreciating our beautiful winter wonderland!

Maureen Smith

Ottawa, ON

*May you have a safe, healthy & happy 2019!
Fuel your bones in 2019 with calcium, vitamin D &
exercise. Your bones will thank you!*

Christine Thomas

Ottawa, ON



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

Archived Presentation

Frequently Asked Questions about Osteoporosis

Did you miss our latest Bone Matters presentation on Frequently Asked Questions about osteoporosis? Dr. Sandra Kim presented on a range of topics on the diagnosis and management of osteoporosis, such as available medications and their side effects, fracture risk assessment, and recommended levels of key nutrients like calcium and vitamin D.

You can find the archived version of this presentation, along with other past Bone Matters presentations, in the Bone Matters archive. [Click here](#) to view past presentations.

Increased risk of vertebral fracture after stopping denosumab

Osteoporosis Canada advises individuals on denosumab therapy to discuss their treatment with their physician prior to delaying therapy, stopping therapy or missing a scheduled dose.

Denosumab (Prolia) has been shown to reduce the risk of fractures in postmenopausal women and men aged 50 years or older with osteoporosis. It has also been approved for steroid induced bone loss.

Individuals who were in the FREEDOM study, which evaluated denosumab in comparison to placebo, were followed, and those who stopped denosumab had a subsequent loss of bone mineral density (BMD) and an increase in the risk of fracture (Bone JCEM 2011).

Analysis of the data from the FREEDOM study as well as the Extension trial of denosumab (where treatment was continued up to a total of 10 years) confirmed that stopping denosumab was associated with an increase in the rate of bone loss, as measured by bone turnover markers, which rose 3 months after missing a scheduled dose. 12 months after missing a scheduled dose of denosumab, BMD decreased back to the baseline (pre-treatment) level (Cummings JBMR 2017).

Individuals who had received at least 2 doses of denosumab or placebo, and stopped treatment but remained in the study for at least 7 months after the last dose, were reviewed. In the 1,001 patients who stopped denosumab, the rate of spine fractures increased from 1.2/100 patient-years (while on treatment) to 7.1/100 patient-years, a similar rate to the placebo group. Patient years is a statistical measure used to express the time at risk. 7.1 spine fractures/100 patient-years means that if you followed 100 people for 1 year, on average you would see 7.1 spine fractures. Multiple (more than 1) spine fractures appeared to be more common in the group stopping denosumab than the group stopping placebo (3.4% vs 2.2%). The risk of having multiple (more than 1) spine fractures after stopping denosumab was higher in those people who had already experienced a spine fracture, and also in those who had rapid rates of bone loss. The rates of non-spine fractures were similar in those stopping denosumab and those stopping placebo (2.8% denosumab, 3.8% placebo) (Cummings et al JBMR 2017).

Due to the risk of BMD loss and spine fractures associated with denosumab discontinuation, it is important not to miss scheduled doses of denosumab once treatment has started. Patients need to be advised of the increased risk of bone loss and vertebral fracture when therapy is stopped. If denosumab needs to be stopped, it should be replaced by an alternative osteoporosis medication to help prevent rapid bone loss and risk of fractures (Symonds CMAJ April 2018).

Osteoporosis Canada advises individuals on denosumab therapy to discuss their treatment with their physician prior to delaying therapy, stopping therapy or missing a scheduled dose.

1. Bone HG et al JCEM 2011;96:972-980
2. Cummings et al JBMR vol 33, No2, Feb 2018 pp 190-198
3. Symonds C, Kline G CMAJ 2018 April 23:190 pp E485-486

Recognizing the Achievements of our Young Canadian Investigators at the American Society for Bone and Mineral Research Annual Meeting 2018

Young Investigator Awards

Sayem Borhan: The Long-term Impact of Incident Fragility Fractures on Health-related Quality of Life of Older People: The Canadian Multicentre Osteoporosis Study.

In this study we explored the long-term impact of incident fragility fracture on health-related quality of life (HRQL) of older people (50 years or older) using 10-year follow-up data from the Canadian Multicentre Osteoporosis Study (CaMos). This population-based study indicates that hip and spine fractures are associated with significant negative impact on HRQL, especially on mobility, self-care and ambulation.

Sameh Melk: Screening for Incomplete Atypical Femur Fractures in Bone Density Laboratories

The study aims at screening patients who are at risk of developing a unique type of fracture called Atypical Femur Fracture. This is a stress fracture that may be related to the use of potent bone medications. The study tests the yield of identifying early signs using plain radiography and densitometer-based imaging in order to manage them promptly.

Robert Heaney Young Investigator Award for the most outstanding abstract in nutrition research

Emma Billington: The Calgary Vitamin D Study: Safety of Three-Year Supplementation with 400, 4,000 or 10,000 IU Daily

Young Investigator Travel Grant

Andy Kin On Wong: Conditional Bone and Muscle Correlates of Osteoarthritis Influenced by Use of Antiresorptive Therapy in Postmenopausal Women– the AMBERS study

Tim Murray Award

Danielle Whittier: Investigation of Second-Generation HR-pQCT to Improve Assessment of Hip Fracture Risk in Women

HOT MEXICAN CHOCOLATE

Preparation Time: 5 mins

Cook Time: 10 mins

Serves: 4-6

Calcium: 150 mg (15% DV*)



The combination of chocolate and spices is a favourite for hot chocolate. This recipe takes the sweet and spicy tastes and combines them to create a decadent tasting hot beverage. Shaking it in the thermos will help create a foamy texture to serve it when you don't have whipped cream or marshmallows to serve with it.

Ingredients

3 oz (90 g) 60% or 70% cocoa bittersweet chocolate, finely chopped
1/4 cup (60 mL) dark brown sugar
2 tbsp (30 mL) unsweetened cocoa powder
1 tbsp (15 mL) instant coffee granules
1/4 tsp (1 mL) freshly ground nutmeg
3 cups (750 mL) whole milk
2 cinnamon sticks
Pinch ancho chili powder
Whipped cream or marshmallows (optional)

For more information, [click here](#) to view the recipe online.

Preparation

Whisk together chocolate, sugar, cocoa powder, instant coffee and nutmeg with 1 cup (250 mL) of the milk in a saucepan.

Add cinnamon sticks and set over medium low heat and melt whisking occasionally for about 2 minutes or until smooth. Slowly whisk in remaining milk and chili powder; bring to a gentle simmer whisking often for about 8 minutes or until steaming and hot.

Serve dolloped with whipped cream and a pinch of chili powder or nutmeg, if desired.

TIPS

If serving right away without cream, simply whisk vigorously to produce more bubbles on top.

For a smoky hit of chili powder try using chipotle for the ancho chili powder.

Look for 60% or 70% cocoa chocolate bars in the candy aisle of the grocery store. For a spicier version of this drink you can use the dark chocolate bar infused with chili.

*The percentage of calcium is based on the Osteoporosis Canada's daily calcium requirement for people under 50 years of age of 1000 mg.