

Remember: You can live well with osteoporosis!

Bones and Beer – A Men and Osteoporosis Event

In this issue

- **Bones and Beer**
- **The Dog Ate My Cookie**
- **Men and Osteoporosis Fact Sheet**
- **About the Author**
- **Quiz: How Much Have you Learned (Part 2)**
- **Funny Bone**

Did you miss the Virtual Education Forum titled *New Developments on Fracture Risk Assessment* by Dr. William Leslie?

[Click here](#) to view the archived presentation.

COPING Archives

[Click here to view the COPING archives](#)

Last month in Richmond BC, Osteoporosis Canada held its first ever *Bones and Beer* event, an osteoporosis awareness and fundraiser that targeted men. TV meteorologist Mark Madryga was the master of ceremonies to an enthusiastic sell-out crowd who enjoyed an evening of sports talk, fine craft beer and excellent food. More importantly, they hung onto every word as medical expert Dr. Larry Dian gave a thought-provoking talk on men and osteoporosis. Thanks to the generosity of our many sponsors and an exciting live auction, almost \$12,000 was raised to support osteoporosis programs in BC.

The big surprise of the *Bones and Beer* evening, however, was provided by our keynote speaker, the well known sports personality and author Jim Taylor, who revealed to a stunned crowd that he, too, has osteoporosis. It was a sobering reminder that osteoporosis can, indeed, affect any man. We are delighted that Jim agreed to share his story with us in this issue of *COPING*.

The Dog Ate My Cookie – by Jim Taylor

Okay, full disclosure: Eighteen months ago, I couldn't have spelled "osteoporosis" if you spotted me the "osis". Then I discovered that I had it. Amazing, how quickly a perspective can change.

The way I found out, I sneezed a mighty sneeze and felt something race down my lower spine like someone was unzipping my fly.

Just like that, I had five compression fractures; spent one month in hospital and two more in a hospital bed in front of the TV at home (the soccer World Cup, thank God, was in progress. I watched all 64 games); lost 48 pounds; learned to walk again by shoving a three-wheeled grocery cart on eternal trips down the hall for five or six weeks; and lived with the indignity of having someone else wipe my butt when nature called.

The point is, osteoporosis was something about which I knew nothing and probably wouldn't have cared if I did. One sneeze, and I was having an interesting discussion with a doctor about bone density which I might have shrugged off had the bones involved not been mine.

"You know when you're shooting pool and chalk up your cue?" he asked conversationally. "Your bones are like that."

Men and Osteoporosis Fact Sheet

Do the men in your life a favour – download a copy of this informative brochure [here](#) and insist they read it. Or call 1-800-463-6842 and ask for a copy.

About the Author:

Now retired, Jim Taylor of West Vancouver, BC is an award winning, nationally syndicated sports columnist, author and broadcaster. Jim has produced some 8,000 sports columns, 3 times as many radio shows and 15 books. His 1987 chronicle of Rick Hansen's wheelchair journey, *Man In Motion*, had a record first printing for a BC book. His most recent book, written with Bob Lenarduzzi, is *Bob Lenarduzzi: A Canadian Soccer Story*.

“The cue?” I said, hopefully.

“Not the cue,” he said, “the chalk. Oh, and by the way, you’ve also got scoliosis. Your back has a new bend in it. Or did you just think everyone else was getting taller?”

Fine. Another “osis”. Wayne Gretzky would be proud of me. I had an osis hat trick: osteo, scolio and hemochromatosis, from the Latin meaning “You’ve got so much iron in your blood, it’s a wonder you get through airport security.”

But this back thing was a mystery. Clearly, it wasn’t the sneeze that did it. More likely, something else had pushed my spine to the edge, and the sneeze tipped me over. Probably that wonderful vacation in Spain a couple of years earlier, when my wife got pneumonia, I stumbled and fell down five or six stairs, and we spent our week on the Costa del Sol in matching single hospital beds. (My friends were not surprised. In the old days, fellow Vancouver Sun sports columnist, Jim Kearney and I were known as Butch Casualty and the Sunstroke Kid for our ability to get hurt on road trips.)

