

**Remember: You can live well with osteoporosis!**

## Osteoporosis in the Workplace

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### Fracture Fact:

Osteoporosis does not affect only the elderly, or only women. It affects men and women at all stages of life, including millions of people worldwide who are working

**This article first appeared in our August 31, 2012 COPING Newsletter**

Each year on Labour Day, Canada celebrates the achievements of workers from coast to coast of this great country of ours. However, for thousands of working Canadians who have recently been diagnosed with osteoporosis, a celebration may not be in the cards. For them, their jobs and their careers may have been forever changed when their doctor announced, "You have osteoporosis."

What comes to mind when you hear the word "osteoporosis"? Is it an image of a frail, elderly woman? If so, then why publish an article on osteoporosis in the workplace? Because osteoporosis does not affect only the elderly, or only women. It affects men and women at all stages of life, including millions of people worldwide who are working.

Early on in the operation of Osteoporosis Canada's 1-800 Bone Health line, a call came from a man who made his living as a firefighter. He had suffered a back injury and, in the course of dealing with it, discovered he had osteoporosis and a broken bone in his spine. He thought osteoporosis was "a little old ladies' disease." He had no idea men could suffer from osteoporosis, especially men like him, who had always led an active and healthy life with no known family history of osteoporosis. Appalled and

confused, he was concerned about his future because he had a family to support but clearly could not continue as a firefighter. What was he to do? Women and men are living longer and working longer. It is estimated that by the year 2041, 25% of the Canadian population will be over 65 (about double what it is now), and the incidence of osteoporosis and osteoporotic fractures in the workplace is likely to increase proportionately. Here are a few relevant Canadian statistics:

- At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime.
- Osteoporotic fractures are more common than heart attack, stroke and breast cancer combined.
- Over 80% of all fractures after age 50 are caused by osteoporosis.
- The risk of a major osteoporotic fracture in Canada is among the highest in the world. Each year 30,000 Canadians break their hip and many more suffer osteoporotic fractures of the spine, wrist, shoulder and pelvis.

In 2002, the International Osteoporosis Foundation published a report titled *Osteoporosis in the Workplace*, looking

in particular at the European Union, the United States and Canada. The report estimated that at that time the annual direct cost of treating osteoporotic fractures of people in the workplace in the USA, Canada and the European Union was approximately \$48 billion. In Canada alone, the estimated cost was about \$1.9 billion. This cost does not include the indirect economic costs and huge emotional price that has to be paid by someone who has suffered a hip fracture or a broken bone in their spine.

Osteoporotic fractures in patients younger than 60 lead to higher relative indirect costs: sick leave, loss of job days and related income, unemployment and disability payments and loss of productivity to the employer, as well as emotional distress for the patient not to mention the family who now become care givers.

A recently published report states, "The number of days missed from work (in Canada) due to osteoporosis-related fractures is estimated at 3,123,298 days (12,013 full-time employment years) for individuals aged 50 to 69 years." <sup>1</sup> Many health insurance plans do not reimburse the costs of diagnosis and treatment until one has fractured. More often than not, osteoporosis is not recognized in the workplace as a chronic condition that needs to be accommodated.

### **What can you do to minimize your risk of breaking a bone at work?**

**Know your limitations.** Learn all you can about maximizing your bone health through a balanced calcium and protein rich diet, vitamin D supplementation and regular exercise. Work with your healthcare professionals so you understand what types of activities (at home and at work) you should and should not do. Recognize that there are some jobs that you should not attempt because they carry too high a risk for fracture. All provinces and the federal government have programs to help individuals find modified work that suits their abilities and physical limitations.

**Be aware of your work environment.** Be alert to any unsafe conditions and report them immediately to your supervisor or your health and safety committee. You have the right to refuse any tasks that are unsafe.

**Help educate** your supervisors, your co-workers and your health and safety committee on the importance

of bone health and a fracture-free workplace. Take copies of Osteoporosis Canada's fact sheets - *Diagnosis, Treatment, Nutrition and Exercise for Healthy Bones* - to work and share them with others there. These are available by calling 1-800-463-6842 or at [www.osteoporosis.ca](http://www.osteoporosis.ca) under the Programs and Resources tab.

### **Are you an employer?**

You already know how work related injuries affect your bottom line but chances are that you've never given much thought to the impact osteoporosis could have on your workplace, or to the fact that one in three women and one in five men will suffer an osteoporotic fracture. You say you do not have a high-risk work environment like the firefighter? Even a simple trip over a carelessly placed extension cord can result in a fractured wrist, a week or more off work, and months of rehabilitation.

