

# ***COPING***

## **'A newsletter from COPN'**

October 3rd, 2008

*Remember: You can live well with osteoporosis!*

**Thought for today:** Living on Earth is expensive, but it does include a free trip around the sun every year.

### **Looking Your Best:**

**Q:** My back has become rounded from osteoporotic fractures. Many of my clothes don't fit well and I feel dumpy. What can I do?

**A:** Fractures of the spine can cause body changes: a loss of height, a curving of the shoulders and back, and a thickening waistline. These changes often make it difficult to find stylish, comfortable and properly fitting clothes. Jackets and blouses pull across the back and shoulders. Collars gape. Skirts do not hang properly.

Periodically over the fall and winter *COPING* will be carrying a series of short articles on fashion for women with osteoporosis. Some of the ideas can be adapted for men. Not all of the tips and styles may work for your body shape, but all are intended to help you look and feel your best.

There are five basic steps to dressing well:

1. Choose silhouettes and colours that complement your personal style.
2. Assess your current wardrobe for comfort and safety.
3. Accessorize to highlight your natural assets.
4. Find the design elements that work best with your body shape.
5. Select clothes with these design elements in mind.

**Silhouettes:**

The use of certain silhouettes (shapes) and a colour scheme can create illusions of height, length, and glamour.

With osteoporotic curvature, many women are left with varying degrees of an S-curve shape. Several silhouettes will balance the S-curve. Garments using the '*A-line*' the '*Tent*' (sometimes called the '*Trapeze*'), the '*Princess-line*' and the '*Tunic*' create a long, straight line for the osteoporotic figure.

**'A-line':** The slight swing of the '*A-line*' camouflages the curving of the back by dropping straight line down from the shoulders.

**'Tent' or 'Trapeze':** The sweep added to the hemline moves the garment away from the curve of the back, creating a straight line.

**'Princess-line':** Vertical seam lines create the illusion of length to the torso and a straight line to the back.

*'Tunic'*: The straight line, dropped down from the shoulders, gives a long and slim look, especially if the shoulder area is widened with shoulder pads.

Shoulder Pads are probably one of the easiest and most inexpensive ways to make an immediate difference in your silhouette. They can be purchased at sewing and notion stores, and some lingerie and specialty stores carry them. There are different shapes and sizes, such as set-in or raglan, and they come in various thickness of padding. Shoulder pads can be stitched into your tops using a loose basting stitch. If you do not sew, look for shoulder pads with Velcro tabs that can be attached to bra straps. Shoulder pads give balance to sloping shoulders by increasing your shoulder span and creating the appearance of a straight back and narrow waist.

Watch for more articles on Looking Your Best. We'll discuss assessing your current wardrobe for comfort and safety, how to accessorize to highlight your natural assets, and design elements that work best with your body shape.

Excerpts taken from *'Style Wise: a fashion guide for women with osteoporosis'*. The tips emerges from a project founded by the United States National Osteoporosis Foundation in partnership with New York's Fashion Institute of Technology.

### **Reminder**

Within the past few weeks you will have received a letter asking you to complete a form with your address, your connection to osteoporosis and how you heard about COPN. If you haven't filled it in yet I urge you to do it today. This continues to be a free membership – we want to keep you involved.

### *Funny Bone:*

Teach a child to be polite and courteous in the home and, when he grows up, he'll never be able to merge his car onto a freeway.

**Remember:** 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.

**COPING WEEKLY** will come to you every second Friday. We hope you enjoy it and find the information useful. Don't forget to log on to [www.osteoporosis.ca](http://www.osteoporosis.ca) for up-to-date information.

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

# COPING

'A newsletter from COPN'

October 17<sup>th</sup>, 2008

*Remember: You can live well with osteoporosis!*

*Thought for today:* Better to ask twice than to lose your way once. – Danish proverb

## **Bone Mineral Density (BMD) - How are test results interpreted?**

In BMD test results, your bones are compared to the bones of an average young adult. A score (called a T-score) is calculated that compares the density of your bones (usually at the spine and hip) to that of a young person of the same sex. This tells you how strong your bones are compared to this average young individual. While some bone loss with aging is considered normal, making such comparisons helps to determine whether you are losing bone more rapidly than expected for someone your age.

