



Osteoporosis Canada

Ostéoporose Canada



## *COPING*

February 1st, 2008

*Remember: You can live well with osteoporosis!*

**Thought for today:** It 's better to sleep on your decisions than to stay awake over what you have done.

**COPING** is provided for you under the auspices of **COPN**, (Canadian Osteoporosis Patient Network). COPING is a bi-weekly newsletter prepared by volunteers who, like you, are living with osteoporosis.

Three members of the Scientific Advisory Council review it to ensure we give you only scientifically accurate information. We give a very big thanks to these reviewers:

Heather McDonald-Blumer, MD, FRCPC is in Toronto.

Suzanne Morin, MD, FRCPC is in Montreal.

Diane Theriault, MD, FRCPC is in Dartmouth.

COPING will come to you every second Friday. We hope you enjoy it and find the information useful. If you have some suggestions or would like to submit an article or your personal story please send it to [copn@osteoporosis.ca](mailto:copn@osteoporosis.ca). We would love to hear from you. This is our newsletter created just for us.

**Talk to your doctor about COPN.** Did you ever think to tell your doctor about COPN? Your doctor undoubtedly has many other patients who are living with osteoporosis who could benefit from receiving COPING. Suggest a visit to the Osteoporosis Canada web site [www.osteoporosis.ca](http://www.osteoporosis.ca) then click on the side bar, 'COPN Patient Network'.

**COPN web site upgrade:** the COPN web site has just had a face-lift. Why not pay us an online visit, browse awhile and then let us know what you think. We would be most interested in your feedback, [www.osteoporosis.ca](http://www.osteoporosis.ca), click on 'COPN Patient Network' that is located on the left side bar. This tab is going to be moved to the top but that hasn't happened as yet.

## **Can you reduce your income tax? Read on...**

Yes, Income Tax season will soon be upon us so now is the time to look into the possibility of benefiting from the 'Disability Tax Credit', also known as the 'disability amount'. This is a non-refundable credit that reduces the amount of income tax a person has to pay. If you are eligible, you can reduce your federal income tax or you can transfer all or part of the amount to your spouse or common-law partner, or to another supporting person.

The 'Form T2201, Disability Tax Credit Certificate', contains a self-assessment questionnaire that your doctor must sign. Use it to see if you may be eligible for the disability amount. The Canada Revenue Agency can disagree and often does. They have the final decision and reassessments are common.

Do remember, you will have to choose between the Disability Credit and claiming medical expenses. You can't claim both.

The Canada Revenue Agency's guide RC4064, Medical and Disability-Related Information, describes the disability amount and other tax deductions and credits that you may be able to claim. For a copy of Form T2201 and the guide, call the Canada Revenue Agency at 1-800-959-2221 or visit their Web site at [www.cra.gc.ca/disability](http://www.cra.gc.ca/disability).

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

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.

### **Funny Bone:**

Childhood: The time of life when you make funny faces in the mirror.

Old Age: The time of life when the mirror gets even.

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# *COPING*

February 19th, 2008

Today's topic is a continuation from the November 23 issue on **Safe Movements**. People with osteoporosis, low bone density (also referred to as osteopenia) and even healthy bones must get in the habit of moving safely to protect their backs. It is smart to practice proper body mechanics for all activities – work, play and even rest. The following recommendations are especially important for those at high risk for fracture.

## **Lying down in bed or getting out of bed:**

- ~ Sit on the edge of the bed.
- ~ Lean toward the head of the bed supporting your body with both hands.
- ~ As you lower yourself toward the mattress, bring your legs and feet onto the bed.
- ~ Roll onto your back by keeping your knees bent and moving your head, shoulders and hips together.
- ~ To get out of bed, keep both arms in front of you. Breathe in and roll onto your side. Use your hands to raise your upper body as you carefully move your legs over the side of the bed in one motion.
- ~ Sit on the edge of the bed for a moment before you stand up.

## **Safe Reaching:**

- ~ Use both arms at once to avoid twisting your spine.
- ~ Do not reach for a shelf higher than you can easily reach with both hands at once. Stand on a safety stool that has high handrails.
- ~ Reorganize work areas so items that are used regularly are stored at waist or eye level.
- ~ Use a reaching device.
- ~ Lift only lightweight objects.

## **Coughing or sneezing:**

- ~ Support your back with one hand whenever you cough or sneeze by placing your hand behind your back or on your knee.

