

COPING

'A newsletter from COPN'

May 1st, 2009

Remember: You can live well with osteoporosis!

Thought for today: The happiest people don't necessarily have the best of everything; they just make the best of everything they have.

Questions and Answers from the Virtual Forum: This current series of COPING 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 '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.

9. Q: Regarding calcium supplements: Is calcium citrate preferred? And if so, would you explain?

A: The two most widely available types of calcium supplement are calcium carbonate and calcium citrate. Calcium carbonate has more elemental calcium (the amount of actual calcium in the tablet available to the body) - about 40% - than calcium citrate. But calcium carbonate is less easy to absorb. It needs to be taken with food and with lots of water. Calcium citrate has less elemental calcium - about 20% - but is somewhat more easily absorbed, does not need to be taken with food and so can be taken at night, for example. So the answer to your question as to whether calcium citrate is preferred is that it depends on what works for you. Do not take more than 500mg of calcium, from all sources, at one time as your body will not absorb more than that. And be sure to get adequate vitamin D - at least 800 IU daily if you are over 50. The vitamin D does not have to be in the same tablet as the calcium (nor does it have to be taken at the same time as calcium), as long as you are getting **adequate amounts of both**.

10. Q: Does coffee have an effect on osteoporosis? If I eat foods with lots of calcium can I quit taking calcium?

A: Caffeine can contribute to calcium loss through the kidney, so one of the risk factors for osteoporosis is excess caffeine, which we define as more than four caffeine drinks (coffee, cola beverages, some energy drinks) per day. Beyond this amount, decaffeinated beverages are recommended or add extra calcium to counteract the effect of caffeine. Tea contains caffeine but has an insignificant impact on calcium intake. If you are over 50, you require 1500 mg calcium per day from all sources (1000 mg if under 50). So if you are able to get this amount from food sources, there is no need to take calcium supplements.

11. Q: How soon after taking Fosavance® can I take any dairy type foods?

A: After taking Fosavance®, you need to wait at least 1/2 hour before taking food of any kind, calcium-rich foods such as dairy products, or calcium supplements. Some physicians may even recommend that you wait an hour prior to having food after any oral bisphosphonate.

12. Q: I am a male in my early 40s and was recently diagnosed with osteoporosis after a hip fracture. What medications would be most suitable for my treatment, since a lot of the medications seem geared to post-menopausal women?

A: The medications approved for the treatment of osteoporosis in men are the bisphosphonates alendronate (Fosamax®, Fosavance® and generics), risedronate (Actonel® and Actonel Plus Calcium®) and zoledronic acid (Aclasta®). Testosterone therapy may be beneficial for men with low levels of male hormones. Parathyroid hormone therapy or teriparatide (FORTEO®) has been shown to improve bone mineral density in men. As to which medication would be most suitable for your treatment that is a matter to be discussed with your doctor. Regardless of which medication you are prescribed, do ensure adequate intake of calcium and vitamin D; we recommend 1500 mg calcium and at least 800 IU vitamin D per day from all sources. And be sure to engage in regular weight-bearing activity, which means any activity where you are bearing your own body weight, such as walking.

13. Q: Can Aclasta® be used by men for the treatment of osteoporosis?

A: Yes, Aclasta® has just very recently been approved by Health Canada for the treatment of osteoporosis in men.

14. Q: Taking alendronate daily or weekly - which is better?

A: Alendronate daily or weekly is as effective either way. It is simply a matter of preference. This is a question for you and your doctor. It really depends on which regimen works best for you and which regimen you are more likely to remember to take as directed.

15. Q: I may have to stay on cortisone eye drops for an eye allergy condition for a long time. Which medication should I be taking for osteoporosis? I have been prescribed Fosamax®.

A: Your question may be motivated by knowing that long-term use of glucocorticoids is a risk factor for bone loss. The most bone damage is likely to result from glucocorticoids taken orally, although use by other methods can also sometimes damage bone. Most individuals on cortisone eye drops will not require a bone density

test nor any drug treatment for osteoporosis prevention. Discuss with your doctor whether your bone health is at risk.

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

Funny Bone:

Definitions:

- ✓ Parking space "An area that vanishes as you make a U-turn."
- ✓ Creative marketing: A company that owns 16 doughnut shops and 3 weight-loss clinics.

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.

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.