

**Remember: You can live well with osteoporosis!**  
**Complementary and Alternative Therapies for Osteoporosis**

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### **\*SAVE THE DATE\***

**September 26, 2012**  
 Virtual Education Forum on Osteoporosis Medications and Treatment

### Where to Turn for the Answers

When we were diagnosed with osteoporosis most of us did the same thing – we started searching for everything we could find on the disease. What causes it? Why do I have it? What can I do to prevent further fractures? How can I live well with the disease? And we all discovered the same thing – there is an overwhelming flood of information available from many, many sources. Of course there's the Internet. Simply Google the word "osteoporosis" and you will get more than 43 million hits! There's the all-too-frequent barrage of scary headlines in the news. Well-meaning friends and family have their "proven" remedies. At every turn there's another product or service claiming to be good for your bones. So where do you turn to make informed choices? Two answers: First there are your health care professionals. They will know you and your bones best and will be able to work with you to tailor the treatment most beneficial to you. The second is the team at COPN and Osteoporosis Canada. You can be sure that only objective, evidence-based information passes the scrutiny of the experts of the Scientific Advisory Council and makes it to the pages of our website, newsletter and other publications.

Back by popular demand, today's *COPING* newsletter provides Osteoporosis Canada's objective take on an issue about which we receive many questions - *Complementary and Alternative Therapies for Osteoporosis*.

### Complementary and Alternative Therapies for Osteoporosis

Most people visit their medical doctor when they have a health related problem or issue. Medical doctors practise conventional or traditional Western medicine. However, recent studies suggest that the use of complementary and alternative medicine (CAM) is also common in Canada. A 2006 survey found that 74% of participants had used at least one complementary therapy in their lifetime, with 54% having done so in the previous year.

The U.S.-based National Center of

Complementary and Alternative Medicine defines CAM as "...a group of diverse medical and healthcare systems, practices and products that are not presently considered to be part of conventional medicine." These systems, practices and products fall into several categories:

- **Mind-body medicine** – These are techniques used to enhance the mind's ability to promote health, such as meditation, prayer and yoga
- **Natural Health Products or NHPs** – These are herbs, foods,

vitamins and other substances found in nature.

- **Chiropractic** and **massage therapy** – These techniques involve the therapeutic movement of body parts.
- Therapies involving either manipulation of supposed **energy fields** (e.g. Reiki, Therapeutic Touch) or the use of **electromagnetic fields** (e.g. magnets)
- Medical systems based on a complete set of theories fundamentally different from conventional medicine, such as **traditional Chinese medicine**, **Ayurvedic medicine** (an ancient Hindu system of health care), **homeopathy** (which, to treat an illness, uses a diluted version of a substance that causes the same symptoms as the illness being treated) and **naturopathy** (which emphasizes the body's natural ability to heal itself).

From the perspective of Osteoporosis Canada, it is noted that numerous natural health products have been suggested as treatments for osteoporosis in books, other publications and on various internet sites. There are widely varying levels of evidence to support their claims. Individuals need to understand that there are risks associated with the use of these products. These risks may include:

- Using such products **inappropriately**. For example, a significant number of people indicate that they use glucosamine and chondroitin for osteoporosis, which is inappropriate because these nutrients are generally meant for osteoarthritis, not osteoporosis.
- Using products that may **interact negatively** with conventional medicines that one is also taking.
- Using products that have **adverse effects** in themselves. OC guidelines note that ipriflavone (a commonly used CAM) has been associated with reduced lymphocytes in the blood. Lymphocytes are a type of white blood cell and an important part of the body's immune system. Another example is vitamin A from retinol, (the animal form of vitamin A), which is required for bone remodelling, but if taken in excess, it can have a negative effect on bone and may raise the risk of hip fracture.
- Using these natural health products as a substitute for established conventional

- osteoporosis therapies is risky because their effectiveness has not been demonstrated in clinical trials. This means that individuals may not get the same benefits from natural health products as they would from conventional drug therapies whose benefits have been proven by research studies.

Osteoporosis Canada experts have reviewed the literature on complementary and alternative medicine. Here is a summary of their recommendations:

- Calcium and vitamin D are recognized by conventional medicine as essential additions to osteoporosis treatment, through diet and/or supplements, and are therefore not generally considered as alternative therapies.
- For bone health, in generally healthy individuals, there is no evidence to recommend intakes above normally recommended dietary allowances\* for the following nutrients: calcium, copper, iron, magnesium, manganese, phosphorus, zinc and essential fatty acids.
- There are no good-quality studies providing evidence that minerals such as boron and silicon have any effect on bone mineral density or on fracture risk.
- Vitamin K is necessary for bone formation, but has not been shown to be better than calcium and vitamin D for preventing broken bones. At this time, Osteoporosis Canada does not recommend vitamin K for the treatment of postmenopausal osteoporosis.
- Ipriflavone is a synthetic phytoestrogen, a weak estrogen-like compound similar to those made by certain plants, such as soybeans. Ipriflavone is not recommended for treatment of osteoporosis. Anyone taking ipriflavone should have periodic blood tests to monitor lymphocyte levels in the blood.
- Strontium ranelate has been found to significantly reduce the risk of fractures in those with osteoporosis. Strontium ranelate is not available in Canada. It is unclear if it is the strontium part of that molecule that is effective or the ranelate part. In Canada, some retailers are selling strontium citrate as a substitute, but OC cautions against its use. Strontium citrate has not been studied adequately and has not shown benefits in reducing the risk of fractures. Strontium