### **Are you a researcher?**

Why not do a study on osteoporosis and the workplace? Our own research for this article tells us that much more information is needed.

*Gail Lemieux's personal story will resonate with anyone whose working life was ended prematurely by osteoporosis. A home care coordinator for a medical laboratory in Barrie, Ontario, Gail enjoyed her job working with people who could not come to the lab for medical testing. In March 1980, at the age of 40, she slipped on a patch of ice in front of her home and fractured two vertebrae. She was hospitalized for two weeks and spent about six months recuperating. Gail eventually recovered, but she was not investigated or treated for osteoporosis, even though her mother had the disease and was confined to a wheelchair. In 1990 Gail slipped on the stairs at home and fractured another vertebra. Within a year she broke yet another vertebra, a common "cascade" effect among people with osteoporosis.*

*In almost constant pain, Gail would have to leave work early and lie flat on her back at home until heading off to work again the next morning. "I didn't really have a life at that time, certainly not of any quality," remembers Gail. She was put on long term disability because of her constant pain, inability to do her job, and the likelihood that some of her fractures may have happened at work. "It is*

difficult to pinpoint when and where the later fractures had occurred,” says Gail. “And employers need to be concerned about possible liability issues for on-the-job injuries.”

Eleven years after her first fracture, Gail was finally diagnosed with osteoporosis. “I had a dual reaction when I was diagnosed,” Gail says. “One reaction was thank goodness I have a diagnosis. My other reaction was what do I do now? You know, I really didn’t know anything about osteoporosis. I thought because my mother had it, that was just something that happened to her and it never crossed my mind it could happen to me. I still get a lot of pain if I do things I shouldn’t do.” She cannot vacuum or dust. Well, who likes housework anyway, you might say;but it makes for a restricted life. Equally frustrating is the fact that her physical limitations can mean depending on others for help with activities she used to do herself. “Your independence can certainly be jeopardized,” says Gail.

Gail has not returned to work since 1991. Battling additional health concerns today, Gail does her best to stay busy, active and positive. “I’m not about to give up now,” she says. Gail Lemieux went on to become a former member of the Board of Directors of Osteoporosis Canada and a founding member of the Canadian Osteoporosis Patient Network.

We all recognize that as we age there are some things we can no longer do quite the same as when we were 20 years old. This realization is even more profound for those of us with osteoporosis. At work or play, osteoporotic bones cannot tolerate the same levels of stress or strain as healthy bones. Nevertheless, by acknowledging our own limitations and taking steps to maximize our bone health and minimize our fracture risk, we can still live well – and yes we can even work well – with osteoporosis.

1. The burden of illness of osteoporosis in Canada, Tarride et al, Osteoporosis International, March 2012

## Upcoming Virtual Education Forum

### Optimizing Nutrition for Bone Health

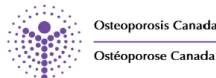
Wednesday, September 25, 2013

1:30pm to 3:00pm ET

[Speaker: Andrea Miller, MHSc, RD](#)

**Registration is now OPEN!**

**[Click here](#)** for registration information.



Wednesday, September 25, 2013

### VIRTUAL EDUCATION FORUM Optimizing Nutrition for Bone Health

Presenter: Andrea Miller, MHSc, RD

Presentation Times by Time Zone

PT: 10:30 a.m. to 12:00 p.m.  
MT: 11:30 a.m. to 1:00 p.m.  
CT: 12:30 p.m. to 2:00 p.m.  
ET: 1:30 p.m. to 3:00 p.m.  
AT: 2:30 p.m. to 4:00 p.m.

**Registration Opens  
Friday, August 16<sup>th</sup>, 2013**



**What is a Virtual Education Forum?** Our virtual forums allow people from all over the country to view presentations in the comfort of their own home or office. Register for this event and have your questions answered by registered dietitian, Andrea Miller in real-time.

