COPING

'A newsletter from COPN'

May 15th, 2009

Remember: You can live well with osteoporosis!

Thought for today: 'Life isn't about how to survive the storm but how to dance in the rain.'

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.

16. Q: Is Fosamax® the most aggressive medication for osteoporosis, and if not, what is the better?

A: Three bisphosphonates - alendronate (Fosamax®), risedronate (Actonel®) and zoledronic acid (Aclasta®) have all shown good results for reduction of fracture risk in both the hip and spine, anywhere from 30 - 70%. As for which is "better" for you, this is something to discuss with your doctor, considering the varying regimens that are available for taking these medications. Every person responds differently to therapy, so it cannot be said that one bisphosphonate is better than another.

17. Q: I have heart palpitations sometimes. Should I take Fosamax®? What are the risks?

A: Your question may have come as a result of media releases linking use of Fosamax® to atrial fibrillation (irregular heartbeat). The study that suggested a connection (between use of Fosamax® and atrial fibrillation) had some limitations not mentioned in media reports, which should lead one to interpret the findings with caution. Since that study was published, the FDA in the US has released the results of its own review of 19,687 bisphosphonate-treated patients and 18,358 placebo-treated patients who were followed for 6 months to 3 years in various studies using these drugs. The occurrence of atrial fibrillation was rare. Across all studies, no clear association between overall bisphosphonate exposure and the rate or serious or non-serious atrial fibrillation was observed. Additionally, increasing dose or duration of bisphosphonate therapy was not associated with an increased rate of atrial fibrillation. It is important to remember that a physician carefully weighs the risks and benefits of taking a medication before he or she recommends and prescribes a medication.

18. Q: Is there any information regarding the use of strontium, omega 3 fatty acids and vitamin K2? In combination, do they provide an advantage to strengthen the bones of someone with osteoporosis?

A: First of all, regarding strontium, or strontium citrate, which is the formulation you would find in a health food store: At this time, there is a medication called strontium ranelate that is undergoing the approval process by Health Canada as a treatment for osteoporosis. This medication has gone through many clinical trials testing for safety and efficacy in order to reach this point. On the other hand, strontium citrate has gone through no such trials, and it cannot be assumed that it would have the same effect on bone health or on safety.

Regarding vitamin K2, the position of Osteoporosis Canada's Scientific Advisory Council is that vitamin K2 is not recommended for the prevention or treatment of postmenopausal osteoporosis. There is no evidence to suggest that it is more efficacious for bone health than calcium and vitamin D. There are some on going trials and if anything positive comes out of them, Osteoporosis Canada will be sure to let you know.

Finally, regarding the fatty acids omega 3 and omega 6, there have been no human trials or studies regarding their effect on bone.

19. Q: Are osteoporosis patients taking medication good candidates for hip replacement surgery following fractures?

A: The answer is yes, this is done all the time. Osteoporosis patients on medications who sustain a hip fracture will get a hip replacement surgery and they do fine.

20. Q: I've noticed that the trials often use the phrase "non-vertebral fractures." What difference does that type of fracture make in the study?

A: Bone is made up of two types of bone: cortical bone, which is the hard, solid, protective outer bone, and trabecular bone, which is much more porous, more like a honeycomb and which gives bone its flexibility and ability to absorb shock. Vertebrae have more trabecular (the honeycomb-type) bone and non-vertebral bones have more cortical bone. The importance of looking at non-vertebral fractures is that all of these are fractures that cause pain, discomfort and disability. Two-thirds of vertebral fractures are silent. In general, healthcare providers and researchers like to see drugs having an effect not only in reducing vertebral fractures, but also in non-vertebral fractures (such as wrist, collar bone, pelvis, long bones of your legs, etc.).

21. Q: Are there any known contraindications with other medications taken on a long-term basis, e.g. statins?

A: Each drug has its own contraindications in terms of other drugs. For example, Dr. Cheung discussed this in her talk -- folks taking cholestyramine should not be taking raloxifene. It is best to discuss this with your doctor regarding your specific medications.

22. Q: What is the treatment given by IV every four months?

A: This medication is called pamidronate. You can give it every three to four months. However, zoledronic acid is the only intravenous medication which has been proven effective at reducing the risk of fractures in patients with osteoporosis. There is no such evidence of fracture reduction with intravenous pamidronate. Therefore, Dr. Cheung does not use IV pamidronate.

23. Q: Since I have chemical, food and environmental sensitivities, I have concerns about infusions. Are there any studies in this regard?

A: The contraindications for Aclasta®, the medication for osteoporosis that is given as a once-yearly infusion, 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." We would suggest that you discuss with your doctor whether your chemical, food and environmental sensitivities would preclude your going on this medication.

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

Funny Bone:

It is hard to understand how a cemetery raised its burial cost and blamed it on the cost of living.

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.