



# OSTEOPOROSIS NEWSLETTER

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Editor

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## Advances in Osteoporosis Treatment and Prevention

Dr Neil Binkley, speaker who has more than bone attack and take for the July B.O.N.E.S. a 20% over 10 year action to prevent future Support Group meeting, probability of developing bone attacks as is done is Associate Professor osteoporosis. A person after a heart attack. of Medicine in Geriatrics with a 2.3 % over 10 year and Endocrinology and probability of having a Dr Binkley also the Director of the UW hip fracture would be discussed vitamin D. A Osteoporosis Clinical treated. study shows that people Research Program. with the highest vitamin

The new guide includes D levels have less The Clinician's men but screening for macular degeneration. Guide to Prevention men is not covered by Another study shows and Treatment of Medicare. It will not be that vitamin D reduces Osteoporosis has been done at UW Hospital & cancer risk by 60%. updated with a new Clinics. Fish from the ocean has significantly more approach to decision making regarding If you would like to take vitamin D than other treatment for individuals a self assessment, the fish. with osteoporosis, Frax tool has been developed by the World For additional osteopenia and/or risk Health Organization to information about the factors. Clinical risk evaluate fracture risk. Clinician's Guide, see history of osteoporosis, It is available at [www. www.nof.org](http://www. www.nof.org) or the April age and prior fracture [shef.ac.uk/FRAX/](http://shef.ac.uk/FRAX/). 2008 Osteoporosis have been added to Newsletter available at bone density. The new Dr. Binkley suggests that [www.uwosteoporosis. org](http://www.uwosteoporosis. www.uwosteoporosis. org) guidelines suggest physicians and patients [org](http://www.uwosteoporosis. org). treating a person think of a fracture as a

**B.O.N.E.S. SUPPORT GROUP**  
will meet on  
**August 12th at**  
**Oakwood Auditorium**  
**6209 Mineral Point Road**  
**Madison**  
  
**1:30-2:30 p.m.**

Questions? Call  
**265-6410**  
for information.

## Next B.O.N.E.S. Meetings

Tuesday August 12 - "Coping with Osteoporosis Issues" A panel discussion led by Sherree Drezner, Social Worker  
Tuesday, September 9 - "Interactions of Commonly Prescribed Drugs and Osteoporosis Drugs - What to Watch for"  
Sean Gehrke, Phamacist at UW Health



# P.T. Place: Strengthening Exercises

By Barbara Luedke, PT, Senior Therapist

Good strength, flexibility and balance will significantly decrease your risk of falls.

Remember: always maintain good postural alignment:

- Stand straight and tall
- Eyes looking straight ahead
- Chin tucked, head held high
- Shoulder blades pinched back
- Stomach muscles tight
- Knees slightly bent (unlocked)

## RAISE UP ONTO TOES

Hold onto a kitchen counter for support  
Position feet shoulder width apart  
Do not lean forward or backward

Rise up onto your toes, and then return to feet flat position  
Repeat 8-10 times

**Benefit:** Strengthens calf muscles

## RAISE UP ONTO HEELS

Follow the above instructions (first three steps)  
Press heels into floor and lift forefeet and toes up  
Repeat 8-10 times

**Benefit:** Strengthens shin muscles and helps stretch heel cords

## WALL SLIDE

Place shoulders and buttocks against a wall  
Position feet shoulder width apart and approximately 18 inches away from wall

Slowly slide down the wall and then up. Keep stomach flat.  
Repeat 5-10 times

**Benefit:** Strengthens thigh and stomach muscles. Reinforces good postural alignment of the back.

## WALL SIT

Perform the wall slide as described above  
Slowly slide down the wall until you are in or near a "chair position"  
Hold chair position 10-20 seconds  
Repeat 3 times

**Benefit:** Strengthens thigh and stomach muscles. Reinforces good postural alignment of the back

# The Impact of Exercise on Our Waistlines

<http://www.strognwomen.com>, August 2005

"A large number of peri/postmenopausal women find it increasingly difficult to manage their weight as they age. In fact, the complaint I hear most often from women as they get older is that their "waistline is getting thicker". A recent study looked into the body composition changes associated with menopause and what, if anything, can be done to prevent them. In particular, the study examined the impact of exercise on waist circumference around the time of menopause.

