COPING

'A newsletter from COPN'

April 17th, 2009

Remember: You can live well with osteoporosis!

Thought for today: Life is like a roll of toilet paper ...the closer it gets to the end, the faster it goes...so have fun, think 'good thoughts' only, learn to laugh at yourself, and count your blessings!

Questions and Answers from the Virtual Forum: The next issues of COPING will contain the questions asked by participants of the virtual forum and the answers given by our specialists. Although many of you didn't participate in the Virtual Forum, *"Osteoporosis Medications: Benefits and Risks"* the forum is available for viewing until June 2, 2009 on www.osteoporosis.ca. On the right-hand side, you will see the story about the forum. Click on the word 'more'. Part way down that page, you will see 'by clicking here'. You will need to enter your first and last name, along with your email address, to view the forum. Click on "launch player in selected screen size.

5. Q: How long is it safe to take Fosamax®?

A: As with many drugs for chronic illnesses, the expectation is that you will be on a bisphosphonate for the long term, even indefinitely. However, if you are concerned about side effects after long-term usage, some healthcare professionals and their patients are opting for a "drug holiday" (i.e., going off the medication for a period of time) after five to seven years of use. It is generally agreed that stopping bisphosphonate therapy for a year or two may be reasonable if:

- You have been on it for five to seven years
- You have responded well, with no fractures, and show stable or improved bone mineral density
- You are not felt to be at extreme risk of fracture

It is important to ensure that you continue to take adequate calcium and vitamin D, minimize all other risk factors and return for follow-up bone density assessment in one to two years. If you are at high risk for fracture — i.e. because you have extremely low bone density, previous low-trauma fractures, ongoing risk factors such as continuous use of steroids for three months or more, and/or are at increased risk for falls — continuing with the bisphosphonate is generally advised, even if this takes you past five or seven years of use.

6. Q: I would like to take zoledronic acid as I can't swallow pills, but I have hydronephrosis of one kidney. Would that compromise the kidney?

A: Contraindications for the use of Aclasta® are as follows: "Aclasta® should not be used for patients with hypocalcaemia (low blood calcium) and those who are allergic to zoledronic acid. Aclasta® should not be used during pregnancy because of potential harm to the foetus. Aclasta® is not recommended for use in patients with severe renal impairment (creatinine clearance less than 30 mL/min)." We would suggest that you discuss with your doctor having a blood test to determine your creatinine levels, which in turn would indicate whether Aclasta® is contraindicated in your case.

7. Q: I am unable to do weight-bearing exercises because of chronic foot pain. What are your thoughts on the vibrating boards that are currently under study?

A: There is a study on the dynamic motion platform (called Vibes) being conducted in Boston as well as one at the University Health Network in Toronto. The results are expected some time next year. Until the results of these studies are known, Osteoporosis Canada does not endorse this equipment for the treatment or risk-reduction of osteoporosis.

8. Q: Please send an explanation of the slide entitled *Fracture Risk - Women, Age and T-score*.

A: The slide *Fracture Risk - Women, Age and T-score* - refers to Osteoporosis Canada's 10-Year Absolute Fracture Risk assessment. It used to be that the sole basis for determining a course of treatment was the result of one's bone mineral density test, or one's T-score. So let's say a 60-year-old individual had a T-score of -2.5 or less: they would then be defined as osteoporotic and most likely medication would be prescribed. However, it is possible that an 80-year-old with a T-score of -2.0 (technically not osteoporotic) is actually in more danger of fracturing than that 60-year-old. In other words, there are other factors besides BMD results or T-score that need to be taken into account when determining if one is likely to fracture and whether treatment is called for. Those other factors are age, gender, fracture history and steroid use. In the chart on the slide, a 55-year-old woman with T-score of -2.5 is in the Moderate Risk (of fracture) category. However, a 70-year-old with the same T- score is considered High Risk because of the age difference. If one has had a fragility fracture or has used steroids for three months or more, each of these factors automatically puts them in a higher risk category. If both factors are present, then that person is automatically at high risk of fracture regardless of their bone mineral density results.

Watch for the next issue of COPING for more answers to your questions.

Funny Bone:

My dog is so obedient
He does what he is bid.
The park bench said “Wet Paint”
And that’s exactly what he did!

Remember: It is important for you to eat a **healthy diet**, get some appropriate **exercise**, take your **calcium and vitamin D** and if your doctor has prescribed a **medication** don’t forget to take it as directed.

COPN WEEKLY will come to you every second Friday. We hope you enjoy it and find the information useful. Don’t forget to log on to www.osteoporosis.ca for up to date information.