

COPING

'A newsletter from COPN'

June 26th, 2009

Remember: You can live well with osteoporosis!

Thought for today:

Make new friends but keep the old
The first are silver, the latter, gold

Questions and answers from the virtual forum:

These are the last of the questions that were asked by participants of the virtual forum "Osteoporosis Medications: Benefits and Risks," and the answers given by our specialists.

33. Q: How much of what appears to be an increase in the prescribing of medication to those newly diagnosed with osteopenia (low bone density) is driven by the power of the pharmaceutical industry to "brainwash" healthcare professionals who may not be well-informed about this disease and alternative treatments, such as lifestyle changes?

A: We would be interested in the evidence that you have to support your contention that doctors are prescribing medications more frequently for people with osteopenia. Lifestyle changes are of course important, in particular ensuring adequate calcium, vitamin D and physical activity and reducing or eliminating such negative factors as smoking, excess caffeine and excess alcohol. However, these measures are not a substitute for medication. Bone mineral density results are not the only indicator for prescribing medication. The other considerations are age, gender, fracture history and steroid use. Doctors are advised to do a ten-year fracture risk assessment, taking all of these factors into account. So in some cases, such as when a person has had a low-trauma fracture and is on long-term use of steroids, a medication may be appropriate even if the BMD results indicate "osteopenia" (low bone density). In most cases of "osteopenia" in younger adults (for example, in women of less than 65 years of age), Osteoporosis Canada would not recommend that any prescription treatment for osteoporosis be given unless there were significant other risk factors, such as the use of oral corticosteroids (prednisone) or a prior fragility fracture.

34. Q: I had stage one breast cancer 10 years ago. I was diagnosed with osteoporosis about six years ago and broke my back in a high-trauma accident four years ago. Consequently, I have supportive rods in my back. I have only slight osteoporosis in my radius and hip, but my spine is at -3.5. Neither Actonel® nor Fosamax® seems to be helping. I do weight-bearing exercise at least four to five times a week and have a good diet (including supplements). Any suggestions?

A: The fractures that you would have suffered from your high trauma accident were of course not preventable with even the best of our osteoporosis medications. Therefore, this is not a failure of your osteoporosis medication.

When medications such as Actonel® or Fosamax® are prescribed for osteoporosis, the aim is to ensure that there are no new fragility fractures. That is the true goal of treatment. Your doctor will also try and ensure that bone density remains stable (within the margin of error of the BMD equipment). There is no expectation of a bone density gain. So, if you are not suffering from fragility fractures and your bone density measurements are stable (even if they are not going up), then your treatment is working for you.

You have supportive rods in your back. Depending on what level these rods are in your back, it is possible that bone density measurements in the spine are affected by this. In fact, it is possible that bone density of the spine can no longer be measured as it is interfered with by the metal in the rods. When this is the case, your doctor will have to rely on the bone density measurements of the hip and forearm to assess whether you are maintaining bone density or not.

35. Q: I have been on Fosamax® (weekly) since 2002. I have been checked annually for MGUS (elevated IGM) since 2006. I have developed some facial numbness in the past year along with one session of the zapping neuralgia in the upper head. Could there be any connection to the Fosamax®?

A: There is no evidence to lead us to believe that MGUS, facial numbness or the zapping neuralgia is related to taking Fosamax®.

36. Q: I was on Fosamax® for about five years. When I had my BMD test last April, it indicated the bone density in my spine had decreased by 9%. I was changed to Actonel® in May. What do you think of the injections? I was also told by my endocrinologist that the injections work better if you have never been on any osteoporosis medications. Is that true?

A: Fosamax®, Actonel® and Aclasta® (the once-yearly infusion) are all bisphosphonate therapies. They work very similarly. The common three questions that we, experts in osteoporosis, often ask when we see a decrease in bone density are:

- 1) Is the decrease in bone density real? Were the exams done correctly and comparable?
 - 2) Has the patient been following directions and taking the prescribed medication correctly?
 - 3) Are there other reasons why the patient would have a drop in bone density? Does the patient need a workup to rule out secondary causes of bone loss?
- If your doctor is unsure about the above, then we would suggest that you see an osteoporosis specialist.

In terms of teriparatide (FORTEO®), the drug that you inject daily for 18 months, it is used as a bone formation drug, and it works differently than the bisphosphonates (Fosamax®, Actonel®, Aclasta®). You may have a faster response if you have never been on bisphosphonates before; however, we do see a positive response even for those who have been on long-term bisphosphonate therapy.

37. Q: I read somewhere that if you discontinue a bisphosphonate, your osteoporosis will get much worse, meaning worse than it would have been if you had never taken the bisphosphonate in the first place. I would like to know if this is true.

A: The bisphosphonates currently used to treat osteoporosis have a long half-life, which means they stay in the system for a time even after use has been discontinued. Eventually, however, the benefit will wear off and it is possible that one will begin to lose bone. However, there is nothing to indicate that this loss will be especially severe or that your osteoporosis will get much worse.

This concludes the series featuring the questions and answers from the Virtual Forum on medications.

Funny Bone: Sign on the outskirts of a small town: Welcome speeders. We're policed to meet you!

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. 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.