



Make your
FIRST break
your **LAST**

INSIST ON ASSESSMENT



**NOVEMBER IS
OSTEOPOROSIS MONTH**

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Osteoporosis Canada
Ostéoporose Canada

This November is Osteoporosis Month, and we are urging Canadians to be aware of their risks for breaking a bone

Closing the Care Gap

Patients with fragility fractures are at the highest risk of developing new fractures.

The risk of having a major fracture from osteoporosis in Canada is among the highest in the world — in the top quarter. Each year 30,000 Canadians break their hip, and that is just the tip of the iceberg. Many more Canadians suffer osteoporotic fractures of the spine, wrist, shoulder and pelvis. Broken bones from osteoporosis are extremely common, more common than heart attack, stroke and breast cancer combined. At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime.

The consequences of an osteoporotic fracture can be devastating:

- Both spine and hip fractures are associated with an increased risk of death.
- Twenty-eight percent of women and 37% of men who suffer a hip fracture will die within the following year.
- At least 15–25% of hip fracture patients require admission to a nursing home.
- Chronic pain and long-term disability are all too frequent.
- The very real fear of falling, especially during Canadian winters, results in limitation of activities, isolation from community, family and friends, and depression.
- Osteoporotic fractures place a significant burden on family caregivers, who are often required to take on extra responsibilities to care for their loved ones.
- There is also a huge burden on the healthcare system, which currently pays an estimated \$1.9 billion annually to treat the many osteoporosis-related fractures.
- Once an individual has had an osteoporotic fracture, another is more likely to occur, especially if the individual is not treated.

In spite of these known facts, a huge care gap exists after a fracture. Over 80% of fracture patients are never offered screening and/or treatment post-fracture, in spite of the fact that there are several effective medications that can reduce fracture risk by 30–70%. By way of comparison, 80% of those who suffer a heart attack are treated with beta blockers. Without appropriate diagnosis and treatment, patients who have had a fracture remain at risk for more debilitating and life-threatening fractures.

What is the solution? Patients with hip, spine and other fractures from osteoporosis need appropriate assessment and treatment. If you have already had a fracture, you may be at high risk for another one. Any fracture after age 40 means you may need a bone mineral density test and a fracture risk assessment with FRAX or CAROC, two fracture-risk assessment tools available to Canadian physicians. Your risk of having another fracture can be reduced. Ask your doctor about diagnosis and treatment options. Make your first break your last — insist on assessment!

Checklist for risk of broken bones and osteoporosis

PART A

- Am I 65 or older?
- Have I broken a bone from a simple fall or bump since age 40?
- Has either my mother or father had a hip fracture?
- Do I smoke?
- Do I regularly drink three or more alcoholic drinks per day?
- Do I have a condition that requires me to use a glucocorticoid medication such as prednisone?
- Do I take any other medication that can cause osteoporosis such as an aromatase inhibitor for breast cancer or hormonal treatment (androgen deprivation therapy) for prostate cancer?
- Do I have a medical condition that can cause bone loss or fractures? Examples include rheumatoid arthritis, celiac disease, gastric bypass surgery, COPD (chronic obstructive pulmonary disease) or chronic liver disease.
- Did I have an early menopause, (i.e. before age 45)?
- Have my periods ever stopped for several months or more (other than for pregnancy or menopause)?
- Have I ever suffered from impotence, lack of sexual desire or other symptoms related to low levels of testosterone (male sex hormone)?
- Do I currently weigh less than 60 kg or 132 lbs?
- Have I lost more than 10% of my body weight since age 25?
- Have I recently had an X-ray that showed a spinal fracture?
- Have I had an X-ray that showed low bone mineral density?

If you are over 50 and have checked one or more of the above, Osteoporosis Canada recommends that you talk to your doctor to see if you need a bone mineral density test and about doing a comprehensive fracture risk assessment with FRAX or CAROC.

If you are under 50, it is very unlikely that you need a bone mineral density test unless you have a chronic medical condition or medication that puts you at high risk for fractures. If you are unsure, speak to your doctor.

PART B

- Have I lost 2 cm (3/4") in height as measured by my health care provider, or 6 cm (2 1/2") overall from when I was younger?
- Do I have kyphosis (a forward curvature of the back)?

If you are over 50 and have checked one or more of the above, Osteoporosis Canada recommends that you talk to your doctor about getting checked for the possibility of a spine fracture. This is done with a regular back X-ray.

PART C

Frequent falls can lead to broken bones.

- Have I fallen two or more times in the past year?
- Do I have an unsteady walk and poor balance?
- Do I need to push with my arms to get up from a chair?
- Do I need an assistive device such as a cane, walker or wheelchair?

If you have checked one or more of the above, you are at risk of falling and you need to take steps to prevent falls.

Fracture Facts

- Over 80% of all fractures in Canada after age 50 are caused by osteoporosis.
- Over 80% of fracture patients are never offered assessment and/or treatment for osteoporosis.
- One in three hip fracture patients re-fracture at 1 year and over 1 in 2 will suffer another fracture within 5 years.
- The risk of suffering a second spine fracture within the year following the first one is 20%.
- Each year in Canada there are about 30,000 hip fractures — and many more Canadians suffer osteoporotic fractures affecting the spine, wrist, shoulder, and pelvis.
- At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime.
- Osteoporotic fractures are more common than heart attack, stroke and breast cancer combined.



Awareness is key



DIANNE NOLIN

“Since I was diagnosed, I have spoken to so many people about osteoporosis and I cannot believe how many people are unaware!”

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. Osteoporosis is 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 three 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. 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, as 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 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 a while, get up and do a few more, sit some more, etc. until they are done. If we have company for dinner, the dishes get done in two days 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 also done things to contribute to my osteoporosis. 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 with 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 risk factor assessment. This is especially important for anyone over the age of 50 who has suffered a fracture — it is almost certain that fracture was a result of osteoporosis. Learn what those 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.





What if...

you had to bring
in your groceries
one by one?

STOP osteoporosis before it stops you.

As many as 2 million Canadians are living with an illness with no symptoms: osteoporosis.

This silent disease reduces your bone mass, making your bones porous and brittle. Everyday tasks can seem overwhelming. Left untreated, bones affected are prone to fractures (e.g. hip), often leading to debilitating pain, loss of independence and even death due to associated complications.

Don't risk your quality of life. Learn how you can protect your bones by calling
(toll-free) **1-800-463-6842**, or by visiting **www.osteoporosis.ca**.

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