There is a point to this meandering, and it is this: Osteoporosis is not restricted to women, as mythology suggests. It is an equal opportunity bone basher, and unless you get a bone density check you are potentially playing Russian Roulette.

I’m one of the lucky ones. I’m a writer, which means I can work at home in my pajamas if I like. But it’s been 18 months since I drove my car. Walking (or, for that matter, sitting) for any length of time is pretty much out of the question. What if I had to commute? What if I had to operate a jackhammer? The other day I dropped a cookie, got down on the floor and had to call my wife to help me up. Worse yet, the dog beat me to the cookie. What if my job required heavy lifting? How long would I keep it?

I’ve adjusted. But, maybe if I’d had my bone density checked years ago, I wouldn’t have to.

One more thing:

Don’t sneeze.

QUIZ: How much have you learned? (Part 2)

The following are the answers to the questions from the November 25, 2011 issue of COPING.

- 1. Which of the following statements are true? Circle all of the following statements which are true.**
 - a. Osteoporotic hip fractures consume more hospital bed days than stroke, diabetes, or heart attack combined.
 - b. When you have osteoporosis, you only break bones when you fall.
 - c. Osteoporotic fractures are more common in women.
 - d. More women are killed by complications of osteoporosis than from cancer of the breast, uterus and ovaries combined.
 - e. More men are killed by complications of osteoporosis than from prostate cancer.

Answer: All are true except for B.

- a) A surprising fact that people don't know.
- b) When a person has osteoporosis, they can indeed break bones when they fall. However, the bones in the spine (vertebrae) can break without even falling. The bones in the spine can break when doing simple ordinary activities such as bending over to pick up a grandchild, reaching up in a high cupboard to get a serving bowl or coughing/sneezing etc.
- c) Osteoporotic fractures are very common in women. 1 in 3 women will experience an osteoporotic fracture during their lifetime. However, this disease is not rare in men: 1 in 5 men will experience an osteoporotic fracture during their lifetime.
- d) Over 21,000 Canadian women will break a hip this year due to osteoporosis. 28% of them (close to 6000) will die within the first year due to complications of that fracture. There is also an increased risk of death in the first year following a fracture in the spine.
- e) Over 9,000 Canadian men will break a hip this year due to osteoporosis. 37% of them (over 3000) will die within the first year due to complications of that fracture. The mortality rate for men is also increased after a fracture in the spine.

2. If I drink lots of milk, take calcium and vitamin D and exercise a lot, I'll never get osteoporosis.

- a. TRUE
- b. FALSE

Answer: FALSE. Many people who have a very healthy lifestyle, who have avoided bad habits (such as smoking and drinking to excess), have had tons of milk all of their life and have exercised regularly, still end up with osteoporosis. That is because osteoporosis is mostly an inherited disease. You are born with the bones that your parents gave you. Does that mean that there is no point in drinking milk or exercising? Not at all. If you have a strong family history of osteoporosis, doing the right things (such as not smoking or drinking, having lots of dairy products and doing exercise) will help delay the onset of the disease. This may mean that you can delay starting on osteoporosis medications for many years compared to if you hadn't had such a healthy lifestyle.

3. Which of the following food items are important for healthy bones and preventing fractures?

Circle all that apply.

- a. dairy products
- b. fruits and vegetables
- c. meats and alternatives (such as beef, pork, poultry, fish, beans, nuts and tofu).

Answer: All of them. Contrary to popular belief, you don't just need calcium for your bones. It is very important for you to have a nice healthy balanced diet with lots of fruits and vegetables (5-10 servings a day is usually recommended) and at least 2 servings of protein (meats and alternatives) daily.

4. To help prevent osteoporosis, all adults should take calcium supplements.

- a. TRUE
- b. FALSE

Answer: FALSE. Yes, your bones do need calcium, but the best source of calcium is your nutrition. Dairy products are one of the best sources of calcium in your diet. Other good sources are fortified soy beverage, orange juice, almond or rice beverage. If you have 3 servings a day of these high calcium foods (or 2 servings a day if you are between 19 and 50 years of age), then you are already providing your bones with all of the calcium they need.

