

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 Unpublished data; Arlington, VA; 2016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

Drug treatments for osteoporosis: alendronate (alendronic acid or Fosamax)

What is osteoporosis? Osteoporosis occurs in the most abundant bone tissue in the body, known as the cortex, which is the hard outer shell. Although most of the bone tissue is commonly affected, osteoporosis affects the spine, hips and wrists.

What is alendronate? Alendronate is one of the most commonly prescribed drugs for osteoporosis. It works on a daily or weekly basis.

Why do I need it and how do I take it? Drug treatments for osteoporosis are available as daily or weekly tablets. It is commonly prescribed by your GP or specialist, when you have osteoporosis or at risk of developing it. It is commonly prescribed by your GP or specialist, when you have osteoporosis or at risk of developing it.

Drug treatments for osteoporosis: risedronate (Actonel)

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Drug treatments for osteoporosis: ibandronate (Boniva)

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Drug treatments for osteoporosis: zoledronic acid (Actonel)

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Drug treatments for osteoporosis: denosumab (Prolia)

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Drug treatments for osteoporosis: parathyroid hormone treatment (teriparatide (Forsteo))

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Drug treatments for osteoporosis: atypical (unusual) thigh bone fractures and drug treatments for osteoporosis

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Osteonecrosis of the jaw (ONJ) and drug treatments for osteoporosis

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Drug treatments for osteoporosis

Which products contain active ingredients? See the list of active ingredients in the leaflet.

Key points: See the list of key points in the leaflet.

How can I get the most out of it? See the list of tips in the leaflet.

Hormone replacement therapy (HRT) for women and osteoporosis

leads to monitor hormone this is happening.

experience some physical to the decreasing levels widely but can commonly changes to skin and vaginal dryness, reduced weight, about a third of women at all, except that

er, if it becomes women usually find it difficult to know what the consequences are as a consequence of HRT?

ent therapy (HRT)? ent that mimics the sex gen, which our bodies

Drug treatments for osteoporosis: raloxifene (Evista)

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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

What is a mixed, well-balanced diet?

Aim to eat meals that incorporate a wide variety of foods from the four main groups. These are fruit and vegetables; carbohydrates such as bread, potatoes, pasta and cereals; milk and dairy products; and proteins such as meat, fish, eggs, pulses, nuts and seeds. This will help to provide you with all the vitamins, minerals and energy you need to live life to the full and reduce the risk of chronic diseases too.

The 'eatwell' plate shows the proportion of different foods that make up well-balanced, healthy eating. It's not essential to eat a perfect balance every day but make sure you eat these proportions of the different food groups over about a week to ensure you get the nutrients for good health, including what your bones need to stay strong. Having a mixture of foods within each food group also ensures you consume a range of different nutrients.

Check your body mass index (BMI) to make sure you have a healthy body weight see the healthy body weight section.



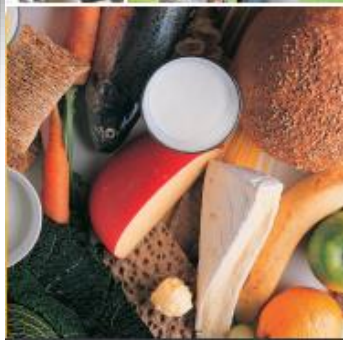
Healthy eating tips

- Eating for your bones needn't be boring – there are lots of delicious meals and snacks packed full of the vitamins and minerals you need, and they don't have to be fattening.
- Eat plenty of whole-grain foods such as brown rice and pulses for more minerals, vitamins and fibre.
- Eat more fruit and vegetables, at least five portions a day. (A portion is about the amount in a handful.) Choose lots of different coloured fruit and vegetables to ensure you get the range of essential nutrients you need, including some calcium.
- Eat more fish. Try for two portions a week and remember oily fish, such as mackerel, are also a good source of vitamin D.
- Cut down on saturated fats and sugar. Check out the food labels: 5g or more of saturated fat per 100g and 10g or more of sugars per 100g is a lot.
- Try to cut down on the amount of salt you eat. Again, check out the food labels and remember that 0.5g or more of sodium per 100g is high.
- Don't skip food early in the morning. If you don't feel hungry when you wake up, start with a healthy snack and have regular meals throughout the day to maintain your health and wellbeing.
- If you're concerned about your eating habits, you could also speak to a dietitian or your GP.



