

# OSTEOPOROSIS SAC LINK

Osteoporosis Canada's Scientific Advisory Council

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## What Happens To Your Gifts to Osteoporosis Canada

- **Puts science into practice** by educ healthcare professionals to ensure Canadians living with the disease have access to the latest prevention, diagnostic and treatment options. This includes Kerry's support of the SAC and the guidelines development committees.
- **Helps individuals affected by osteoporosis and their families** by providing accurate, evidenced-based information, online tools and resources, educational programs and access to support groups and community resources.
- **Help implement FLS, which is by far, the most effective secondary fracture prevention method to ensure fracture patients receive the osteoporosis care they need to prevent additional fractures** and the work to promote and support the implementation of quality Fracture Liaison Services (FLS) in jurisdictions across Canada.

MAKE A GIFT TODAY

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## Support Groups

Osteoporosis Canada support groups bring people together who are going through or have gone through similar experiences. New virtual support groups have been added including the following: *Atlantic Provinces, Under 40 and Men and Osteoporosis.*

[Click here to find a support group >](#)

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### Working in Partnership to Reduce Injuries From Falls in LTC

The Ontario Osteoporosis Strategy (OOS) and RNAO Long-Term Care Best Practices Program have teamed up to virtually co-host a series of workshops on the Fracture Risk Scale (FRS) for RAI-MDS Coordinators and others in LTC Homes.

The FRS is a validated tool for assessing fracture risk for LTC residents. It is the first tool of its kind that can predict hip fracture for LTC residents over a 1-year period using risk factors such as prior fractures, wandering, dementia and falls. The FRS supports clinical decisions in care-planning by identifying who is at risk through auto-generated data in MDS 2.0.

Presented by Dr. Caitlin McArthur and regional-specific staff from OOS and RNAO, attendees learn about the FRS tool as well as how it fits into the overall work of RNAO LTC Clinical Best Practice Guidelines on Preventing Falls and Reducing Injury from Falls.

During the workshops, participants share how they are using the FRS tool, receive resources to use in their homes and can arrange for further education in their specific LTC Homes.

To date 69 RAI Coordinators, 3 Provincial RAI Leads and 101 other LTC staff have attended with more regional workshops scheduled until the end of June.

We are very grateful to the LTC Homes that have been able to attend the workshop during this extremely difficult time.

### The Osteoporosis Canada Tim Murray Short-Term Training Awards

*The Tim Murray Short Term Training Awards will be offered in 2021 in two rounds - the first being June 15 and the second being November 1.*

These awards (maximum \$1500) provide successful individuals the opportunity to learn more about osteoporosis, advance existing research skills in osteoporosis and/or present their research at a scientific meeting. It is open to undergraduate, graduate, postgraduate trainees and junior faculty members (where junior is defined as less than 5 years in their first academic appointment). The awards aim to build on Dr. Timothy Murray's impressive legacy of teaching, research and patient care by recognizing, supporting and encouraging future leaders in bone health. The application process will be administered by Osteoporosis Canada's research committee.

The proposed training or project must occur between June 2021 and March 21, 2022.

Application Forms:

- [OC Tim Murray Short-Term Training Award - Application 2021 >](#)

Two rounds of awards will be available in 2021. The application deadlines for the first round is **June 15, 2021** and the second being **Nov. 1, 2021.**

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# COVID-19 Vaccination And Osteoporosis Drug Therapy

*Dr. Aliya Khan, Dr. Heather Frame, Dr. Claudia Gagnon, Dr. Rowena Ridout, Dr. Lianne Tile and Dr. Sandra Kim*

Recommendations from Osteoporosis Canada Rapid Response Team

Osteoporosis is a chronic condition which requires consistent pharmacologic intervention. There is currently no evidence that osteoporosis therapy increases the risk or the severity of COVID-19 infections. With the exception of bisphosphonates, which have long-term skeletal retention, cessation of osteoporosis drug therapy is associated with bone loss and an increased risk of fracture (1, 2). Thus it is important to not stop osteoporosis therapy or delay the dose of medication without consulting your physician.

The COVID -19 vaccine is given intramuscularly and may result in a mild flu like reaction as well as a local injection site reaction. This has been documented with both the adenovirus vector-based vaccine as well as the mRNA-based vaccine (3, 4). Since intravenous zoledronate or injected denosumab or romosozumab medications may also result in a flu like reaction or local injection site reaction, it is advisable that these medications not be administered at the same time as the COVID-19 vaccine. An interval of one week between infusion of the intravenous bisphosphonate zoledronate and COVID-19 vaccination is recommended. An interval of 4-7 days between subcutaneous administration of denosumab or romosozumab and the COVID-19 vaccination is recommended. As teriparatide is administered daily subcutaneously, it can be continued if it is well tolerated and has not resulted in any local injection site reactions. Osteoporosis Canada recommends administration of teriparatide in the abdominal wall or the thigh and not in the same location as the COVID-19 vaccine. Oral bisphosphonates and raloxifene can be continued without any delay in their administration. These recommendations are consistent with the joint recommendations made by the ASMBR, AACE, Endocrine Society, ECTS, IOF and NOF.

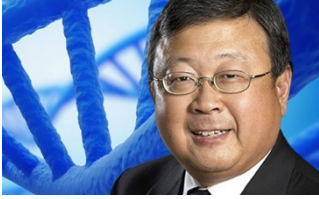
Osteoporosis Canada emphasizes the importance of close adherence to the dosing regimens of all osteoporosis medications to ensure optimal skeletal health.

## References:

1. Tsourdi E, Zillikens MC, Meier C, et al. Fracture risk and management of discontinuation of denosumab therapy: a systematic review and position statement by ECTS. *J Clin Endocrinol Metab.* 2020; doi: 10.1210/clinem/dgaa756 [Epub ahead of print]
  2. Napoli N, Elderkin AL, Kiel DP, Khosla S. Managing fragility fractures during the COVID-19 pandemic. *Nat Rev Endocrinol.* 2020;16(9):467-8.
  3. Zhu FC, Li YH, Guan XH, et al. Safety, tolerability, and immunogenicity of a recombinant adenovirus type-5 vectored COVID-19 vaccine: a dose-escalation, open-label, non-randomised, first-in-human trial. *Lancet.* 2020;395(10240):1845-54.
  4. Baden LR, El Sahly HM, Essink B, et al. Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. *N Engl J Med.* 2021;384(5):403-16.
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## McMaster University Department of Medicine Awards



The McMaster Academic and Education Department of Medicine Awards review committee have selected an outstanding group of individuals for the 2020-2021 academic year. **Dr. Rick Adachi** is the winner of the Jack Hirsh Award. This is the preeminent achievement award given by the McMaster Department of Medicine.

The award is given annually to a full time member of the McMaster community with a primary or secondary appointment in medicine. Dr Adachi is retiring this year and this award is fitting recognition of his contributions to the Department. Congratulations!

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