Won't taking a calcium supplement help even more? Actually no. There is nothing magic about a calcium pill. The best source of calcium for your bones is through your nutrition and that is the way you should do it if you can. Studies have now shown that those who take calcium supplements are at slightly increased risk of kidney stones and heart attacks. All the more reason for you to drink your milk.

Calcium supplements are only recommended for those who cannot get enough calcium from their diet. Only take a calcium supplement after you have discussed it with your physician and follow his or her recommendations.

5. To help prevent osteoporosis, all adults should take a vitamin D supplement.

- a. TRUE b. FALSE

Answer: TRUE. There is very little vitamin D in food. The amounts of vitamin D added to milk and a few other dairy products are very small amounts for adults. You cannot really get sufficient vitamin D by drinking milk, even if you drink a litre a day!! You also cannot rely on the sun to provide you with sufficient vitamin D even if you are in the sun all summer long. Osteoporosis Canada recommends the following:

- If you are 19-50 years of age: 400-1000 IU of vitamin D daily from supplements
- If you are over age 50: 800-2000 IU of vitamin D daily from supplements.

6. How many elderly people fall each year:

- a. 1 out of 50 b. 1 out of 30 c. 1 out of 10 d. 1 out of 3

Answer: d. 1 out of 3 elderly people fall each year. This is a major cause of fractures (broken bones). If we can prevent that fall, we might be able to prevent a hip fracture!

7. Where do most falls occur?

- a. outdoors during winter months b. indoors

Answer: b. indoors. The overwhelming majority of falls happen indoors, most commonly in the kitchen, bathroom and bedroom. This means you must always pay attention to prevent falls, not just when you go outside in winter.

8. Which of the following are signs of possible osteoporosis?

- a. a broken bone b. height loss c. a curve of the spine

Answer: All of the above. A broken bone may be the only warning sign that a person has osteoporosis. If you are over age 50 and have experienced a fracture, ask your doctor if you need testing and/or treatment for osteoporosis.

Everyone loses a bit of height with age. However, when bones break in the spine that causes more height loss than expected. Losing height may be a warning sign of osteoporosis. Osteoporosis Canada recommends that everyone over age 50 have a height measurement done by a health care professional every year. Because you can lose height from many causes, if you lose more than 2 cm (3/4 inch), then your doctor may send you for an X-ray of your spine to check for broken bones, which can often be asymptomatic (they may cause no pain). Broken bones in your back may also cause you to develop a curve in your back (kyphosis).

9. Everyone over age 50 should have a bone mineral density (BMD) test.

- a. TRUE b. FALSE

Answer: FALSE. BMD testing is an important component of a comprehensive fracture risk assessment which will help determine if you need a prescription medication for osteoporosis. **EVERYONE 65 YEARS OF AGE AND UP NEEDS A BMD TEST.** But for those between 50 and 65, you only need a BMD test if there is a significant risk factor for osteoporosis or fractures. Reasons why you may need a BMD test before age 65 include:

- You have had a previous fragility fracture after age 40
- You are on Prednisone for 3 months or more

- Your mother or father has had a broken hip (remember, osteoporosis runs in families)
- You are a smoker (smoking is very bad for your bones and significantly increases your risk of having a hip fracture)
- You drink more than 2 drinks of alcohol a day on average.
- You weigh less than 60 kg (132 lbs) or have lost weight and weigh less now than you did at age 25
- You have rheumatoid arthritis.

Besides these risk factors, there are some other medical conditions and some medications which can increase your risk of osteoporosis and fractures. If you are over age 50, ask your doctor if you need a BMD test.