Healthy Living for Strong Bones

Including calcium and vitamin D



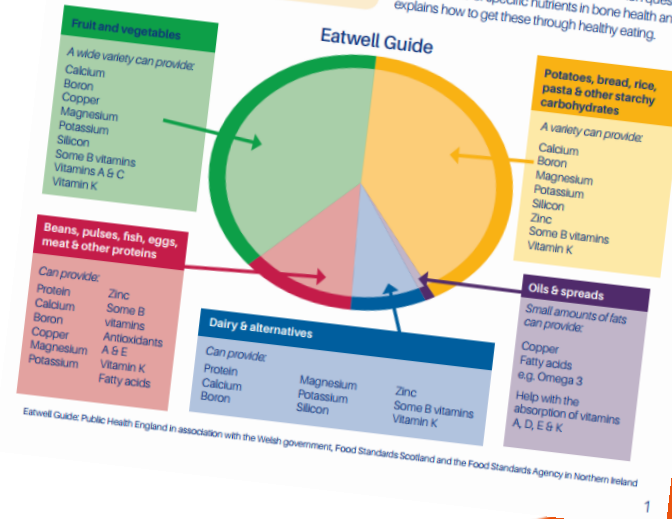
Further Food Facts and Bones - looking beyond calcium and vitamin D

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 curvature of the spine.

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 diet 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 also shown.

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 explains how to get these through healthy eating.



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		Foods providing around 100mg of calcium per average portion		Foods providing around 200mg of calcium per average portion	
Plain yoghurt	1 tablespoon (40g)	Cottage cheese	2 tablespoon (80g)	hot chocolate (skimmed / semi-skimmed/whole)	1 tumbler or mug (200ml)
Fortified fromage frais	1 'mini' pot (47g)	Camembert	1 portion (40g = 1/6th of whole)	Cheddar cheese & low-fat hard cheese	Small matchbox size(30g)
Muesli Swiss style	1 portion (50g)	White pitta bread	1 small (75g)	Yoghurt (low-fat fruit, plain & calcium boosted soya)	1 pot (125g)
Bread (white)	1 medium slice (36g)	Plain naan bread	1/3 (43g)	Porridge (made with semi-skimmed milk)	1 bowl (160g - weight with milk)
Bread (wholemeal)	1 thick slice (44g)	Baked beans	1 small tin (200g)	Halloumi	2 thin slices (35g)
Green or French beans	1 portion (90g)	Cornish pasty	1 medium size (155g)	Cauliflower cheese	1 portion (200g)
Green cabbage	1 portion (95g)	Sausages (pork or vegetarian)	2 (80g)	Lasagne (meal for one, vegetable or meat)	1 portion (290g)
White cabbage (raw)	1 portion (90g)	Tahini (sesame paste)	1 heaped teaspoon (19g)	Pizza 12"(cheese & tomato, vegetarian or meat topping)	1/3 of Whole Pizza
Broccoli (steamed)	1 large portions (110g)	Sesame seeds	1 tablespoons (12g)	Tofu (steamed or fried)	1 portion (120g)
Watercress	1 small bag (40g)	Tinned pink salmon	1 small tin (105g)	Sardines (canned)	1 portion (50g)
Fried onion	1 medium sized (150g)	Grilled herring	1 (119g)	Rice pudding	1 portion (200g)
Tinned tomatoes	1 tin (400g)	Custard (ready made)	1 portion (120g)		
Red kidney beans	2 tablespoons (70g)	Dried figs	2 (40g)		
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)				



Online Calcium Calculator

<http://www.cgem.ed.ac.uk/research/rheumatological/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

Foodstuff

	Per Week	mg/serving
Cups of tea or coffee with milk	<input type="text" value="0"/>	45
Milk or milk drinks (e.g. hot chocolate)	<input type="text" value="0"/>	250
Cereal or porridge with milk	<input type="text" value="0"/>	155
Milk puddings (custard, ice cream, yoghurt etc.)	<input type="text" value="0"/>	100
Chocolate bars	<input type="text" value="0"/>	110
Slices of bread	<input type="text" value="0"/>	30
Portions of cheese	<input type="text" value="0"/>	320
Servings Lasagne, macaroni cheese, mousaka, pizza	<input type="text" value="0"/>	225
Portions of cottage cheese	<input type="text" value="0"/>	50
Eggs	<input type="text" value="0"/>	37
Biscuits	<input type="text" value="0"/>	30
Portions of Cake	<input type="text" value="0"/>	50
Portions of green vegetable	<input type="text" value="0"/>	40
Portions of sardines / pilchards	<input type="text" value="0"/>	350
Portions of other fish	<input type="text" value="0"/>	50
Oranges	<input type="text" value="0"/>	75

