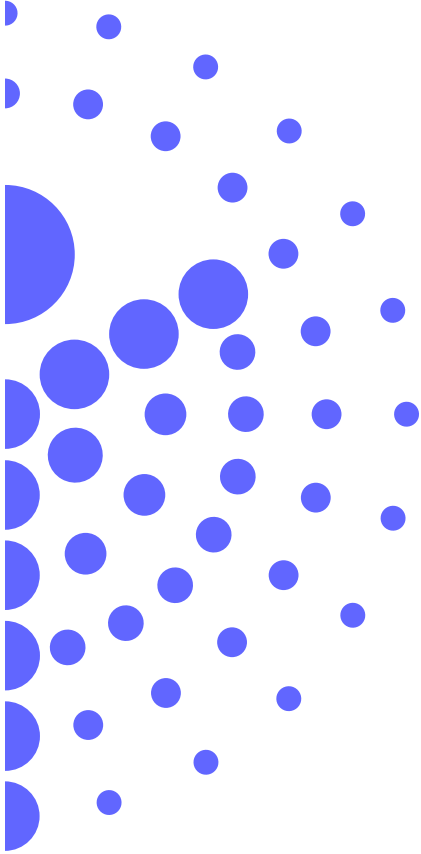


Osteoporosis Canada

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Living Well with Osteoporosis





Managing Osteoporosis to live a full and active life

You are not alone

This booklet is intended for those who have just learned that they have osteoporosis and those who may still have questions about how to manage this disease. It contains the collective wisdom of many individuals who have adjusted to their diagnosis and now live full and active lives.

Diagnosis of osteoporosis has a significant impact

Most individuals feel anxious when first diagnosed with osteoporosis. Their concerns are usually related to fear of breaking bones (or fracturing a second time if a broken bone was part of the initial diagnosis).

This fear reaction often includes negative thoughts. What if I keep losing height? I can't go outside; I might fall. I can't participate in many of my favourite recreational activities! I can't even do many of the routine chores around the house without asking for help.

If you allow yourself to dwell on the negative, such thoughts can lead to feelings of loneliness, depression and helplessness. Fear of loss of independence because of physical limitations contributes to depression. It is important to think about what you can do. Remember that many people with osteoporosis adjust and live full, active lives.

With the help of drug therapy and appropriate lifestyle changes, individuals are able to reduce their risk of fracture and, in some cases, improve bone mass. That is food for positive thought!

Some first steps

If you have been recently diagnosed, here are some ideas about where to begin:

- **Educate yourself:** Learn all you can about osteoporosis. Osteoporosis Canada operates a toll-free information line. Information counsellors discuss your concerns, send appropriate information and, if there is one, refer you to a Chapter or support group near you. Our web site - www.osteoporosis.ca - is also full of useful information. Consider adding your name to COPN - the Canadian Osteoporosis Patient Network. They publish a regular newsletter with helpful tips and information on living with osteoporosis.
- Review your treatment options with your doctor. You have several choices.
- Review necessary lifestyle changes with your doctor as well.
- Ask your doctor to refer you to other professionals. Although your physician is your primary medical resource, there is a wide range of professionals who can be involved in helping you care for your bones. (See “bone health care team” below.)

The bone health care team

By knowing who in the healthcare system is part of your bone health team, you will be better able to maintain your bone health. Note: the health professionals listed below may not all be available in all communities.

- **Physician:** Your primary medical resource. Together you can develop a strategy to maximize your chances of improving your bone health. Your physician is responsible for referring you to other members of the healthcare team, if necessary.
- **Nurse Practitioner:** Provides health education and registered nursing care in public health units and through home visits. Nurse practitioners often act as the first level of contact and screening for those with osteoporosis.
- **Bone Mineral Density Technologist:** Responsible for testing your bone mineral density. If you are on medication for your osteoporosis, you should have bone mineral density tests at regular intervals (one to three years) to measure the effectiveness of the medication.
- **Clinical Nurse Specialist:** Works in the hospital, acting as advocate for the patient and liaison between the patient and physicians.