The study was cross-sectional and looked at the influence of

menopausal status and physical activity on body composition and fat distribution in 450 women. Scientists found that late peri/postmenopause was associated with lower lean mass and tended to be associated with higher percent body fat. However, they also found that higher levels of physical activity, particularly vigorous-intensity activity, were associated with decreased percent body fat and smaller waist circumference in these women. On average, women who did 10 or more minutes of vigorous physical activity per day had 5.8 inches (14.8 cm) less around the waist than women who did no physical activity!

This is great news. Though there is nothing we can do to change our age or menopausal status, we can do something to change our level of physical activity. And, according to this information, exercise is exactly what mid-life women need to do to prevent getting "soft around the middle".

Lifting women to better health,  
Miriam E. Nelson, Ph.D.

(Reference: B. Sternfeld, Ph.D. et al. Menopause, Physical Activity, and Body Composition/Fat Distribution in Midlife Women. *Medicine & Science in Sports & Exercise*, Vol. 37(7); July 2005.)

# Non-Bone Factors: Risks for Fracture

By Robert D. Blank, M.D.

Preventing fractures is the goal of all osteoporosis treatments. Indeed, in the absence of fractures, osteoporosis causes no symptoms. While therapies directed at improving the strength of the bones themselves are important, a comprehensive approach to fracture prevention requires that we also consider fracture risk factors OTHER than bone properties, particularly those that can be modified.

Most non-vertebral fractures occur during falls, so addressing fall risks will of necessity reduce the attendant fracture risk. Known fall risk factors include:

- Poor mobility
- Impaired vision
- Dizziness
- Unstable blood pressure (orthostasis)
- Poor balance
- Impaired mental status
- Older age
- Past stroke

In general, it is possible to improve or mitigate all of these risk factors other than age and past stroke.

Poor mobility incorporates leg muscle strength, balance,

and fitness. There are simple, non-invasive tests that can be performed in a primary care setting that have been validated for rating mobility. One of these, called the “get up and go” test, simply times you as you rise from a chair, walk a short distance, turn around, and return to your starting position. If you have a mobility impairment, strength and balance training are likely to improve it.

Impaired vision makes it difficult to recognize and avoid obstacles. In addition to making sure that visual acuity is sharp, depth perception and contrast perception are important in helping people avoid falls. If you have glasses, use them. They will not help you avoid a fall if they are on your dresser instead of on your face.

Dizziness is a common complaint and can arise from many causes. Luckily, most of these can be identified and treated successfully. By far the most common among these is a problem with a medication. Please make sure your doctor knows if you experience dizziness, so that the appropriate steps can be taken to identify and correct its source. Don't worry about complaining, it is information your doctor will be

happy to receive.

Blood pressure instability, known technically as orthostasis, is one of the causes of dizziness and can also occur without symptoms. To test for orthostasis, blood pressure and pulse are measured while you are lying down and then again after you have been standing for a few minutes. The values in the 2 postures are compared. Orthostasis, like dizziness, is often related to medications, so if present it can often be remedied by a medication adjustment.

Mental impairment includes much besides Alzheimer's Disease and other neurodegenerative disorders. It includes drowsiness or sedation from prescribed medications and your habits. Many medications, especially sleeping pills and cold remedies are well-known causes of mental impairment. Tell your doctor if you feel drowsy or less mentally sharp than usual when taking medication. Limit your use of sleeping pills to short periods. Drink in moderation and don't use street drugs.

Addressing each of these potential problems will not make your bones stronger, but will help to keep you from falling and fracturing.

