

COPING

'A newsletter from COPN'

October 16th, 2009

Remember: You can live well with osteoporosis!

Thought for Today:

Did you know what the word FAMILY means?

FAMILY = Father And Mother I Love You

All Fall Down 'How to Cut Your Risk of Falls'

The following is the last in a three part series. The first appeared January 23/09 and the second in Oct 09. They are excerpts from Nutrition Action Health Letter produced by the Centre for Science in the Public Interest, July/August 2008, Washington, D.C..

Part III

Get Enough Vitamin D

It's the "sunshine" vitamin: our bodies manufacture vitamin D when our skin is exposed to the sun's ultraviolet rays. And it may reduce the risk of falls. "Five good studies have shown that supplementing people in their 70s and 80s with 800 to 1,000 IU a day of vitamin D lowers the risk of falling by an average of 20 percent," says Bess Dawson-Hughes, director of the bone metabolism laboratory at the WSDA Human Nutrition Research Center on Aging at Tufts University in Boston, Massachusetts.¹ "We think the vitamin is increasing the number and/or size of what are called type 2 muscle fibres in the legs," she says. "These are the rapid responder muscle fibres that would help you to right yourself if you were about to fall."

"Those studies looked mainly at people with blood levels of vitamin D in the 'insufficient range'," notes Dawson-Hughes.

But she points out that anyone who lives in Canada doesn't make Vitamin D from the sun in the winter.

"Everyone should be getting 1,000 IU of vitamin D every day," she says. (Osteoporosis Canada currently recommends at least 800 IU daily for those 50 and older.)

Most multivitamins contain 400 IU of vitamin D, milk has 100 IU per glass, some yogurts have vitamin D added (read the label) and margarine has about 30 IU per teaspoon. So to reach 1,000 IU, you'll need a separate vitamin D supplement.

Monitor Your Meds

Canadians are taking more medications than ever, and some drugs or combinations of drugs can cause sleepiness or dizziness. Both increase the chances of tripping and falling.

It's important to have your medicines reviewed by a doctor or a pharmacist to make sure there are no interactions or side effects that can lead to falls.

"The more drugs you're on, the more likely you are to get into trouble," says John Morley, a gerontologist at Washington University in St. Louis, Missouri.

Especially risky are drugs that affect alertness, such as antidepressants, (like Prozac and Zoloft), antipsychotics (like Thorazine), and anti-anxiety drugs (like Valium and Xanax). Some studies also find a higher risk of falling in people who take diuretics, which help lower blood pressure.

When researchers in the Netherlands cut the overuse of these and other 'fall-risk-increasing drugs' from the medicine cabinets of 75 people 65 and older, falls were cut in half over the next two months.²

In Canada, seniors can bring their medications to their local pharmacy, where the pharmacist, typically at no cost, will explain what the medications are for, check expiration dates, and look for potential interactions that might increase the risk of falls.

If you live in Ontario and are taking three or more medications for a chronic condition, the MedsCheck program will pay for an annual 30 minute consultation with a pharmacist.

Check Your Vision

"Obviously, if you can't see where you're going, you're going to trip and fall," Morley points out.

To prevent falls, "it's important to have your vision checked at least once a year to make sure that it's as good as possible," This is the first reference. You may need new glasses or have glaucoma or cataracts that limit your vision.

Following through is essential. In 2007, the Canadian Institute of Health Research reviewed the results of 27 studies, trying to determine a medically acceptable wait time for cataract surgery. Patients who waited six months or longer were more likely to fall than those who had their operation within six weeks.³

Watch for Low Blood Pressure

"People also fall because their blood pressure drops and they become light-headed when they stand up," says Morley.

"The phenomenon, called orthostatic (or postural) hypotension, is particularly common in older people, especially in those taking several drugs for high blood pressure," he adds. "Blood pressure can plummet suddenly when they try to stand, which can throw off their balance. (For more information, see www.mayoclinic.com/health/orthostatic-hypotension/DS00997)

Keep Your Home Safe

About half of all falls in Canada occur in the home. "The biggest hazard is attitude," says Cathy Cole of the ElderLink social services program in the state of Virginia.

“People who don’t think they’re going to fall won’t take preventive measures in their home.” They don’t make sure that electrical cords are safely out of the way, for example. Or they keep throw rugs in hallways.

In contrast, “people who have fallen or are deathly afraid of falling become very sedentary and are afraid to move”. And that inactivity can increase chances of what they dread most, falling.

¹JAMA 291: 1999, 2004

²Br. J. Clin. PHarmacol. 63: 232. 2006

³Canadian Med. Assoc. J. 176: 1285, 2007

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Funny Bone:

The government is like a baby’s alimentary canal, with a happy appetite at one end and no responsibility at the other. – Ronald Reagan

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.

COPING 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.

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