- **Pharmacist:** Can discuss your medications and how to get the most out of them. They can tell you about possible side effects. Try to get all your prescriptions filled at the same pharmacy, as the pharmacist will check your records to make sure that there are no significant drug interactions between different medications you are taking that may have injurious results.
- **Dietitian:** Will work with you to put together a diet to help maintain bone, recover lost bone mass and to aid in the treatment of the disease.
- **Physiotherapist:** Will help you develop an exercise program focusing on posture, muscle strength, endurance and stamina, balance and fall prevention, as well as stretching and flexibility.
- **Occupational Therapist:** Will assess you in order to develop ways of handling activities of daily living that work best for you. This assessment may include equipment or home adaptations to assist in maintaining your independence. Can also help you accept and adapt to necessary changes in your lifestyle.
- **Rheumatologist:** Treats certain auto-immune diseases and musculoskeletal disorders.
- **Endocrinologist:** Can assist in the diagnosis and treatment of osteoporosis.
- **Gerontologist / Geriatrician:** Studies physical, mental and social changes in older people.

Adopt a bone-healthy lifestyle

Your bone health is not just a medical concern. It requires attention to your lifestyle:

- Eliminate behaviours that are bad for your bones, such as smoking and drinking excessive amounts of alcohol (more than two drinks per day).
- Get the recommended daily intake of calcium - ideally from food. Only take a supplement if you can't get enough from food and only after talking to your doctor.
- Also make sure you get the recommended daily intake of vitamin D, which helps to absorb the calcium. There are few food sources of vitamin D and sunlight is an unreliable source. Therefore, Osteoporosis Canada recommends routine daily supplementation of vitamin D for all Canadian adults all year round. Osteoporosis Canada

has a fact sheet - Nutrition: Healthy Eating for Healthy Bones - that tells you how much calcium and vitamin D you need each day. It also stresses the importance of a well-balanced diet made up of all four food groups in Canada's Food Guide.



"Improve your Balance, Strength, Endurance and Posture."

- Exercise regularly. Include weight-bearing activity to help maintain strong bones. (Weight-bearing means any activity where you are bearing your own body weight, such as walking or line dancing.) Do activities that will improve your balance, strength, endurance and posture. Osteoporosis Canada has a program called Break Through offered only in Ontario through some YMCA locations and community and recreation centres. We have also launched BoneFit™, a training program for health and exercise professionals. BoneFit™ teaches safe and effective ways to prescribe exercise for people with osteoporosis. Watch the OC website - www.osteoporosis.ca - for a listing of BoneFit™- trained exercise professionals in your area. Osteoporosis Canada publishes the fact sheet Exercise for Healthy Bones that will provide general guidelines on exercise.

Decrease your risk of fracture

While the most common fractures associated with osteoporosis are those of the hip, spine, wrist and shoulder, not everyone diagnosed with this disease breaks bones.

Whether or not you have had a fracture, everyone with osteoporosis should attempt to modify their lifestyle in order to minimize their risk of breaking a bone. In addition to drug therapy, exercise and calcium, it is very important to understand how to move in a way that is safe for your bones. The practical advice that follows is designed to help you understand what are considered safe movements and to pay attention to the details of daily living so that you don't compromise your bones.

Guidelines for safe movement

Following these simple guidelines will help:

- Do not bend forward, as it puts you in danger of breaking the bones in your spine. Use your knees instead of bending at the waist.
- Avoid twisting your torso - it will put pressure on your spine.
- When lifting and carrying heavy objects, don't pick them up off the ground, don't lift them above shoulder level, or reach up over your head to retrieve something from a shelf or cupboard. When lifting something, check its weight first. If the object is not too heavy, bend your knees and keep your back straight.
- Avoid activities that overload your spine when you are in a bent position, e.g., putting a roast in or out of the oven, putting wet laundry in the dryer, lifting the mattress to tuck in sheets, shovelling the driveway. Ask for help.
- Think, then do. Don't do something dangerous in a moment of impatience. Don't be in a hurry to catch a bus, answer the phone or respond to a doorbell. Haste may create more problems than it's worth.
- Stick to moderate weight-bearing exercises. Jogging jars the spine and puts you at risk of injury.
- Take extra care if you have a poor sense of balance, poor eyesight, or if you wear bifocals.