“Whether you think you can or think you can't. . . either way, you're right.”

Henry Ford

# Do you have painful spine fractures caused by **OSTEOPOROSIS?**

If so, consider joining our research study.



**University of  
Wisconsin Madison**

## You may be able to join, if you are:

- **Female**
- **Age 45 years or older**
- **2 years or more postmenopausal**
- **Suffering from a painful spine fracture** caused by **osteoporosis** (leading to chronic back pain)
- The study staff will help you determine if you qualify for this study and will review other study requirements with you

## Qualified study participants will receive:

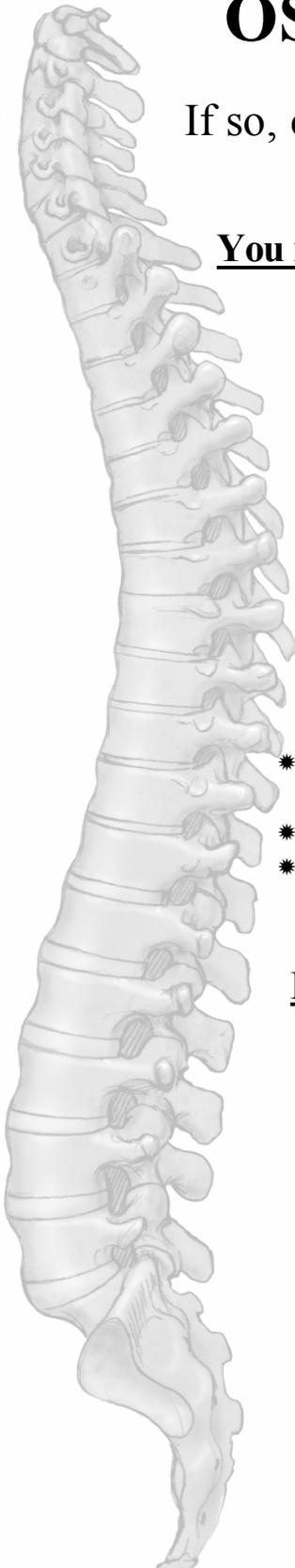
- \* Study-related physical exam, X-rays, and bone density scans/BMD at no cost
- \* Study drug and calcium/vitamin D supplements
- \* Modest compensation for study visits

## How can I find out more about this study?

Call us today at **608-263-2663**  
ask about the “Back Pain Study”



**University of Wisconsin - Madison**  
**osteoporosis Clinical Center  
& Research Program**





University of Wisconsin  
Hospital and Clinics  
Suite 100  
2870 University Ave.  
Madison WI 53705

# RECIPE FILE

## Wisconsin Garden Salad Bowl

### Ingredients:

1 pound carrots, peeled and cut into 1 inch pieces  
1 small head cauliflower, broken into florets  
 $\frac{3}{4}$  pound green or wax beans, or 1 package (9 ounces) frozen beans  
 $\frac{3}{4}$  cup salad oil  
 $\frac{1}{2}$  cup (2 ounces) shredded Wisconsin Cheddar cheese  
 $\frac{1}{2}$  cup (1  $\frac{1}{2}$  ounces) grated Wisconsin Parmesan cheese  
 $\frac{1}{3}$  cup vinegar  
3 tablespoons sugar  
 $\frac{1}{2}$  teaspoon dry mustard  
 $\frac{1}{4}$  teaspoon salt  
 $\frac{1}{4}$  teaspoon basil  
 $\frac{1}{3}$  cup sliced green onions

### Cooking Directions:

Cook vegetables separately in boiling salted water just until tender; drain and cool. In a small bowl blend together salad oil, Cheddar cheese, Parmesan cheese, vinegar, sugar, mustard, salt and basil. In a large bowl combine cooked vegetables and onions; add cheese dressing and toss lightly. Cover and chill for several hours before serving. Makes 8 servings.