- ranelate and strontium citrate are not interchangeable. As a comparison, just think about sodium chloride (table salt) and sodium bicarbonate (baking soda). Although both are sodium salts, you definitely cannot substitute one for the other in a recipe. The same applies to strontium ranelate and strontium citrate. Just because one is effective, does not mean that the other is effective. In addition, since strontium citrate has not been adequately studied, we do not know anything about its potential harmful effects and risks.

People living with osteoporosis should discuss openly with their doctor their use of CAM therapies. By doing so, their condition and response to treatments (both conventional and alternative) can be properly monitored and any potentially harmful effects and inappropriate uses of these remedies can be addressed. Keep your health professional up to date about the medications and natural health products you use, including vitamins, minerals and herbal products. Doing so is in the best interest of your bones!

*\*Health Canada Recommended Dietary Allowances (RDAs), daily amount for men and women 50+:*  
**copper** 900µg, **iron** 8mg, **magnesium** male 420mg, female 320mg, **manganese** Adequate Intake male 2.3mg, female 1.8mg, **phosphorus** 700mg, **zinc** male 11mg, female 8mg.

## A Recipe from Our Sponsor – Herb-Marinated Grilled Chicken Salad

The yogurt marinade keeps lean chicken breast moist and tender. The fresh herbs really boost the flavour. This main course salad adds a nice twist to dinner any time of year.

**Course:** Salads

**Prep. Time:** 10 mins

**Yields:** 4 servings

### Ingredients:

1 1/2 cups (375 ml) 2% plain yogurt  
 1/4 cup (50 ml) chopped fresh parsley  
 1 tbsp (15 ml) chopped fresh chives  
 2 tsp (10 ml) chopped fresh rosemary or thyme  
 1/2 tsp (2 ml) salt  
 1/4 tsp (1 ml) pepper  
 4 small boneless skinless chicken breasts, each about 4 oz (125 g)  
 2 tbsp (30 ml) olive oil, preferably extra virgin  
 8 cups (2 l) torn romaine lettuce  
 1 sweet red pepper, chopped  
 1/2 English cucumber, sliced

### Directions

In a bowl, whisk together yogurt, parsley, chives, rosemary, salt and pepper. Pour 1/2 cup (125 mL) into a shallow dish and add chicken breasts, turning to coat. Cover dish and refrigerate chicken for at least 30 min or for up to 1 day. Cover and refrigerate remaining yogurt dressing separately.

Preheat barbecue grill to medium or preheat broiler or grill pan on the stove-top. Remove chicken from marinade, discarding any excess marinade that was in contact with the chicken. Grill chicken (or broil or cook in grill pan), turning once, for 4 to 5 min per side or until no longer pink inside. Transfer to a cutting board and let rest for 5 min. Cut chicken crosswise into thin slices.

Just before serving, combine lettuce, red peppers and cucumbers in a large bowl. Whisk olive oil into reserved yogurt dressing and pour over vegetables; toss gently to coat. Arrange on serving plates and top with sliced chicken.



For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/herb-marinated-grilled-chicken-salad>

**FRACTURE FACT:** Osteoporosis has been called a paediatric disease with geriatric consequences.

## FUNNY BONE:

Growing old is mandatory; growing up is optional

### Saskatchewan and British Columbia Add Aclasta to their Drug Plans

We at COPN are pleased to see that in this past two months both Saskatchewan and British Columbia have added zoledronic acid (Aclasta) to their publicly funded drug programs for the treatment of osteoporosis in post-menopausal women. These two provinces join Quebec, Ontario and Nova Scotia in listing this important option for treating osteoporosis. In these provinces women who meet a number of criteria, including for instance a history of osteoporotic fractures, will now have access to Aclasta. The criteria do vary from province to province so you will need to talk to your doctor to confirm that you qualify to have the costs of the medication reimbursed under your provincial plan. As with any treatment you should always consult your physician to determine which medication would be most appropriate for you.

We look forward to all the other provinces following suit soon to make this important option for treatment available to those who need it.

It should be noted that some medications that are not on a provincial plan might be covered under private health care programs, such as the plans available through one's employer. The administrators of these plans can readily tell you whether the cost of a particular medication is reimbursable.

Zoledronic acid (Aclasta) comes from the bisphosphonate family of osteoporosis medications. It is administered by intravenous infusion once a year by a health care professional.

Interested in knowing more about osteoporosis medications and which ones are available on the public plan in your province? Go to [www.osteoporosis.ca](http://www.osteoporosis.ca).

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



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