Tips for daily living

In your home:

- Don't bend to pick up a child (or anyone else you may be caregiving). Sit and let the child climb onto your lap.
- Get in and out of bed carefully. To get in, first sit on the edge of your bed. Then lie on your side and gently roll over. If you sleep on your side, a pillow between your knees will help support your hips and lower back. To get out of bed, lie on your side, ease yourself to the side of the bed, then push yourself up with your arms so that you are in a sitting position at the side of the bed with both feet on the floor.
- Avoid reading in bed. To read comfortably, sit in a chair, place a firm pillow on your lap, and support your arms and book on the pillow. Keep chin tucked and neck straight. Raise your feet on a low stool, keeping knees bent.

In public places:

- Request a comfortable chair when dining out. Don't feel you have to explain your illness, just say "I have a bad back problem."
- Do avoid crowded public places because it is easy to get knocked off balance and fall. If using public transit, travel during off-peak hours if possible.
- Take care not to jolt your spine when climbing stairs or stepping off a curb.
- Take a pillow with you for back support in cars, offices, etc.
- When getting in and out of a car, sit down facing the door, then swing legs inwards. Reverse the procedure to get out of the car.
- If you drive a car, use rear view mirror extenders and your side mirrors to check traffic behind and beside you to avoid having to twist around. Watch out for the blind spot!

Preventing falls is important

Individuals with fragile bones are much more likely to break a bone if they fall. If you have osteoporosis, you should become aware of the factors that will increase the likelihood of falling. Here is some advice to help prevent falls:

- Ask a physiotherapist or occupational therapist to come to your home and advise you on how to reduce hazards that can lead to falls.
- Clear your home of anything that might cause a fall - scatter rugs, protruding furniture, cords that could trip you up.
- Pets like to stay close - be careful not to trip over your pet dog or cat.
- Wear low-heeled shoes that give good support. Take care of your feet. Painful feet may affect your ability to remain stable.
- Watch for uneven ground, sidewalks and floors.
- Keep stairs in good repair, with handrails on both sides, free of clutter and well lit.
- Consider your medications (prescription, over-the-counter and herbal) and their potential side effects. Studies suggest that certain medications may increase the risk of falling. For example, an antidepressant may cause a drop in blood pressure and fainting in some people. Other medications, such as sleep aids, may cause drowsiness or a decrease in alertness. If you are on a combination of medications, be sure to discuss this issue with your doctor and pharmacist.

- If you must go out on ice and are considering wearing ice grips on the soles of your boots, a word of caution: Always be very careful when selecting any product for traction on slippery - especially icy - surfaces. These surfaces present a hazard for any individual and no one should rely completely on an anti-slip device to protect them from a fall. As well, remember to remove the anti-slip product when entering a store or mall. They can be slippery on indoor - especially tile - surfaces. If you use a cane, put an ice pick on it. Keep your outside stairs and sidewalk clear of ice and snow.
- Stay physically active. Individually tailored exercise programs that include muscle strengthening, balance training and walking are effective in reducing falls.

Preventing falls in the bathroom

- Grab bars are a proven way to make the bathroom safer. Grab bars need to be secured into wall studs, so get professional help.
- Rubber tub mats or adhesive strips can prevent disastrous falls in the tub.
- Floor mats should have rubber backings.
- If you find it hard getting in and out of the bath, or standing for any length of time under the shower, a bath chair or seat that fits across the bath and a hand-held shower will help.
- If it is difficult to sit down on and get up from the toilet, there are devices that will help, such as a riser for the seat or a frame with arm rests.
- Use a night light in the bathroom so you aren't fumbling around in the dark at night.
- A shower organizer will help organize all of your soaps, shampoos and other bath products so that they are in easy reach and you do not need to bend over.

