

# COPING

'A newsletter from COPN'

June 12<sup>th</sup>, 2009

*Remember: You can live well with osteoporosis!*

*Thought for today:* A generation ago most people who finished a day's work needed rest. Now, they need exercise!

## **Questions and answers from the virtual forum:**

There is this one more issue, following this one, which contains the questions asked by participants of the virtual forum and the answers given by our specialists.

**29. Q:** Please talk about the interactions of calcium with other prescription drugs.

**A:** Because calcium can interfere with the absorption of other drugs, do not take other medications within 1-2 hours of taking calcium, or as indicated on the product monograph of the other medication. Tell your doctor about all prescription and non-prescription drugs you may be using. Do not start or stop any medicine without doctor or pharmacist approval. Interactions may occur with the following:

Blood pressure medications -- study results are conflicting and controversial. However, if you take a beta-blocker or calcium-channel blocker, do not take calcium supplements without your doctor's supervision.

Bisphosphonates for osteoporosis -- calcium interferes with the absorption of the bisphosphonates (etidronate, alendronate, risedronate) and therefore calcium should not be taken within 1/2 - 2 hours of these medications.

Digoxin -- high levels of calcium may increase the risk of a toxic reaction to digoxin, a medication used to treat irregular heart rhythms. On the other hand, low levels of calcium cause digoxin to be ineffective. If you take digoxin, your doctor should monitor your calcium levels closely. It should be noted that your blood calcium level is usually not affected at all by taking calcium supplements.

Antibiotics -- different types of antibiotics interact with calcium. **Quinolones:** calcium can interfere with the body's ability to absorb quinolone antibiotics (such as ciprofloxacin, levofloxacin, norfloxacin and ofloxacin). Take calcium supplements 2 - 4 hours before or after taking quinolone antibiotics. **Gentamicin:** taking calcium during treatment with the antibiotic gentamicin may increase the potential for toxic effects on the kidneys. **Tetracyclines:** calcium can interfere with the body's ability to absorb tetracycline antibiotics (including doxycycline, minocycline, and tetracycline). Take calcium supplements 2 - 4 hours before or after taking tetracycline antibiotics.

Anti-seizure medications, such as phenytoin (Dilantin), carbamazepine (Tegretol) -- take doses of calcium and anti-seizure medications at least 2 hours apart, because each interferes with the absorption of the other.

Iron and calcium -- these interfere with each other and should therefore be taken at different times of the day, at least two hours apart.

Calcium carbonate should not be used with any condition where the blood calcium tends to be high, such as an overactive parathyroid condition. Patients on dialysis or with severe chronic kidney disease should consult their physician before taking calcium supplements.

The best approach is to discuss your medications with your pharmacist to look at any possibility of interaction between your medications, including calcium supplementation.

**30. Q:** I'm wondering what people's experiences have been with the new once-a-year injection medication, as I have stomach problems and am considering this option.

**A:** Aclasta®, which is the once-a-year injectable medication for osteoporosis, doesn't cause any stomach problems. Potential side effects of Aclasta® include bone, muscle or joint pain, flu-like symptoms, fever and headache, which usually last only a day or two and typically occur only after the first dose.

**31. Q:** If I have already been diagnosed and am taking medication, how often should I have a bone density test?

**A:** One of the reasons for having a bone mineral density test is to monitor the effectiveness of treatment. Osteoporosis Canada recommends follow-up measurements one to two years after starting therapy to ensure that rapid bone loss is not continuing and to assess response to medication. If the person is not losing bone mass, a second follow-up to assess therapy should be conducted in a few years or if there is a change of medication.

**32. Q:** I am a 59-year-old female, diagnosed with osteoporosis about six years ago. I took Actonel® for five years and have been off it for a year. My Medical Services Plan does not allow for another bone density test until November 2009. Is it OK to leave it until then?

**A:** Unfortunately, we cannot answer this question adequately because we do not know what your prior bone mineral density (BMD) was, if you have ever had any fractures, and when your last BMD test was.

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

*Funny Bone:* At the movies the other night the cops were on the screen and the robbers were behind the refreshment counter.

**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](http://www.osteoporosis.ca) for up to date information. For telephone inquiries, please call 1-800-463-6842 or 416-696-2663.

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.