



COPING
'A newsletter from COPN'
October 29, 2010
Remember: You can live well with
osteoporosis!

If you have received this newsletter from the Canadian Osteoporosis Patient
Network (COPN)
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Thought for Today – Better to ask twice than to lose your way once.
– Danish proverb

This is the second in the series of COPING newsletters dedicated to the new 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis. Copies of this and all previous newsletters are available on the COPN web-page at www.osteoporosis.ca.

HOW LIKELY AM I TO FRACTURE A BONE?

For many people, osteoporosis cannot be prevented, but we can do much to minimize its very serious consequences. Osteoporotic fractures (also called fragility fractures) cause pain, loss of independence and sometimes death. Our goal is to stop osteoporotic fractures from ever happening. Indeed, our vision at Osteoporosis Canada is “Canada without osteoporotic fractures”.

You will recall this important message from our new Osteoporosis Patient Bill of Rights.

We believe that all Canadians, wherever they live, have the right to effective bone care and fracture prevention programs that include:

- Regular, comprehensive assessments of the risk of bone fractures
- Timely bone mineral density testing; and
- Medications that are proven to reduce the risk of fractures.

So how do the new Guidelines help us turn these rights into reality?

The initial step in the optimal management of osteoporosis is being able to predict who is at risk of fracture. In order to do this, we need a “crystal ball”, so to speak, that can help us clearly see the likelihood of fracturing ten years into the future.

Most people have the misconception that this “crystal ball” is the bone mineral density (BMD) test. In other words, if your bone mineral density test is low, then you need treatment and if your BMD test is good, then you don’t need treatment. This is a misconception.

BMD tests are but one tool used in the diagnosis of osteoporosis. In fact BMD test results, on their own, may not be a very effective predictor of a person’s risk of fracture. According to the new Guidelines, when a person is assessed for his or her 10-year risk of fracture, many other important clues, some even more important than the BMD test, need to be considered as well. For example, a person who breaks a vertebra (bone in the back) with simple day-to-day activities such as reaching for a dish in a high cupboard is at very high risk of having more fractures, irrespective of what their BMD test may show. We don’t need a BMD test to tell us that that particular individual has fragile bones.

Over the last several years, researchers have been able to identify a list of risk factors for fractures. These include:

- bone mineral density test
- age
- sex (male or female)
- a prior fragility fracture
- currently being on Prednisone
- a parent who broke a hip
- a current smoker
- having more than 3 alcoholic drinks a day on average
- having rheumatoid arthritis (diagnosed by a doctor)

The first five in the left column are the most important risk factors. So, any “crystal ball” that is going to work well will have to include at least those five risk factors in its calculations.

In Canada, physicians have two state-of-the-art tools (“crystal balls”) to help them assess an individual’s risk for fracture over the next 10 years: the FRAX tool and the CAROC tool. Both tools utilize all five of the important risk factors and are proven to work in assessing fracture risk in the Canadian population.

FRAX, a computer-based application developed by the World Health Organization (WHO), was validated for use in Canada this summer. In mere minutes a physician can enter all the pertinent information from an individual's profile on a computer (or even an iPhone!) and FRAX instantly calculates the person's risk of suffering a major osteoporotic fracture of the hip, spine, wrist or shoulder over the next 10 years

CAROC, a made-in-Canada assessment tool, is an equally effective tool for assessing an individual's risk of fracture. Developed by a team of experts from Osteoporosis Canada and the Canadian Association of Radiologists (CAR) CAROC incorporates bone density test results, age, sex, prior fragility fracture and current use of Prednisone. These are the 5 most important risk factors. FRAX and CAROC are equally effective tools. Both tools give a person's ten year risk of fracture, subdivided into low (< 10%), moderate (10-20%) or high risk (> 20%) categories.

The tool your own physician will use depends on personal preference and convenience. The end result to you, as a patient, is a much-improved assessment of your risk of fracture. The bottom line is that with these tools, physicians are now much better equipped to predict a person's risk of fracture and can better determine whether or not that individual should be started on a drug treatment for osteoporosis.

What both models recognize is that assessing the risk of fracture involves so much more than an individual's BMD score. Some people will start to break bones even if their BMD is not yet in the osteoporosis range. But some people with low BMD (-2.5 or less) are not expected to break a bone for another 30 years. Do they really need to take osteoporosis medications for 30 years before their first anticipated fracture? The most up to date evidence suggests that they should not.

Osteoporosis medications work well. Most drugs for osteoporosis can reduce a person's risk of fracture by 50% within the first year of treatment. So, the most important priority is to figure out a person's risk of fracture. If he or she is at low risk, then there is no point in prescribing an osteoporosis drug because we cannot prevent something that is not going to happen. For those individuals at low fracture risk, a healthy diet containing adequate calcium, a vitamin D supplement and attention to exercise and fall prevention are sufficient measures. On the other hand, if he or she is at high fracture risk, then that individual must start taking medications immediately.

Do we have the ability to predict a person's risk of fracture? The answer to this is YES, because of tools like CAROC and FRAX. These tools are the "crystal balls" that help us look 10 years into the future to predict what an individual's fracture risk really is.

In the next COPING we will look at what *fracture risk* means to you.

BONE APPETIT: New Information on Calcium and Vitamin D
Wednesday, November 17, 2010
1:30 p.m. to 3:00 p.m. ET
(Time zones listing below)

Nutrition and healthy eating habits play a very important role in maintaining strong bones for people living with osteoporosis. This virtual education forum will offer valuable information about the foods that help to optimize bone health and strength. Dietitians Wendy Borody and Anna Pohorecky will be addressing new information on calcium and vitamin D. Register for this event and have your questions about nutrition and osteoporosis answered in real-time.

Nutrition and Osteoporosis Virtual Education Forum is Sponsored by Dairy Farmers of Canada

Register online TODAY! Space is limited.

How to register:

1. <http://www.meetview.com/oc20101117>
2. Click on "Enter Webcast Lobby" at the top of the page
3. Enter your First Name, Last Name, Email Address and Postal Code
4. Click on "Register"

Time Zones

PT: 10:30 a.m. to 12:00 p.m.

MT: 11: 30 a.m. to 1:00 p.m.

CT: 12: 30 p.m. to 2:00 p.m.

ET: 1: 30 p.m. to 3:00 p.m.

AT: 2: 30 p.m. to 4:00 p.m.

SAVE THE DATE – Wednesday, December 1st, 1:00 p.m. to 2:00 p.m. ET

The forum will focus on the new osteoporosis guidelines and what it means to a person living with osteoporosis. The forum will be led by Dr. Bill Leslie and Dr. Alexandra Papaioannou. Visit our website for more information

www.osteoporosis.ca

Funny bone –

If you can start the day without caffeine, if you can always be cheerful ignoring aches and pains, if you can eat the same food every day and be grateful for it and if

you can resist complaining and boring people with your troubles...then you're probably the family dog!

Notices/references

i. 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.

ii. 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 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 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.

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

You must provide the first and last name for which you registered in order to be removed from this list.

<cPatientNetwork@osteoporosis.ca>

V. (1)<http://www.volunteerkw.ca/index.php?MenuItemID=180>