



Osteoporosis Canada

Ostéoporose Canada



COPING

'A newsletter from COPN'

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Remember: You can live well with osteoporosis!

Awareness is Key

By Dianne Nolin

I had a lot of misconceptions about osteoporosis. I used to believe, "People don't die from osteoporosis." "There is a cure for osteoporosis." "Osteoporosis is preventable." In fact, none of these statements is true. People can die from complications of an osteoporotic fracture. There are treatments to reduce the risk of fracture, but no cure. And, because a person's risk of developing osteoporosis is largely genetically determined, we cannot usually prevent osteoporosis.

What I lacked was awareness. In my experience, nobody talked about osteoporosis, perhaps because they also had these misconceptions.

In my family, my grandmother had osteoporosis. Once in a while she would complain about a sore back. That was it. My father also has osteoporosis. My grandmother was 82 and my Dad is 89. In my mind, osteoporosis was an "old person's" disease. Right?

Wrong! Sadly, that was another misconception. I am 61 and I have osteoporosis. My lumbar spine T-score is minus 4.3; X-rays show I had fractures in my ribs; and in the past year I had 3 compression fractures in my spine. These fractures take three months or more to heal. The third fracture occurred while I was still getting over the second one. The pain was unbelievable! The first week I could not stand up long enough to take a shower or go to the doctor. When I was finally able to get into the car, my husband took me to the doctor and she gave me a powerful morphine-derivative medication for the pain, which finally allowed me to get some sleep. After the first month, the mornings got easier. Now, if I want to get anything done it has to be in the morning, because the pain gets worse as the day wears on.

When I go to the grocery store I have to tell the cashier not to put too many items in one bag, as it is too heavy for me to carry. I cannot push open a window, carry or lift my grandchildren or walk my dog, as I cannot bend down to clean up after him. I had to buy

shoes with no laces, as I cannot bend over to tie them. When I'm riding in the car, every little bump jars my spine and hurts like the dickens.

When I go to bed at night it takes a while to get comfortable enough to sleep. Sometimes I cannot fall asleep at all because I hurt everywhere - my back feels like it is burning, my ribs hurt and I have to keep changing from one side to the other, which I do with great difficulty. There is no position that helps.

Doing small chores is not easy, and I am lucky to have a loving husband who pitches in when he can. However, because I am used to doing things for myself, I tend to overdo things. One of the hardest tasks is having to stand over the kitchen sink to wash dishes. After only a few are done my back begins to ache, so I sit for a while, get up and do a few more, sit some more, etc. until they are all done. If we have company for dinner, the dishes get done over a two day period instead of one. If I drop something on the floor, sometimes it stays there until my husband comes home and picks it up.

Clearly, my osteoporosis is partly genetic, and I had early menopause at age 40, but I have done things to contribute to my osteoporosis as well. I smoked for 43 years. In addition, I was not seeing a doctor for regular check-ups. I didn't think I needed to. I have never been one to run to the doctor for every little problem, and I have not often been sick.

When we moved to BC, I still did not have a doctor and relied on a walk-in clinic for my medical needs. I cracked a rib during this time and went to a small hospital, where I was told to take it easy and it would heal. I think part of the reason why my osteoporosis was not diagnosed sooner was that I did not have a regular family doctor who was familiar with my history. When we moved to Parksville, I was in a lot of pain from my second compression fracture and finally got the wonderful doctor I have now, who thought of osteoporosis right away. I now know that my loss of height from vertebral fractures and my early menopause were some of her clues when she diagnosed me with osteoporosis.

Now we are with family and friends in the US. I am being extra careful with what I do - not to fall, not to stretch too far, not to bend the wrong way - because I want to be able to attend my Dad's 90th birthday. I also make sure to eat calcium-rich foods, take my daily vitamin D supplement and follow my medication regimen faithfully.

Since I was diagnosed, I have spoken to so many people about osteoporosis and I cannot believe how many people are unaware! So my message to you is - educate yourself. If you are 50 or older, talk to your doctor about a fracture risk assessment. This is especially important for anyone over the age of 50 who has suffered a fracture - it is almost certain that fracture was as a result of osteoporosis. Learn what the risk factors for osteoporosis are. I had four of them: a fragility fracture (the biggest clue of all), genetics, early menopause and smoking.

Had I known earlier what I know now, I might have saved myself a lot of pain! Hopefully my story will save you, or someone you know, from the pain of osteoporosis.

Do you know someone at risk?

Every year thousands of Canadians fracture for *the second time* because their osteoporosis went undiagnosed and untreated *the first time*. In spite of the warning signs – and how much more significant a warning could there be than a broken bone? – over 80% of first-time fracture patients aren't offered screening or treatment for osteoporosis.

As individuals affected by osteoporosis, the 4,000 of us who belong to COPN know the consequences of the disease and the potentially devastating impact of recurring fractures on us and our caregivers. We understand and applaud the fact that the number one priority for Osteoporosis Canada is to close the care gap by ensuring that those who suffer a first fracture are properly screened and treated for osteoporosis so that they do not suffer a subsequent fracture. So what can we do to help? Here a few possibilities:

- If you know someone at risk, such as a family member or a friend who has fractured a bone from a seemingly harmless fall (fragility fracture), encourage them to see their doctor to discuss the need for osteoporosis assessment.
- Encourage them to join COPN to get all the latest, scientifically sound information on osteoporosis by visiting http://www.osteoporosis.ca/index.php/ci_id/5686/la_id/1.htm
- Become a volunteer for Osteoporosis Canada. Contact Christine Cruz at CCruz@osteoporosis.ca to find out how you can volunteer to help in your province.
- Help grow the capacity of COPN and Osteoporosis Canada. Even small donations can make a difference in our attempts to reach all of those who are at highest risk of fracturing again. You can donate now at www.osteoporosis.ca/donate.

Do you want to know more about the care gap and why Osteoporosis Canada has made closing the care gap their number one priority? Read the *White Paper, Towards a Fracture-Free Future* at http://www.osteoporosis.ca/multimedia/pdf/White_Paper_March_2011.pdf .

Remember, you can live well with osteoporosis, and you can help others live well with osteoporosis too.

Funny Bone – Two can live as cheaply as one, for half as long.

Notices/references

i. Remember: It is important for you to eat a calcium rich diet (take calcium supplements, if necessary), get some appropriate exercise, take your vitamin D and if your doctor has prescribed a medication don't forget to take it as directed.

ii. COPING Weekly will come to you every second Friday. We hope you enjoy it and find the information useful. Remember to log on to www.osteoporosis.ca for up-to-date information.

iii. 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 healthcare-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.

iv. To have your name removed from the COPN mailing list please contact us at the email below.

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