Julia Thomson

20th June 2019

Osteoporosis 2019

Promoting self-help and preventing fractures



Helping your patients to help themselves

- Medication
- Diet
- Exercise
- Symptom control
- Information
- Support



Medication

- 38% of respondents had been prescribed a medicine they did not take
- 79% of these stating that fear of side effects was the reason for not taking it.
- around 43% of the respondents thought that the risk of side effects with osteoporosis treatment was greater than the benefit.

National Osteoporosis Foundation. Bone health index survey final report. Unpublished data; Arlington, VA; 2016



Contributory factors:

The NOF survey found that almost all patients look beyond doctors for information about a new treatment before starting it, with the internet being the most common information source

- Media reports are not always accurate
- Dr Google (ONJ and risk of atypical fracture)
- Pharma and government

Dentists!



What can we do?

- Make sure our patients know why the medication has been prescribed
- Make sure they have any opportunity to ask questions
- Make sure they have access to reliable, accurate sources of information
- Empower them to make sensible decisions when faced with negativity

Decision making tool!!



'Drug Treatments for Osteoporosis' range Of ROS leaflets and factsheets



Hormone replacement therapy (HRT) for women and osteoporosis

Drug treatments for osteoporosis: raloxifene (Evista)

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Atypical (unusual) thigh bone fractures and drug treatments for osteoporosis

Osteoporosis

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Osteonecrosis of the jaw (ONJ)

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Osteoporosis

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What can I do to reduce my risk of ONJ during osteoporosis treatment?

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Drug treatments for osteoporosis

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National Osteoporosis Society

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National Osteoporosis What is persoppor Society To record to con-

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Diet

- Move away from blanket prescription of high dose calcium and vitamin D
- Heavier reliance on diet as a source of calcium

- Constipation
- Renal calculi
- ?? Heart attack??



NOGG Update 2017

 Some studies suggest an increased risk of cardiovascular events but this was not seen with a high dietary intake of calcium.

 May be prudent to increase dietary calcium intake and use vitamin D alone when possible.



ROS information for your patients





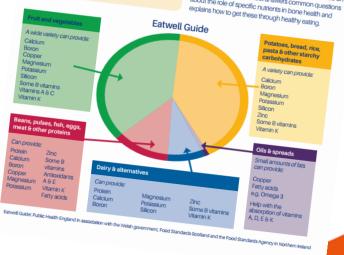
Further Food Facts and Bones looking beyond calcium and vitamin D

What is osteoporosis?

Osteoporosis occurs when the struts which make up the mesh-like structure within bones become thin causing them to become fragile and break easily, often following a minor bump or fall. These broken bones are often referred to as 'fragility' fractures.' The terms 'fracture' and 'broken bone' mean the same thing. Although fractures can occur in different parts of the body, the wrists, hips and spine are most commonly affected. It is these broken bones or fractures which can lead to the pain associated with osteoporosis. Spinal fractures can also cause loss of height and

Most people know that calcium and vitamin D are essential for our bones, but these alone cannot keep them healthy and strong. Other nutrients are also needed. A healthy, mixed and well-balanced dlet contains the variety of minerals and vitamins, proteins and other nutrients that our bones need. The 'Eatwell Guide' below shows the proportions of different food groups that make up well-balanced healthy eating. The range of nutrients typically obtained from these groups is

A more detailed picture and explanation of the Eatwell Guide is in our booklet 'All about osteoporosis and bone health'. This, and the central message on healthy eating for strong bones, is in Section 2 of the booklet and is also on our website. This fact sheet answers common questions about the role of specific nutrients in bone health and