Calculate

Reset values

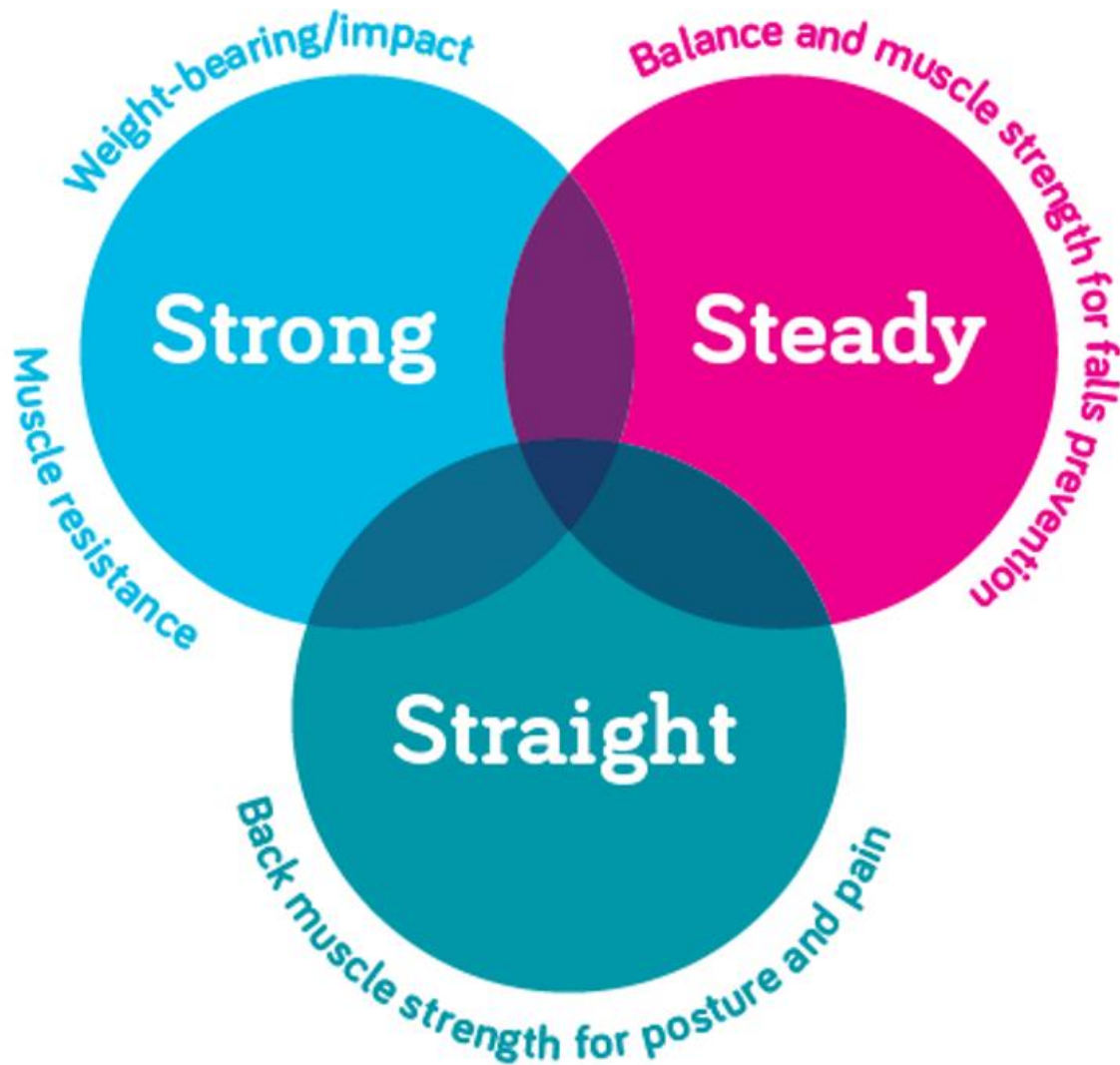
Calcium calculator link on the 'looking after your bones' section on our website

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

**New ROS exercise
fact sheets and videos**

Videos on the ROS website



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.



Exercises for back pain

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



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.



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.



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.

theros.org.uk/exercise
01761 471771

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
living with fractures caused by osteoporosis
Includes information on driving and gardening

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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 osteoporosis 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. Gardening can act as a diversionary therapy, taking your mind away from your pain and generating a feeling of achievement and well-being. So, when planning chores in the garden,



Living with fractures caused by osteoporosis

Helping with the pain and problems caused by broken bones



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

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How do fractures affect me?

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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, safely 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 team 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 (OT - who assesses the need for any aids or adaptations) will still advise on useful aids and where these can be obtained locally. Items available include walk-in baths with door access, and bathe with an enclosed basin, walk-in, fixed bath lifts,



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!**



**Royal
Osteoporosis
Society**

Better bone health for everybody

Helpline number:

0808 800 0035

To order publications:

01761 471771

Email address:

nurses@theros.org.uk

Mail address:

Royal Osteoporosis Society

Camerton

BATH

BA2 0PJ

Opening hours:

Weekdays 9am to 5pm