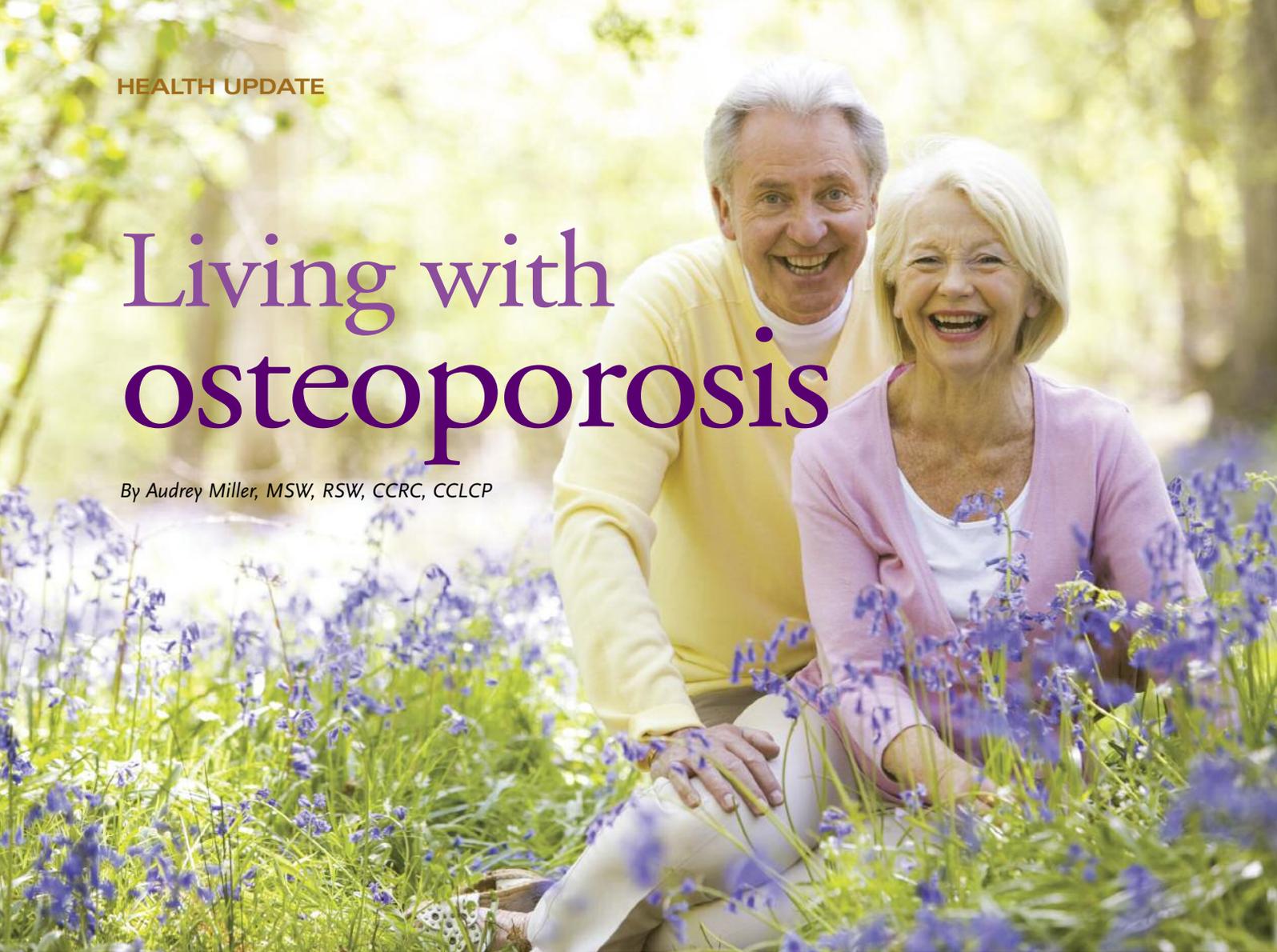


Living with osteoporosis

By Audrey Miller, MSW, RSW, CCRC, CCLCP



You have just had an X-ray of your fractured wrist after falling in your apartment and your doctor tells you that you have osteoporosis. “What?” you think, “I haven’t noticed a thing, how could I have this disease?” Osteoporosis is often known as “the silent thief” because it happens without showing any symptoms; bones slowly deteriorate and become more brittle over a long period of time—often many years. Part of this is due to a loss of calcium in our bones. It is often not until we fracture something (usually a hip, our spine or wrists) that we discover that we have osteoporosis. For many seniors, a diagnosis of osteoporosis is made following a fall. Many times, these falls result in a hip fracture—which occurs in Canada every seven minutes. More than a half of the time (53 per cent) falls occur within the home. Research has shown that