Calcium-rich food chooser

https://theros.org.uk/information-and-support/looking-after-your-

bones/nutrition-for-bones/calcium/calcium-rich-food-chooser/

Foods providing around 50mg of calcium per average portion		
Plain yoghurt	1 tablespoon (40g)	
Fortified fromage frais	1 'mini' pot (47g)	
Muesli Swiss style	1 portion (50g)	
Bread (white)	1 medium slice (36g)	
Bread (wholemeal)	1 thick slice (44g)	
Green or French beans	1 portion (90g)	
Green cabbage	1 portion (95g)	
White cabbage (raw)	1 portion (90g)	
Broccoli (steamed)	1 large portions (110g)	
Watercress	1 small bag (40g)	
Fried onion	1 medium sized (150g)	
Tinned tomatoes	1 tin (400g)	
Red kidney beans	2 tablespoons (70g)	
Vegetable casserole	1 portion (260g)	
Veggie burger	1 (56g)	
Vegetable samosa	1 (75g)	
Pasta (dried, boiled)	1 portion (230g cooked Weight)	
Rice (basmati, boiled)	10 heaped tablespoons	
Dairy or non-dairy ice cream	1 scoop (60g)	
Dried apricots 8 (64g)	8(64g)	
Orange / easy-peel citrus (e.g. tangerines, satsumas)	1 large orange (50g) / 3 medium easy-peelers (210g)	
Almonds	10 Whole Nuts (22g)	
Brazil Nuts	9 Whole Nuts (30g)	

	00mg of calcium per average rtion	
Cottage cheese	2 tablespoon (80g)	
Camembert	1 portion (40g = 1/6th of whole)	
White pitta bread	1 small (75g)	
Plain naan bread	1/3 (43g)	
Baked beans	1 small tin (200g)	
Cornish pasty	1 medium size (155g)	
Sausages (pork or vegetarian)	2 (80g)	
Tahini (sesame paste)	1 heaped teaspoon (19g)	
Sesame seeds	1 tablespoons (12g)	
Tinned pink salmon	1 small tin (105g)	
Grilled herring	1 (119g)	
Custard (ready made)	1 portion (120g)	
Dried figs	2 (40g)	

Foods providing around 200mg of portion	calcium per average
hot chocolate (skimmed / semi- skimmed/whole)	1 tumbler or mug (200ml)
Cheddar cheese & low-fat hard cheese	Small matchbox size(30g)
Yoghurt (low-fat fruit, plain & calcium boosted soya)	1 pot (125g)
Porridge (made with semi- skimmed milk)	1 bowl (160g – weight with milk)
Halloumi	2 thin slices (35g)
Cauliflower cheese	1 portion (200g)
Lasagne (meal for one, vegetable or meat)	1 portion (290g)
Pizza 12"(cheese & tomato, vegetarian or meat topping)	1/3 of Whole Pizza
Tofu (steamed or fried)	1 portion (120g)
Sardines (canned)	1 portion (50g)
Rice pudding	1 portion (200g)



Online Calcium Calculator

http://www.cgem.ed.ac.uk/research/rheuma tological/calcium-calculator/

Calcium-rich food chooser

Calcium gives your bones the strength and hardness they need to cope with your everyday activities.

Your body contains about one kilogram of calcium - 99% of this is in your bones. You should be able to get enough calcium through healthy eating alone.

Use the tables below to find foods rich in calcium. Be sure to choose a wide variety of foods, to help your bones get all the other nutrients they need

To see whether you're getting enough calcium from what you eat and drink, you can use this online calculator, from the University of Edinburgh.

Calcium Calculator

Cups of tea or coffee with milk	
Milk or milk drinks (e.g. hot chocolate)	
Cereal or porridge with milk	
Milk puddings (custard, ice cream, yoghurt etc.)	
Chocolate bars	
Slices of bread	
Portions of cheese	
Servings Lasagne, macaroni cheese, mousaka, pizz	za
Portions of cottage cheese	
Eggs	
Biscuits	
Portions of Cake	
Portions of green vegetable	
Portions of sardines / pilchards	

Per Week	mg/serving
0	45
0	250
0	155
0	100
0	110
0	30
0	320
0	225
0	50
0	37
0	30
0	50
0	40
0	350
0	50
0	75

Calcium calculator link on the 'looking after your bones' section on our website



Calculate

Oranges

Portions of other fish

Foodstuff

Reset values

Exercise

 Inconsistent information and advice about safety and effectiveness

Confusion and anxiety

 People with osteoporosis especially with spinal fractures reducing their exercise and activity