**How do I register?**

Visit <http://www.osteoporosis.ca/osteoporosis-and-you/copn/virtual-forum/>

**For more information please contact:**

[copn@osteoporosis.ca](mailto:copn@osteoporosis.ca) or 1-800-463-6842 ext. 224

Free Event

For more information on Osteoporosis Canada and the Canadian Osteoporosis Patient Network (COPN) call 1-800-463-6842 or visit our website at [www.osteoporosis.ca](http://www.osteoporosis.ca)

**FUNNY BONE:** Laughing is good exercise. It’s like jogging on the inside.

# A Recipe from our Sponsor

## California Chicken Pasta Salad



Course: *Salads*                      Prep Time: *15-20 mins*  
Cooking Time: *8-10 mins*    Yields : *4 to 6 servings*  
*3/4 milk product serving(s) per person*

### Preparation

8 oz (250 g) cavatappi, fusilli, farfalle or other short pasta, (about 2-1/2 cups / 625 mL)  
3 cups (750 ml) shredded cooked chicken, (about 12 oz / 375 g)  
1 cup (250 ml) red grapes, halved  
1 cup (250 ml) sliced celery  
1/4 cup (60 ml) thinly sliced red onion  
1 cup (250 ml) crumbled **Canadian Havarti, Colby** or **Gouda cheese**  
Salt & pepper, to taste  
1/4 cup (60 ml) chopped toasted walnuts or almonds

### Dressing:

1 cup (250 ml) **milk**  
1 clove garlic, minced  
2 tbsp (30 ml) liquid honey  
1 tbsp (15 ml) Dijon mustard  
1/2 tsp (2 ml) salt  
1/4 tsp (1 ml) dried thyme  
1/4 tsp (1 ml) dried rosemary  
1/4 cup (60 ml) freshly squeezed lemon juice  
1/4 cup (60 ml) plain **yogurt**

### Instructions

**Dressing:** In a large bowl, whisk together **milk**, garlic, honey, mustard, salt, thyme and rosemary. Gradually whisk in lemon juice. Let stand for 10 min or until slightly thickened. Whisk in **yogurt**.

**Salad:** In large saucepan, cook pasta according to package directions, until **al dente**; drain. Rinse under cold running water until cool; drain well. Add to dressing in bowl with chicken, grapes, celery, onion and **cheese** and stir gently to coat. Season with salt and pepper. Sprinkle with nuts.

**Tips:** Buy a barbecued chicken from the grocery store or cook extra on the weekend and shred the meat to use in this pasta salad. You can even freeze shredded chicken in a freezer bag or airtight container to use later. Thaw overnight in the refrigerator.

### For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/california-chicken-pasta-salad>

## Important Changes to the Availability and Conditions of Use for Drugs Containing Calcitonin

Calcitonin nasal spray for the treatment of osteoporosis is no longer available in Canada because of new information on the possibility of a slight increase in cancer risk. In addition, calcitonin nasal spray is not as effective for the treatment of osteoporosis as other medications as it only reduces the risk of spine fractures and not other types of fragility fractures. If you were using calcitonin nasal spray, talk to your doctor about other available treatment options that are more effective and that best suit you. More information is available from Health Canada at <http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/34843a-eng.php#public-public>

## **QUESTION & ANSWER**

A question came from one of our readers who read the [August 2, 2013 issue of COPING All About Calcium \(Part 2\)](#). Below is the question and the response. Thank you for contacting COPN.

### **QUESTION:**

*Greetings COPN editor,*

*I have just read your newsletter article about calcium supplements, which I found helpful. However, I was already aware of most of this information and was looking for specific information on the sources of the calcium in the supplements. There are companies pushing supplements based on plants and these companies want to imply that calcium from non-plant based sources is "bad". This seems to me to be just a marketing ploy. I would appreciate it if you could do an addendum in your next newsletter about the various sources of the calcium in the supplements.*

*Thank you for this and for your wonderful work.*

*Sincerely,  
Sally*

### **ANSWER:**

*"There is insufficient evidence that plant based calcium supplements are better than any other supplemental form of calcium, such as calcium carbonate or calcium citrate. This means that it is not necessary to purchase "enhanced" brands of calcium supplementation. Calcium from the diet is still the safest, most inexpensive and preferred way to get one's calcium. Because everyone is different, those who cannot get sufficient calcium from their diet should speak to a qualified health care professional for individual advice on dietary alternatives or how to properly supplement with calcium."*

NOTICE: Every issue of COPING is vetted by members of Osteoporosis Canada's Scientific Advisory Council to ensure accuracy and timeliness of content. These newsletters are not intended to promote or endorse any particular product. Product references, if they appear, are for illustration only.

These newsletters are not intended to replace individualized medical advice. Readers are advised to discuss their specific circumstances with their healthcare provider.

**This issue of COPING is sponsored by Dairy Farmers of Canada**



**NUTRITION**  
DAIRY FARMERS OF CANADA



[getenough.ca](http://getenough.ca)