*Thanks to the Dartmouth Osteoporosis Multidisciplinary Education Program for the right to use this material from their booklet 'Bone Up on Osteoporosis'.*

## **Funny Bone:**

Label on a package at the post office. "Fragile. Please throw underhand."

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**'A newsletter from COPN'**

February 29<sup>th</sup>, 2008

*Remember: You can live well with osteoporosis!*

**Thought for today:** Oh, what a tangled web do parents weave when they think that their children are naïve. - Ogden Nash.

### **A New Drug Approved for Osteoporosis**

Zoledronic acid (Aclasta®), a once-a-year prescription medication, was approved by Health Canada for the treatment of postmenopausal osteoporosis. Zoledronic Acid (5 mg) is a bisphosphonate, like Fosamax® and Actonel®, but it is given as a 15-minute intravenous (IV) infusion by a certified medical professional. Zoledronic acid is purchased from the pharmacy by the patient and is not as yet covered by any of the provincial pharmacare plans.

The regulatory approval was based on efficacy and safety data from a three-year fracture trial published in the May 3, 2007 issue of The New England Journal of Medicine. The study showed that zoledronic acid increases bone strength and reduces fracture risk in areas of the body typically affected by osteoporosis, including the hip, spine and non-spine (i.e. wrist, arm, rib).

The study involved more than 7,700 women, aged 69 to 85 and showed that zoledronic acid reduced the risk of spine fractures by 70 percent and hip fractures by 41 percent after 3 years of therapy. The reduction in spine fractures was sustained over three years. Bone mineral density increased in the spine by 6.7 percent and the hip by 6 percent in women on zoledronic acid compared to placebo.

“Zoledronic acid has shown significant efficacy in protecting women against fractures in all the common osteoporotic fracture sites, while demonstrating a favourable safety profile,” said Dr. Adachi, a member of Osteoporosis Canada’s Scientific Advisory Council. “It is our hope that this once-yearly dosing regimen will have a positive impact on the management of this potentially devastating condition.”

"For many reasons, 60 percent of patients on daily bisphosphonate treatment regimens and about 40 to 50 percent on weekly bisphosphonate treatment regimens are not persistent with their prescribed medication after one year," said Dr. Adachi.

In a second study published in the New England Journal of Medicine (Sept. 17, 2007), men and women who had sustained a hip fracture were treated with zoledronic acid for three consecutive years. This reduced their risk of having another fracture by 35 percent. In addition, there was a 28 percent reduction in deaths in those treated with zoledronic acid. "While interesting, the mortality results need to be interpreted cautiously, as this was not a pre-planned outcome measure," said Dr. Adachi.

All patients with osteoporosis should maintain an adequate daily intake of calcium and vitamin D.

Patients need a prescription for zoledronic acid from their physician, and a referral to a healthcare professional to administer the drug through an intravenous line. The drug is purchased from a pharmacy for \$715 to \$750. There are currently 42 sites across Canada where zoledronic acid can be administered by a certified nurse. Your physician can contact Medical Information at Novartis Pharmaceuticals Canada Inc. at 1-800-363-8883 for more information.

While zoledronic acid is currently covered by the majority of provincial drug benefit plans (except B.C. and Nfld.) for the treatment of Paget’s disease, it is not covered for the treatment of osteoporosis (the exceptions: Saskatchewan and Ontario). Submissions are being made for public reimbursement.

#### *Side effects*

The most common side effects associated with Aclasta® are fever, pain in the muscles, bones or joints, flu-like symptoms, and headache. These symptoms usually occur within the first three days following Aclasta® administration and usually resolve within three to four days of onset, but resolution could take up to seven to 14 days. Patients have reported severe bone, joint and/or muscle pain after using bisphosphonates.

A low blood calcium level may occur following Aclasta® infusion. Your doctor may monitor this with blood testing.

In one of the two zoledronic acid trials, there was an increased number of cases of serious atrial fibrillation, a heart irregularity, that may increase the risk of stroke. The other trial showed no effect on the risk of atrial fibrillation.

"The approval of a new medication is welcome news for the millions of Canadians who have osteoporosis," says Julie Foley, President & CEO, Osteoporosis Canada.

"Osteoporosis is a debilitating disease that can take a huge toll on those who suffer from it, their families, and our healthcare system. It is very important that a wide range of treatment options is available so patients can discuss with their physician the option that suits them best."

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### Funny Bone:

The kids consider it a blast  
To go for food that's labeled fast,  
But in a life that's go-go-go  
I like mine candlelit and slow. -- Jeanne Westerdale in Good Housekeeping

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