The T-score is expressed in units referred to as “standard deviations” (SDs). These SD units tell us how far you differ (or deviate) from what is considered normal for a young adult. “Below normal” is always indicated with a minus (-) sign. In postmenopausal women, a T-score below -2.5 usually indicates osteoporosis. A T-score between -1 and -2.5 indicates low bone density (but not quite as low as osteoporosis). The cut off points for men are not so clear-cut.

Your BMD test result is only part of the picture in determining your risk for fracture.

## **Determining Your 10-Year Absolute Fracture Risk**

In addition to your BMD results, your physician will consider factors such as your age, gender, fracture history, and corticosteroid (Prednisone) use to determine your 10-year absolute fracture risk.

There are tables used to determine whether your 10-year fracture risk is low, moderate or high, considering your BMD results, age and gender.

**Table 1** - 10 year fracture risk for women

**Table 2** - 10 year fracture risk for men

Age (years)	Low risk < 10%	Moderate risk 10%–20%	High risk > 20%
	←----- Lowest T-score -----→ lumbar spine, total hip, femoral neck, trochanter		
50	> -2.3	-2.3 to -3.9	< -3.9
55	> -1.9	-1.9 to -3.4	< -3.4
60	> -1.4	-1.4 to -3.0	< -3.0
65	> -1.0	-1.0 to -2.6	< -2.6
70	> -0.8	-0.8 to -2.2	< -2.2
75	> -0.7	-0.7 to -2.1	< -2.1
80	> -0.6	-0.6 to -2.0	< -2.0
85	> -0.7	-0.7 to -2.2	< -2.2

Age (years)	Low risk < 10%	Moderate risk 10%–20%	High risk > 20%
	←----- Lowest T-score -----→ lumbar spine, total hip, femoral neck, trochanter		
50	> -3.4	≤ -3.4	—
55	> -3.1	≤ -3.1	—
60	> -3.0	≤ -3.0	—
65	> -2.7	≤ -2.7	—
70	> -2.1	-2.1 to -3.9	< -3.9
75	> -1.5	-1.5 to -3.2	< -3.2
80	> -1.2	-1.2 to -3.0	< -3.0
85	> -1.3	-1.3 to -3.3	< -3.3

Other clinical factors, particularly a fragility fracture after age 40 or corticosteroid use for more than three months, substantially elevate your fracture risk. The presence of either of these factors will increase your 10-year risk of fracture to the level above. If both of these particular factors were present, you would be considered at high risk regardless of your BMD result.

Your 10-year fracture risk will change with advancing age or with the development of new risk factors. Repeat assessment is appropriate in five to 10 years in those with low risk and in one to five years in those with moderate risk.

**Remember:** if your doctor has prescribed a **medication** don't forget to take it as directed.

*Funny Bone:*

Did you hear about the harpist, who, to be accepted as a member of the orchestra had to pull a lot of strings.

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# COPING

'A newsletter from COPN'

October 31st, 2008

*Remember: You can live well with osteoporosis!*

*Thought for today:* Happiness comes through doors you didn't even know you left open.

*This article was sent to you a year ago but it is so important I decided to send it to you again. It is worth a second, third and fourth read.*

## **Vitamin D: Is this just a fad?**

Vitamin D plays a key role in helping calcium absorption from food. For many years, it was thought that this was the only reason to take vitamin D. We now know better.

## **How vitamin D is made**

Vitamin D is the "sunshine vitamin". The natural way to make vitamin D is through exposure to sunlight. When our skin is exposed to UVB rays, it produces vitamin D.

