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## ▶ The Clinical Practice Guideline for management of osteoporosis and fracture prevention in Canada: 2023 Update

By Dr. Michele Mory Valle, School Public Health, Vatanparast Nutritional Epidemiology Laboratory, University of Saskatchewan

Osteoporosis leads to bone loss without noticeable symptoms. The condition affects more than 2.3 million Canadians. Yet, fewer than 20% of fracture patients receive proper diagnosis and treatment. Osteoporosis Canada Guideline 2023 update included a panel of experts who reviewed the evidence, and developed recommendations that underwent validation from patients, healthcare providers, and policymakers. Since the 2010 guidelines, medical advancements have encompassed improved risk assessment, management, testing, new drugs, and increased access to therapies.

This update incorporated treatment benefits and risks, costs, and how interventions can impact equitable access to care. The guidelines also provide expanded recommendations on exercise and nutrition for both women and men. The 2023 version includes 25 recommendations and 10 good practice statements compared to 41 from the 2010 version. There are three key messages within the guidelines.

### 1. Collaborative care planning by prioritizing and screening for patient risks/preferences

To ensure effective osteoporosis management, it is essential to customize the approach based on the patient's fracture risk, utilizing screening and assessment tools. A comprehensive strategy for fracture prevention should encompass tailoring various strategies, including exercise, nutrition, fall prevention, and pharmacotherapy, to each individual's needs.

### 2. A vital resource for Canadian Healthcare Providers

The key recommendations from the guidelines can support Canadian primary health care professionals in daily screening community-dwelling females and males aged 50 years and older for osteoporosis and fracture risk factors and in providing interventions to enhance bone health and prevent fractures.

### 3. The Guidelines provide key recommendations on fracture risk assessment, pharmacotherapy, nutrition & exercise

The approach to osteoporosis management should be directed by the individual's risk of fracture, determined through clinical evaluation and the Canada-specific

FRAX tool as the preferred tool for fracture risk estimation.

In case of inadequate response, consider modifying treatment, reassess for secondary causes, and seek expert advice. Regularly monitor for new fractures, risk factors, and therapy adherence.

Clinical assessments and treatment plans should be accompanied by lifestyle factors like diet and exercise. Following the Canadian Food Guide is critical to consume a well-balanced diet with adequate calcium, vitamin D, protein, and other essential nutrients to manage osteoporosis.

Good practices include to initiate treatment by providing access to a Fracture Liaison Service for individuals aged 50 and above with recent fractures. Before starting pharmacotherapy, assess secondary causes and potential constraints.

Oral bisphosphonates (alendronate, risedronate, or zoledronic acid) are strongly recommended for eligible individuals, considering barriers like drug coverage and costs. The suggested initial therapy duration for bisphosphonates is 3–6 years; zoledronic acid may be dosed less frequently than annually. Because of the limited natural sources, attaining vitamin D levels from dietary sources alone can be challenging.

Health Canada advises adults over 50 years to supplement with 400 IU of vitamin D daily and vitamin D-rich foods to meet the recommended dietary allowance.

Exercises should progressively challenge individuals by increasing difficulty, pace, frequency, volume (sets and reps), or resistance over time; they should include balance (e.g., catching and throwing a ball) and functional exercises (e.g., stair-climbing).

For practical information on nutrition, exercise, medications and fracture risk assessment go to Osteoporosis Canada's website, [www.osteoporosis.ca](http://www.osteoporosis.ca)

**Reference: Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update**

Suzanne N. Morin, Sidney Feldman, Larry Funnell, Lora Giangregorio, Sandra Kim, Heather McDonald-Blumer, Nancy Santesso, Rowena Ridout, Wendy Ward, Maureen C. Ashe, Zahra Bardai, Joan Bartley, Neil Binkley, Steven Burrell, Debra Butt, Suzanne M. Cadarette, Angela M. Cheung, Phil Chilibeck, Sheila Dunn, Jamie Falk, Heather Frame, William Gittings, Kaleen Hayes, Carol Holmes, George Ioannidis, Susan B. Jaglal, Robert Josse, Aliya A. Khan, Virginia McIntyre, Lynn Nash, Ahmed Negm, Alexandra Papaioannou, Matteo Ponzano, Isabel B. Rodrigues, Lehana Thabane, Christine A. Thomas, Lianne Tile, John D. Wark

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## ► Caregiving: How can we excel at this never-ending responsibility?

**Imagine, you are providing care for your 84-year-old parents who live in a building that provides meals and house-cleaning. One day, your father experiences a sudden fall on the way to his favourite recliner and can't get up. This is the first time that you call the Fire Department for help.**

When the firefighters arrive, they are professional and kind, and carefully lift your father back into his chair. As Certified Primary Care Paramedics, the firefighters take your father's vitals to make sure there aren't signs of other emerging medical conditions.

The firefighters take the time to introduce you to the Steps to Safety program that is aimed at preventing fires and falls at home. When they leave you think, 'This is such a wonderful service'.

That evening you take the chance to explore the program further on the City of Saskatoon website. Seeing the information on the computer screen reminds you of your parents' neighbour who was so pleased with the Steps to Safety home visit she had from the Fire Department. They came, they cared, they offered suggestions, most of which she was able to implement, and then they called her back three months later to see how she was doing.