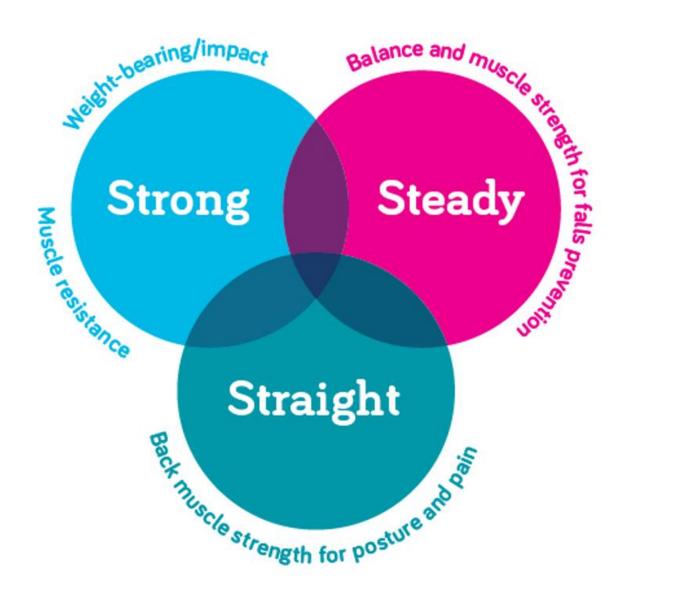


'Strong Steady and Straight' an exercise project at the charity to produce :

- an Expert Consensus Statement on Physical Activity and exercise for osteoporosis aimed at health and exercise professionals *including physiotherapists*, *Pilates instructors*

- new 'public - facing' exercise information resources





What does the Statement say?



- **1.** <u>About exercise</u> explains about how exercise helps with osteoporosis and bone health and answers common questions.
- **2.** <u>Before and after exercise</u> provides hints and tips and how to prepare for exercise and also some exercises to warm up and cool down with a <u>video</u>.
- **3.** Exercise to promote bone and muscle strength provides some specific exercises with a <u>video</u> including the warm up and cool down
- **4.** Exercise to improve balance/muscle strength provides some specific exercises to help reduce slips, trips and falls with a <u>video</u> including the warm up and cool down
- **5.** Exercise to help with back pain after spinal fractures provides some specific exercises with a <u>video</u>
- **6.** <u>Exercise to help with posture</u> provides some specific exercises with a <u>video</u>
- **7.** <u>Moving and lifting safely</u> provides instructions including getting up and down from the floor with <u>3 video clips</u>
- **8.** <u>Bending forward(flexion)</u> and osteoporosis answers questions about forward flexion movements with a video
- **9.** <u>Pilates exercises and osteoporosis</u> answers your questions about modifying some exercises to protect your back with a <u>video</u>

New ROS exercise fact sheets and videos





Before and after exercise

Find out how to prepare and warm up before exercise, and cool down after.



Bone and muscle strengthening

Find exercises that focus on bone and muscle strength in the spine, wrists and hips.



Keeping steady

Find out how exercises can make you more steady to prevent slips, trips and falls.

theros.org.uk/exercise 01761 471771



Exercises for back pain

Find exercises to help with pain by improving muscle tone, easing tension and reducing muscle spasm in your back.



Moving and lifting safely

Learn safe techniques for day-to-day moving and lifting that you can learn to help reduce your risk of injury.



Exercises for posture

Learn some exercises that promote the health of your spine and help to reduce the strain on your joints, tendons and muscles.



Bending forward

Answer your questions about bending forward with osteoporosis.



Pilates with osteoporosis

Pilates can help with the symptoms of spinal fractures. Learn how you can adapt your Pilates movements to protect your back.

New ROS info resources exercise - videos



Principles

- Exercise has an important role it complements rather than replaces drug treatments.
- a positive encouraging approach, 'how to' rather than 'don't do'
- Benefits of exercise generally outweigh the harms
- People with painful spinal fractures need prompt and practical advice about moving and lifting



Symptom control



Mrs Clarke. Aged 81. Lives with her sister

Osteoporosis was diagnosed when she broke her hip last year

Mrs Clarke's back has been getting worse for the past year

She rang the Helpline because every day is a struggle now

She describes what it's like living with spinal compression fractures

She asks the Helpline nurse what she can do to ease her problems



Head tilted forward
Difficulty looking ahead /
neck pain

Pain from spinal fractures
Acute and long term pain /
intense muscle spasm

Changes in spinal curvature
Distressing body shape changes
/ uncomfortable in chair & bed /
clothing doesn't fit / difficulty
with washing & dressing

Lower ribs rubbing on pelvic bones
Pain & discomfort



6 inch height loss
Distressing body shape
changes / compressed organs /
car driving difficulties

Restricted rib cage Restricted lungs / easily out of breath / difficulty coughing

Protruding abdomen & Compressed abdominal organs Upward pressure on diaphragm / acid reflux / squashed stomach / food gets stuck / feeling bloated / loss of waist & 'figure' / constipation / incontinence of urine / deep abdominal skin folds

Altered centre of balance Unsteady / falling forward easily / walking is more tiring / housebound



Living with Osteoporosis: NOS Report 2014 Life with osteoporosis, what did we learn.