Preventing falls in the kitchen

- Keep commonly used items within easy reach. This limits having to stoop very low or reach up high. A long-handled reacher, with rubber grips, helps with out-of-reach items.
- A step stool is a necessary item for every kitchen. Choose a sturdy one, preferably with a hand rail. Resist the temptation to climb up on chairs or tables - they definitely aren't designed for that purpose.

- Clean up spills immediately; they may cause you to slip and fall later if forgotten.

Assistive devices

In addition to making your home safer, you might consider assistive devices that can reduce the risk of falling and help you to carry out activities of daily living in a safer manner.

- Canes and walkers will provide stability; walkers provide more stability and support than canes because they spread your body weight over a wide area. These devices can increase independence and minimize your fear of falling. Canes and walkers come in many forms and will need to be fitted to you; therefore, they should be chosen in consultation with a physiotherapist, who can also provide instruction on how to use them properly.
- A seat lift is a device you put under you while sitting in a chair that helps push you up when you need to get up.
- Hip protectors have been shown to substantially reduce the number of hip fractures, particularly in the frail elderly. The protectors are designed to act as shock absorbers and/or to disperse any shock from impact away from that point where the thigh bone meets the pelvis. Hip protectors come in a variety of designs and are made of many different materials. The softer padded ones can be comfortable and quite discreet, but both the softer ones and the hard caps are effective.
- Reaching aids come in different lengths - an occupational therapist can help figure out the best aids for you to use.

Most large communities have falls prevention programs to help raise awareness of the factors that increase one's chances of falling. Call your local community information centre to access falls prevention resources.

Fractures require special attention

Spinal fractures associated with osteoporosis are not always easy to diagnose. If you have sudden, severe back pain (especially if you have fallen) or pain following bending or twisting movements, seek medical attention immediately. Let those treating you know that you have been diagnosed with osteoporosis.

Initially some fractures can be very painful. In the case of a hip fracture, surgery is required along with a period of recovery. Spinal fractures, called “compression fractures,” cannot be surgically repaired; like all broken bones, they need time to heal and will be painful for a period of six to eight weeks.

If you do fracture, you will want to receive the right kind of medical attention in order to ensure that your fracture heals properly. This will enable you to return more quickly to the activities of daily living after your visit to the emergency room or fracture clinic. A physiotherapist who is knowledgeable about osteoporosis and trained in rehabilitation therapy is a good resource for helping you recover from a fracture. They understand body mechanics, can help manage the pain associated with fractures and help individuals improve mobility and posture.

Spinal fractures can lead to changes in posture

You may have seen the image of an older woman or man with osteoporosis - bent forward with a hump at the top of the spine - and you worry that this is in store for you.

Unfortunately, there was a time when osteoporosis went undiagnosed in the elderly and there were no drug therapies available. Many older individuals did develop this type of posture. Luckily, this situation is changing. People are being diagnosed earlier and prescribed drug therapy, which reduces the risk of fractures. This in turn reduces the risk of this stooped posture and hump (known as “kyphosis”).

An individual can develop kyphosis as a result of experiencing numerous compression fractures in the spine. Each time a vertebra fractures in this way, it can “compress” so that the spine begins to round forward and each fracture contributes to a slow change in posture.

Individuals whose posture does change can find ways to alter their clothing so that clothes hang evenly and create a lengthening effect that minimizes the visual impact of the body being bent forward. A good seamstress or tailor is an excellent resource.

Osteoporotic pain

You may or may not experience pain with a diagnosis of osteoporosis. There are several reasons why an individual with osteoporosis might experience pain:

- As described above, fractures are painful. The acute pain normally subsides by the end of the healing and rehabilitation period (six to eight weeks).
- A series of compression fractures in the spine can also result in pain. When the spine collapses from these fractures, it curves over, pushing the stomach forward. This affects the ribs, which often end up sitting on the pelvic bone. The rubbing of bone against bone is the source of this pain.
- Muscle spasms are also known to cause pain in people with osteoporosis. They are the result of nerves being pinched as one's muscles tense to protect the joints, and in turn the bones.
- In some individuals, the microscopic fractures that can occur as bone thins can be experienced as painful. One patient described the sensation as "having a toothache deep in the bone."