However, several factors limit the amount of vitamin D that your skin can produce:

- As you get older, your skin production of vitamin D decreases.
- We do not get enough sunshine in Canada. In fact, between the months of November through to May, our skin cannot make any vitamin D, even when we are exposed to sunlight. This is because sunlight in winter months contains only UVA rays, but none of the UVB rays that are important for vitamin D production.
- Wearing sunblock or covering up with clothes essentially prevents vitamin D production.

## **Vitamin D from foods**

There is surprisingly very little vitamin D in foods. In fact, in Canada, we have to supplement certain foods with vitamin D to help prevent rickets in kids (rickets occurs in children with vitamin D deficiency).

Fortified foods include milk, some orange juices, soya milk and some yogurts. However, even if you consume large quantities of these food products, as an adult, you still cannot get sufficient amounts of vitamin D.

## **Do you need a vitamin D supplement?**

**Absolutely YES.**

The majority of Canadians have low vitamin D levels in their blood. This is because we have poor exposure to sunlight and there is very little vitamin D in our foods.

If you are 19-50 years old, Osteoporosis Canada recommends that you take 400 IU of vitamin D daily.

If you are over 50, Osteoporosis Canada recommends that you take at least 800 IU of vitamin D daily.

### **Why take a vitamin D supplement?**

- Vitamin D is very beneficial to your bones. It helps reduce your risk of osteoporosis and also decreases your risk of suffering a broken bone.
- Vitamin D in doses of 800 IUs a day or greater has also been proven to decrease falls. This is because vitamin D helps your muscles function properly.
- Recently, some studies have suggested that vitamin D may also decrease the risk of certain cancers such as bowel cancer and breast cancer. It is also thought to be beneficial in preventing other types of cancers.
- Vitamin D deficiency is currently being investigated for possible links with certain other conditions, including:
  - Prostate cancer
  - Ovarian cancer
  - Multiple sclerosis
  - Juvenile onset diabetes
  - Rheumatoid arthritis
  - High blood pressure
  - Heart disease and heart failure

### **Vitamin D supplements**

The best form of vitamin D is vitamin D3. Vitamin D3 comes in tablets that contain 400 IUs or 1000 IUs.

You can also find vitamin D3 in multivitamins (usually they contain 400 IUs, although some now contain 600 or 800 IUs). Some calcium supplements contain small amounts of vitamin D (but this is quite variable and usually not in large enough quantities to give you sufficient vitamin D for the day).

Halibut liver oil and cod liver oil capsules contain vitamin D3. However, they also contain vitamin A which is not so good for bone health. Therefore, these fish liver oil capsules are not the best way for you to get your vitamin D.

Your doctor may prescribe a vitamin D tablet with higher amounts of vitamin D. One such supplement contains 10,000 IUs of vitamin D3 per tablet. It is usually taken only once a week.

Although it is usually recommended that adults less than 50 years of age take 400 IUs of vitamin D daily and that adults over age 50 take 1000 IUs daily, different people may have different needs for vitamin D. Your doctor may do a

vitamin D blood test to make sure that you are getting just the right amount for you.

### **Vitamin D: Is this just a fad?**

Not at all. Vitamin D is here to stay. Taking vitamin D supplements will help you stay healthy and reduce your risk of:

- Osteoporosis
- Fractures (broken bones)
- Falls

It may also prevent certain forms of cancer.

If you are still not sure, talk to your doctor. Get the facts.

**Announcement:** During the month of November, Osteoporosis Canada is running a contest on the website. Submit your personal story of living with osteoporosis and enter for a chance to win a prize. Visit [www.osteoporosis.ca](http://www.osteoporosis.ca) after November 3<sup>rd</sup> to learn more details and submit your story.

### *Funny Bone:*

What do you call a skeleton who won't work?....Lazy Bones!

Why don't skeletons like parties?.....They have No BODY to dance with!

Why didn't the skeleton cross the road?.....He didn't have the guts!

Who won the skeleton beauty contest?.....No Body!

What do skeletons say before they begin dinning? BONE APPETIT!

**Remember:** 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.

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