osteoporosis plays a role in 90 per cent of all hip fractures. Clearly, hip fractures and osteoporosis can have a significant impact on one’s independence. In total, 1.4 million Canadians suffer from osteoporosis today and women are often more affected by the disease than men, with one in four women over the age of 50 having osteoporosis. So is there anything that can be done about this disease?

Testing is key

Perhaps most important factor is early detection. Through diet, exercise and medications, you can stop osteoporosis from getting worse. Osteoporosis Canada suggests that any person, male or female, over the age of 50 be tested for the disease. The test used for determining whether someone has osteoporosis is called a bone mineral density (BMD)

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“Happiness is like perfume: You can’t give it away without getting some on yourself.”

Unknown

Are you at risk for osteoporosis?

Osteoporosis Canada provides the following compounding risk factors (meaning the more risk factors you have, the greater the risk):

- Age 65 or older
- Vertebral compression fracture
- Fracture with minimal trauma after age 40
- Family history of osteoporotic fracture (especially if your mother had a hip fracture)
- Long-term (more than three months continuously) use of a glucocorticoid therapy such as prednisone
- Primary hyperparathyroidism
- Medical conditions (such as celiac disease, Crohn's disease) that inhibit absorption of nutrients
- Tendency to fall
- Osteopenia apparent on X-ray
- Hypogonadism (low testosterone in men, loss of menstrual periods in younger women)
- Early menopause (before age 45)
- Rheumatoid arthritis
- Hyperthyroidism
- Prolonged use of anticonvulsants
- Prolonged heparin use
- Body weight less than 57 kg (125 lbs)
- If the present weight is more than 10% below your weight at age 25
- Low calcium intake
- Smoker
- Excess caffeine (consistently more than four cups a day of coffee, cola or some energy drinks)
- Excess alcohol (consistently more than two drinks a day)

test. This test is similar to an X-ray. A photo is taken of the bones, usually around the hip and spine, in order to determine whether there is deterioration and, if so, how far the deterioration has progressed.

If you have been diagnosed with osteoporosis, there are now a variety of treatments available. Most doctors recommend drug treatments in combinations with diet and exercise modifications. There are currently many medications to assist with the prevention of bone loss. Because each person is different, you and your doctor will decide which medication is best for you. Because bones are made up mostly of calcium, and

vitamin D helps your body absorb calcium into your blood stream, doctors will often also prescribe vitamins with high levels of calcium and vitamin D in addition to your medications.

Diet and exercise

Diet can also slow down osteoporosis. As mentioned, vitamin D and calcium are important for keeping bones strong. Dairy products such as milk, cheese and yogurt are excellent sources of calcium because they contain high amounts of calcium that are easily absorbed by the body. Orange juice and some fortified soy beverages are also a great source of calcium. Vegetables also provide calcium, as do salmon and sardines and meat alternatives such as lentils and beans. Vitamin D comes from the sun, which can be rare in the Canadian winter, so it's important to eat foods rich in vitamin D and supplement your intake with a vitamin pill. Many individuals take TUMS—which contains calcium.

On the other hand, foods that are high in caffeine or salt tend to have a negative affect on bones because they hinder the body's ability to absorb the calcium needed to fortify deteriorating bones.

Exercise is also important in keeping your bones healthy. You should take part in exercises that will affect bone mass, improve balance and coordination and improve posture. Weight-bearing activities such as walking or running as well as resistance and balance



exercises such as using free weights or tai chi are recommended.

Be proactive and informed

Early detection is key in being able to take proactive steps towards slowing the progression of osteoporosis and in some cases halting it altogether. If you have already been diagnosed, taking a proactive approach by changing your lifestyle with diet and exercise and drug therapies, as well as taking precautions while at home, at work or out with friends, can ensure that fractures do not happen. Osteoporosis Canada provides a wealth of information about the disease as well as support groups for those who have been diagnosed (<http://www.osteoporosis.ca>). Having information about the disease and what you can do about it is the first step in ensuring that the silent thief does not win. ●



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“Men never remember, but women never forget.”

Unknown

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