10. A person with a normal BMD test doesn't need to be treated with osteoporosis medications.

- a. TRUE b. FALSE

Answer: This is a trick question 😊, just to make things more interesting for you. The answer is neither or both, depending on how you look at this. Yes, the BMD test helps in deciding whether someone needs to be treated for osteoporosis, but it isn't the only thing that matters. Some situations indicate that a person needs to be treated for osteoporosis, even if their BMD is normal. This is the case when we know that someone is at very high risk of fracture, irrespective of what the BMD test may tell us. Such high risk situations include:

- A broken hip. Think of a broken hip as a heart attack. If you don't treat a heart attack, what are the chances that that individual will soon have another heart attack? Pretty high! People who break a hip are at extremely high risk of breaking another bone. In fact they are at very high risk of breaking within the next year. They have a 9% chance of breaking the other hip within the next year!!!! And they have a 36% chance of breaking some other bone, too. We don't need a BMD test to tell us that they really need to be started on an osteoporosis treatment urgently. We need to move fast if we are to prevent their next fracture.
- A broken bone in the back. One in 5 people who break a bone in their back will have another break within the next 12 months. Only by starting them on osteoporosis medication immediately can we help prevent the next fracture. The BMD test results won't change our recommendation for treatment.
- When someone breaks a bone and then later breaks a second one, we know that the risk that they will have a third fracture is very high. How many fractures does a person have to suffer before we start treatment?!!!! So, a person who has had two fragility fractures or more, that is a person who needs osteoporosis treatment, irrespective of their BMD test results.
- Prednisone is a lifesaving drug, but it is particularly bad for bones. If we know that a person is already prone to fracture because they have already had one, and now we start them on Prednisone, that is a very high risk situation. That person needs to start osteoporosis treatment now.

The BMD test is just one component of a comprehensive fracture risk assessment. If you are over age 50, ask your doctor about your risk for fractures and whether you need a BMD test or treatment to prevent fractures.

11. Osteoporosis drugs cause more fractures than they can prevent.

- a. TRUE b. FALSE

Answer: FALSE. First line osteoporosis medications have been proven, in well-designed research studies, to decrease the risk of fractures in osteoporosis patients by 40-70%. That means that many fractures can be prevented and lives saved. First line osteoporosis medications include: alendronate

(Fosamax®/Fosavance®), risedronate (Actonel®/Actonel® Plus Calcium), zoledronic acid (Aclasta®), denosumab (Prolia®), teriparatide (Forteo®), raloxifene (Evista®) and estrogen (for women who suffer from menopausal symptoms). Some medications can prevent all types of fractures – spine, wrist and hip (e.g. alendronate, risedronate, zoledronic acid and denosumab).

There is a rare complication of some osteoporosis drugs known as an “atypical femoral fracture”. These are small cracks that can develop in the femur (thigh bone). Like a crack in the windshield, these cracks usually take time to work their way across the bone. Eventually, if they are not treated, they will lead to a complete break. Luckily, these atypical fractures are very rare and most patients who experience them get an important warning sign: they get pain when the little crack starts. If you are on an osteoporosis medication and you have persistent pain in your thigh or groin, your doctor may do an X-ray of your femur. More commonly than not, the thigh or groin pain will be due to run of the mill arthritis (this has absolutely nothing to do with osteoporosis or your osteoporosis medication). But rarely, an atypical femoral fracture will be found and can be fixed surgically before the crack leads to a complete break of the femur.

Atypical femoral fractures are quite rare. With medication, we prevent many osteoporotic fractures before we see a single atypical femoral fracture. It has been estimated that someone who is on an osteoporosis medication is more likely to be murdered than to suffer one of these atypical fractures.

The moral of the story is this: if you are at high risk for fractures, you need an osteoporosis medication. It will help reduce your odds of suffering an osteoporotic fracture. But there is a very small risk of developing one of these atypical femoral fractures. Overall however, you are much better off on treatment than without treatment.

12. We can reduce the risk of osteoporotic fractures.

- a. TRUE b. FALSE

Answer: ABSOLUTELY TRUE!!!! Having a healthy lifestyle, a well balanced diet with dairy products, a vitamin D supplement, good exercise, attention to fall prevention and no smoking or excessive drinking will help decrease anyone’s risk of an osteoporotic fracture. If you are at high risk of fractures, an osteoporosis medication will further reduce your risk. Talk to your doctor about having a comprehensive fracture risk assessment to determine whether or not you need to be on osteoporosis treatment.

FUNNY BONE:

An elderly lady was riding her motor bike and knitting at the same time. An officer drove up beside her and shouted “PULL OVER!” She replied “SOCKS!”

This issue of COPING is sponsored by Gay Lea Foods Co-operative



www.gaylea.com