

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

## National Volunteer Week in Canada: April 15 to 21, 2012

### In this issue

- National Volunteer Week in Canada
- Volunteer Profile
- The Potential Link Between Bisphosphonates and Risk of Eye Disease
- Funny Bone
- Archived Virtual Education Forum

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*Did you know that there are more than 12 million volunteers in Canada? We are proud to say that some of the best of that group of dedicated Canadians are volunteering right here at COPN and Osteoporosis Canada. They work (and they work very hard!) at all levels of the organization. Consider this: Osteoporosis Canada's Board of Directors, the Scientific Advisory Council, and the executive committees of COPN, Chapters and Branches are all comprised entirely of volunteers. The OC 1-800 line that many of you have called? You guessed it – it too is manned completely by volunteers. There is a very good chance that the person who signed you up for COPN, whether at a health fair or a public forum was a volunteer. Our volunteers do so many more things. They advocate for improved care for those with osteoporosis, they organize fundraising teas and golf tournaments and provide counseling and comfort to the newly-diagnosed. In short, they truly are the backbone of Osteoporosis Canada.*

*In recognition of Canada's National Volunteer Week we are delighted that Dr. Irene Polidoulis has agreed to tell us how she became a volunteer, and how much being a volunteer means to her. You first met Dr. Polidoulis in our [October 14 newsletter](#) where we explained the many contributions she makes to COPN and Osteoporosis Canada. Now read why she considers volunteering such an important part of her life.*

#### Volunteer Profile – Dr. Irene Polidoulis

Dr. Polidoulis is a family physician in Toronto. She began doing osteoporosis research with Dr. Angela Cheung in 2006 and in August 2011 published her first research paper on exercise and osteoporosis. In 2010 she became a member of the Scientific Advisory Council (SAC) of Osteoporosis Canada (OC). She was one of the reviewers of the 2010 Clinical Practice Guidelines, and has actively served on the COPN SAC review team for the past year, editing the COPING newsletters, Virtual Forum questions and answers, OC fact sheets and brochures and the Health Knowledge Training Manual that is used by OC to train its staff and volunteers. She was also one of the authors of The White Paper, "Towards a Fracture Free Future". Since June 2011 she has served as the Medical Advisor to COPN serving on COPN's executive committee. She also does volunteer work with her church. Dr. Polidoulis tries to live by her motto, "Always do whatever you can for whoever you can and never expect anything in return".

For the past 25 years, I have worked as a family physician in Scarborough, Ontario with a keen interest in many things, including teaching medical students and residents and research in osteoporosis. That interest led me to volunteering for Osteoporosis Canada as a member of the Scientific Advisory Council. Later on I became the Medical Advisor to and member of the COPN executive Committee, and most recently, the Chair of the newly created COPN Scientific Review Committee of the SAC. In addition to this, I am also a wife and mother of three teenagers. So, you might ask, weren't you busy enough already? Why did you add volunteer work to the mix? Well, to explain this to you I have to go back a few years and relate my own personal story.

Eight years ago, I was on the verge of obesity. I had tried every diet and every diet pill but with no lasting success. Finally, I was convinced that I had to start exercising to get the weight off and keep it off. I debated the best way to exercise for about a year, and then I finally decided to join a gym and hire a personal trainer.

This personal trainer was not what I had expected. He first surprised me by taking a medical history. I thought only doctors did that. He soon found out that my mother had severe osteoporosis and that I was worried about getting it too. He more than surprised me by telling me that exercise would reverse my already declining bone mass. Nobody taught me that in medical school, but I didn't dare disagree with him by telling him that I knew better because I was a doctor and he wasn't, because, you see, I was also really fat and he wasn't.

Finally, he asked me what I had never asked myself: "When was the last time you engaged in regular exercise?" Well...never. After all, I was raising three children and cleaning my own house. Wasn't that exercise enough? He looked even more dismayed than I felt embarrassed and I started racking my brains to remember the last time I had

really exercised. "Well, when I was in medical school I used to dance to take breaks from studying", I said. Then he exclaimed excitedly, "Oh, you're a nurse!! You get lots of exercise running around and making beds..." And, yes, I let him believe that for the first little while, far too embarrassed to admit I was a physician.

But what my trainer had said got me thinking. Could exercise really increase a person's bone mineral density? I decided to email a research colleague to ask her if exercise can increase bone mass. Her response was that she didn't know, but she thought that was a great research question, and that I should submit this question, and an application, to the Five Weekend Family Medicine Research Programme at the University of Toronto. This programme was designed for family physicians who had no research background, but who were interested in learning the basics of research around their question.

My question and I were accepted, and during the one year course that followed, I had the good fortune of meeting Dr. Angela Cheung, who mentored me and my interest in osteoporosis.

I learned during the course of time that lots of research has been done that shows that exercise can and does increase bone mass in men and pre-menopausal women, and can and does protect bones from fractures by reducing the rate of bone loss in post-menopausal women. As time went by, my research took



shape and so did my body. I lost 8 inches off my waist which is roughly the equivalent of 40 pounds of fat, I learned to swim and I learned to run. I graduated from being barely able to run across the street to running 10K marathons and climbing the CN Tower in under 25 minutes! Exercise strengthened my muscles, my career, my resolve, improved my sleep, my energy, cured my migraines and turned my life around. Just one hour of sweaty resolve three times a week is all it took ... but what about my bones?