An accurate diagnosis of your pain is very important. More chronic back pain is caused by degenerative disc disease or osteoarthritis than by osteoporosis. With an accurate diagnosis, you will be better able to develop a pain management program that works for you.

If you do experience pain

People experience pain differently. Therefore, the way they choose to address the problem will vary. The following options are available:

- Relaxation techniques
- Meditation
- Gentle massage
- Light stretching/strengthening exercises
- Applications of heat and ice
- Acupuncture
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Ultrasound
- Pain medication

- A brace or support (only as a temporary measure)
- Physical activity. Often when people are in pain, they do not feel like moving. But sitting still is not good for your bones or your pain. Find ways to move that accommodate your condition. Walking, even if inside your home or apartment, is a desirable exercise because it forces your major bones to bear the weight of your body (what we refer to as weight-bearing exercise). As you feel stronger, you can begin a formal exercise program that incorporates other weight-bearing exercises.

There are several types of professionals who can assist you with these pain management techniques, including massage therapist, acupuncturist, chiropractor, stress management counsellor or meditation teacher. Your family doctor will be able to refer you to someone who specializes in pain management.

Your attitude can make a difference



"Be Nice to Yourself"

Changing your lifestyle is only half the equation when adjusting to a chronic illness. Your attitude and emotional needs require attention as well. Here is some advice to consider:

- Give yourself permission to ask for help from friends, family and even strangers.
- Accept help when it is offered.
- Maintain relationships with people who are important in your life.
- Find ways to give back to those who help you in order to keep your friendships balanced. Pace yourself whether at work or play. Stop and rest when you start to feel tired.
- Break tasks into manageable bits and deal with them one at a time.
- Be nice to yourself. Expecting too much stresses both your bones and your mind.

Join an osteoporosis information/support group.

Support groups are places where people in the same situation can learn from guest speakers, talk freely with one another, exchange ideas and experiences, and help each other to cope with a shared problem. Joining an osteoporosis support group will put you in touch with people who understand just what you are going through because they are going through or have gone through it themselves. You can find such groups by calling Osteoporosis Canada's information line - 1-800-463-6842 - or the Chapter nearest you. This information is also on the website - www.osteoporosis.ca, click on About Us, then click on Chapters.

Sexuality

Sexuality and intimacy are important aspects of life. Your sexual desire may not be affected by the disease, but there may be physical limitations imposed by chronic pain, fatigue or low energy levels, and fear of fracture. A person with osteoporosis may worry about not being able to please a healthy partner. For men, anxiety either about their own bodies or about causing harm to their partner may result in impotence.

Other factors that may contribute to unsatisfactory sexual relations include:

- Changes in physical appearance
- Negative self-image
- Limited mobility
- Dealing with everyday survival
- Altered emotional state
- Avoidance

If your sexual life is being affected by a diagnosis of osteoporosis, you and your partner may want to consult with a professional such as a psychotherapist, social worker or sexual health clinician to discuss your concerns. This person may be able to help you explore different sexual techniques and alternative methods of achieving intimacy. Touching, hugging, open communication and patience are as important as sexual performance in maintaining emotional intimacy. A willingness to explore and a sense of humour don't hurt, either!

The information contained in this booklet is not intended to replace medical advice. Readers are advised to discuss their individual circumstances with their physician.

Still Have Questions?

Osteoporosis Canada is the only national organization dedicated to serving people who have or are at risk for osteoporosis and osteoporotic fractures.

We offer:

- Toll-free information line 1-800-463-6842
- Booklets, brochures and fact sheets
- Support groups
- Education sessions
- COPN (Canadian Osteoporosis Patient Network) publishes a regular newsletter, free of charge to subscribers. To contact COPN, email copn@osteoporosis.ca.

For more information, to join Osteoporosis Canada, to volunteer, or to make a donation, please contact us at:

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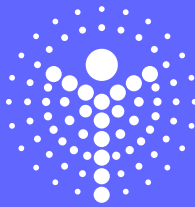
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