Participants had the courage to tell us how the condition made them really feel....

Frustrated Upset Self-conscious Stupid Alone Scared Worried Old Miserable Frightened Grotesque Depressed Isolated Debilitated Afraid Insecure Exhausted Agony Misery Stress Nervous Annoyed Unattractive Hate Ashamed Bitter Embarrassed Sad Resentful Angry Unhappy Lonely Tearful Invisible Uncomfortable Useless Forgotten



Living with Fractures Range



Travel insurance and osteoporosis



Financial help after fractures

living with fractures caused by osteoporosis

Includes information on state benefits



Out and about after fractures

Includes information on driving and gardening

What is osteoporosis?

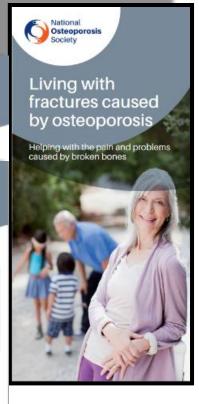
Oseoporosis occurs when the struts which make up the mesh-like structure within bones become first causing them to become finglie and break easily, often following a minor bump or fall. These broken bones are often referred to as freglity fracturer. The terms fractural and broken bone mean the same thing. Although haddures can occur in different parts of the body, the wrists, tips and spine are most commonly affected, it is these broken bones or fractures which can lead to the pain associated with osteoporoses. Spinal fractures can also cause loss of height and curvature of the spine.

How do fractures affect me?

Although bones heal over the next six to eight weeks, multiple compression fractures in the spine can cause problems that don't improve with healing. Height loss and changes in the curvature of the back can make The Disabled Living Foundation (DLF - see 'Useful contacts' section at the end of this factsheet) produces a very good factsheet called 'Choosing Equipment for Leisure Activities' which covers activities from cycling to sewing, and rambling to painting and photography and gives links to useful products and organisations.

Can I continue to garden with spinal fractures?

Gardening is a pleasurable activity that many people with osteoporasis enjoy, but, once they are affected by compression fractures in the spine, they often wonder whether to give it up. There is no reason why, with forward planning and useful aids, you cannot continue to enjoy your garden. Cardening can act as a diversionary through taking your mind away from your pain and generating a feeling of achievement and uself-heigh. So when placetroschistories is the carden.





Managing persistent pain after fractures

Living with fractures caused by osteoporosis



Pain relieving drugs after fractures

Living with fractures caused by osteoporosis



Daily living after fractures

living with fractures caused by osteoporosis

Includes information on dressing, sleeping and making life easier after spinal fractures

What is osteoporosis?

Osteoporosis occurs when the struct which make up the mesh like structure within bones become thin causing them to become highle and break easily, other following a minor bump or fall. These broken bones are often referred to be Trigithy Incuries. The tames Tracture' and broken boner mean the same thing, although fractures can occur in different para of the body, the wrists, high and opine are most commonly affected, it is these broken bones or factures which can lead to the pain associated with deleoporosis. Sprind fractures an also cause loss of health and curvature of the sprine.

How do fractures affect me?

Although bornes heal over the next six to eight weeks, multiple compression fractures in the spine can cause

the question. It may be that having someone else in the house whilst you bathe or shower allows you to continue in the confidence that there is someone there to help should you need it. However, there are many aids and adaptations that can be used in the bathroom to allow you to bathe or shower independently, safety and comfortably. To help you to choose the right one for you, it may be a good idea for you to arrange a community care assessment (CCA) via your local authority social services learn to discuss any difficulty. getting in and out of the bath. Whilst only certain people may be eligible to have things paid for by the local authority, the occupational therapist IOT - who assesses the need for any aids or adaptational will. still advise on useful aids and where these can be obtained locally.

Items available include walk-in baths with door access, work baths with an interest boats to be the fitter bath life.



We run a **helpline** to provide support directly to people living with osteoporosis

- we respond to over 13,000 calls every year
- we answer 1,200 emails each year
- we reply to 120 letters
- and LIVE CHAT is coming!



Helpline number:

0808 800 0035

To order publications: 01761 471771

Email address:

nurses@theros.org.uk

Mail address:

Royal Osteoporosis Society Camerton **BATH** BA2 OPJ

Opening hours:

Weekdays 9am to 5pm