Dr. Cheung tested me on a special instrument that was still in the experimental stages and proudly told me that my ulna was among the strongest she had ever seen. Experiencing this new lease on life with my health was the undying driving force behind all my passion for exercise and osteoporosis research – until ... Dr. Cheung asked me to join the SAC.

I hemmed and hawed for about a month. Where would I find the time? I finally agreed, reluctantly, thinking that maybe I would meet some new people and make some new contacts that might be helpful in terms of my research. So, after submitting my CV, I was accepted and assigned to the COPN committee that edits the patient newsletters. In addition, I volunteered for the working group delegated to develop new practical tools for family physicians when the launch of our new guidelines was being prepared.

I had no idea at the time how much that type of participation was going to help me, as a physician, with respect to the new knowledge that I would acquire, nor did I suspect how much I would enjoy the work involved. I have a small practice of about 700 patients, but I see one patient at a time. I need to repeat the same advice over and over again. By the end of the day, I may have seen about 20 patients. When I edit a COPING newsletter or OC fact sheet, that information goes out to all COPN members across Canada. That membership is currently at about 5,000 and is growing at a rate of about 100 new members per month. That number is huge compared to how many patients I can see in one day.

I can't tell you how amazing it feels, knowing that I am reaching out to so many individuals, making a difference in their health and lives. In addition, the knowledge I have acquired about the new guidelines, and how to explain them to lay people, has enabled me to transmit this knowledge to my professional colleagues as well as to the family medicine residents of our hospital in a practice-ready format.

And finally, the coast-to-coast friendships I have developed along the way, as I have met new people both on the SAC and on the COPN committee, have greatly enriched my life.

Being a volunteer, especially a volunteer on the SAC of Osteoporosis Canada, has given me much more than I could ever give back to this organization. It has enabled me to use my expertise and passion for medicine to the fullest; it has enabled me to reach out to thousands of individuals; it has connected me with other like-minded physicians and patients who really care about their health and the health of others; it has given me the opportunity to participate in new and exciting research and it has given me the opportunity to make a contribution, change lives, make new friends. Volunteering has taken what I give, multiplied it by a thousand and given it back to me.

And this, ladies and gentlemen, all started because...I joined a gym. How amazing that just one positive change can have such far reaching consequences. As for time, I have learned that when you put what's really important first, you will even have some to spare. I hope that my story will encourage you to always do your personal best, and will inspire you to keep giving of yourself as much as you can, whenever you can, to anyone you can. Being a volunteer is really awesome!

**Follow this link to learn more about OC's prestigious [Scientific Advisory Council](#).**

## New Study Confirms that Potential Side Effect of Bisphosphonate Therapy on the Eyes is Very Rare

A recently released Canadian research study confirms what has been shown in past preliminary studies; - inflammation of the eye as a possible side effect of bisphosphonate therapy is very rare. Bisphosphonates include Alendronate (Fosamax), Risedronate (Actonel), Etidronate (Didrocal) and Zoledronic Acid (Aclasta).

In this new study to evaluate the risk of inflammation of the eye while taking bisphosphonates, Dr Etminan and his colleagues reviewed the electronic medical records for specific diagnoses and medications in all British Columbia residents seen by an eye doctor from 2000 to 2007. They found that uveitis (inflammation of the uvea or middle layer of the eye) occurred in 0.29% of people using bisphosphonates for the first time. Uveitis also occurred in 0.20% of people not taking bisphosphonates. Uveitis can cause blurred vision, eye pain and redness. The researchers also found that episcleritis (inflammation of the sclera or white part of the eye) occurred in 0.63% of bisphosphonates users and in 0.36% of non-users. Episcleritis can cause eye pain, redness, tearing and light sensitivity.

To be clear, this study does *not* prove that bisphosphonates *cause* these types of eye problems. In addition, these eye conditions are quite rare and the number of people that are affected is very small. The overall risk of eye inflammation in people taking bisphosphonates is very low compared to the much larger risk of a fracture (broken bone) in people with osteoporosis who do not take bisphosphonates.

If you are taking a bisphosphonate and do *not* have any eye symptoms continue to take your bisphosphonate as you normally would. However, if you are taking a bisphosphonate and you *do* develop any symptoms of eye inflammation report these to your doctor as soon as possible. Your doctor will make sure that you get the proper treatment for your eyes and will advise you whether to continue with bisphosphonate therapy or to switch to a different type of therapy for your Osteoporosis.

### FUNNY BONE:

See if you can say this quickly three times. "A wrist fracture is a risk factor for another wrist fracture."

### ARCHIVED VIRTUAL EDUCATION FORUM

On Thursday, March 22, 2012, Janet Barnes and Sarah Nixon-Jackle focused on the topic of falls prevention. The presentation began with a discussion on what a fall is and the reasons why falls occur. The presenters talked about the relationship between osteoporosis, falls and fractures and explored the preventive strategies individuals can use to reduce their risk of falling.

Did you miss the presentation? Click [here](#) to view the archived version of Janet and Sarah's presentation [Prevent the Fall, Prevent the Fracture.](#)



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