

# COPING

'A newsletter from COPN'

May 29<sup>th</sup>, 2009

*Remember: You can live well with osteoporosis!*

**Thought for today:** It takes only ten minutes to find in others the faults we cannot discover in ourselves in a lifetime.

**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](http://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."

**24. Q:** I understand the focus is on medications, as that is Dr. Cheung's expertise, but it would be very helpful to hear about the research on other modalities such as vitamin supplementation (e.g. vitamin K study), strontium research and use in Europe, the dynamic motion platform research, bio-identical hormones and recommendations for enhanced supplementation products.

**A:** Regarding strontium ranelate, which is available in Europe at this time: it is undergoing the approval process with Health Canada for treatment of osteoporosis. It is possible to purchase strontium citrate, but note that this formulation is not the same as strontium ranelate. It would not have gone through the same extensive research trials as strontium ranelate and therefore there is no guarantee that its effect on bones would be similar.

The position of the Scientific Advisory Council of Osteoporosis Canada regarding the dynamic motion platform is that we do not endorse this device as treatment or effective in the risk-reduction of osteoporosis. We are awaiting the results of two clinical trials: the Vibes study out of Boston and the Vibrate Your Bones study in Toronto.

Regarding vitamin K: Osteoporosis Update (our newsletter for health professionals), Spring 2006, vol. 10, no. 2 "What's new in nutrition?" in Table 1, Nutrient recommendations, has this to say: "Vitamin K is not recommended for the prevention or treatment of postmenopausal osteoporosis. Vitamin K may be efficacious in treating postmenopausal women with severe osteoporosis but has not been shown to be superior to calcium and vitamin D."

Regarding enhanced supplementation products: there are a number of such enhanced supplementation products available on the market. According to Osteoporosis Canada's Clinical Practice Guidelines and updates, there is no clinical evidence to indicate the need for supplementation of such micronutrients as magnesium, zinc, boron, iron or phosphorus. This conclusion is reiterated in the article "What's new in nutrition?" mentioned above.

Finally, regarding bio-identical hormones: there is no consensus as to whether these are safer or more effective than conventional hormone therapy. Note that for Osteoporosis Canada, hormone therapy is no longer a front-line treatment for osteoporosis unless menopausal symptoms are an issue and the individual has not fractured.

**25. Q:** Can osteoporosis be reversed by taking 1000 IU of vitamin D and 1500 mg of calcium? I have had many side effects from bisphosphonates so I am trying to do it without this medication.

**A:** You do require at least 800 IU of vitamin D and 1500 mg of calcium daily from all sources. However, these nutrients are meant to be adjuncts to, not substitutes for, medication. There is a new medication approved for the treatment of osteoporosis called Aclasta®, which is administered as a once-yearly infusion. As with almost all medications, it does have potential side effects. We recommend that you discuss this option with your doctor, as well as other medications that are approved for the treatment of osteoporosis.

**26. Q:** At what bone density reading should medication begin? Are bone density readings always reliable? I think I had a misread a few years ago.

**A:** There are other factors as well as bone mineral density test results that will determine whether or not you should be on medication. These are age, gender, fracture history and glucocorticoid use. You and your doctor need to look at these factors, as well as your bone mineral density results, to determine your 10-year absolute fracture risk in order to decide if medication is appropriate in your situation. BMD tests are generally reliable, but as with anything there could be equipment malfunction or human error and you might have had a reading that was not as reliable as it could be. If you have had a number of BMD tests, it may be more important to look at an overall pattern (are you losing bone, gaining, or holding steady) rather than focussing on one particular result.

**28. Q:** My doctor has asked me to start Fosamax® but I have not as I am concerned about risks. I would like to compare Actonel®, Fosamax®, etc. I am a healthy 63-year-old who goes to the gym three times a week.

**A:** There have been no head-to-head trials comparing Fosamax® and Actonel®. Both show good results for reducing the risk of fracture (30-50%). There have

been studies suggesting a connection between osteonecrosis of the jaw and the use of bisphosphonates, but the incidence is extremely small (one in 10,000 to one in 100,000 patients) and there is nothing to suggest that that risk is greater with any of the two medications. You mention physical activity, which is important, but do also ensure that you are getting adequate calcium and vitamin D. We recommend 1500 mg calcium and at least 800 IU vitamin D per day from all sources.

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

*Funny Bone:* You can't have everything: where would you put it?

**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.