In your case, the best option seems to be the newly offered Online Training for Family Caregivers. The format of videos and tip sheets appealed to you and within an hour you had gleaned many valuable tips that could help keep your parents safe.

In Canada, those 85 and older are 3 times more likely to die in a fire. Each year older adults account for about one-third of the fire deaths but only make up 14% of the population. The statistics for falls are equally disheartening. It is known that falls are the most common injury among older Canadians and more than one-third of older adults who fall and end up in hospital as a result of that fall, are placed into long-term care.

The Saskatoon Fire Department's Steps to Safety program helps people prevent fires and falls. The program offers recently developed videos and corresponding tip sheets that assist caregivers in keeping their loved ones safe.

# STEPS TO SAFETY™

PREVENT FIRE & FALLS AT HOME

Fire safety and fall prevention tips to keep your loved ones safe at home.

[saskatoon.ca/stepstosafety](http://saskatoon.ca/stepstosafety)

For more information about the Steps To Safety program, visit [saskatoon.ca/stepstosafety](http://saskatoon.ca/stepstosafety) or scan the QR code.



## ▶ “Herstory” of the Women’s Mid-Life Health Program By Dr. Vicki Holmes

**The Women's Mid-life Health Centre officially opened in February of 2002, when Linda Lavoie (Ponath) RN, Dr. Shannon Neubauer, clinical pharmacologist and I saw our first referral to the WMLHC in St. Paul's Hospital Ambulatory Unit. However, it was quite a long journey to get to this stage.**

In January 2001 Dr. Olatunbosun (Dept. Head of ObGyn) asked me to join a committee to form a menopause centre, the second most important goal set by that department. Other committee members were: Dr. W. Olszynski, (Rheum & Osteo); Dr. Allison Case (ObGyn Reproductive Endocrinology & Infertility); Dr. Shannon Neubauer (Clinical Pharmacologist); Dr. Karen Wright, (Educational Psychologist); Dr. Shawn Davidson (research scientist who wrote Canada's first clinical guidelines for treating osteoporosis); Dr. Terri Bree (Cardiologist); Sarah Nixon-Jackle (RN & Public Health Nurse for Older Adult Wellness); & Betty Boechler (Admin).

We developed plans for a multidisciplinary clinic, but the hospital administration advised they would not fund it.

As this was such an important need, we found ways to proceed. St. Paul's provided Ambulatory Care rooms. We rented office space in the old nurses' residence. Three Pharmaceutical companies provided \$5000 each for three years. Linda Ponath became our RN. To encourage Family Physicians to participate, we made it referral based, although they had some resistance to having us see their patients. As we saw so many women who desperately needed our help, we were determined to do it!

We were very frugal in obtaining our equipment, accepting donations of furniture & carpet, and my son & his friends painted the office. Opening day in Feb, 2002, we realized how essential this service was, hearing so many women's stories of suffering, encouraging us to continue.

2003 was amazing. We added many aspects to educate women on health issues & solutions. Our resource committee (Judy Ostrander, Rhonda Anderson, Jackie Bradley, Ann Craggs, Mavis McPhee, Heather Bacon, Leona Neu & Linda Millard) helped develop education tools, plan public forums, create and distribute our newsletter “Hot Flashes” (1st edition October 2003), create our website [www.menopausecentre.org](http://www.menopausecentre.org) & run our annual art auction. Our first Art Auction was in March 2003. St. Paul's Hospital's Art Auction had become too onerous for them. They passed this event to us along with \$6000 seed money, Valerie Hertz and a committee of dedicated women worked together, and thanks to generous Saskatchewan artists, we pulled it off! It became our main source of annual income for 8 years.

In 2004 Dani Van Driel became our Executive Director, establishing a Board, acquiring our charitable organization status, increasing our community awareness and coordinating our annual art auctions and public forums. Sarah Nixon-Jackle RN was hired in 2005, bringing her vast experience & knowledge.



The first copy of “Hot Flashes” newsletter, 2004.

continued ▶

## ▶ “Herstory” of the Women’s Mid-Life Health Program (Continued)

By Dr. Vicki Holmes

The Heart & Stroke Foundation, Osteoporosis Society & other organizations helped us raise awareness of our collective services. Sarah ran “Hot and Bothered”, a smaller discussion forum with experts from various health fields & physical fitness, providing exercise and fitness to women to cope with menopausal symptoms. Sarah and I presented to many professional groups and to the public in various locations all over the province.

I joined Saskatoon City Hospital’s Outpatient Services planning committee and finally, after 10 years, we became part of the Health Region, as a “Program” rather than a “Centre”. We provided educational experiences to nurses, Family Medicine & Gynecology residents, Masters in Public Health & Epidemiology students. We became members of the North American Menopause Society and attended conferences. The Canadian Menopause Society was formed and I sat on their board.



Sarah & Vicki flying to Black Lake, SK Athabaska Health Authority to present at the Women’s Health information day



Dr. Vicki Holmes

Several gifted doctors - Shveta Seryavanshi, Donna Chizen, Sandra Wegner, & currently Renee Morissette, Angela Baerwald and Tracey Guselle – have helped us provide this essential care to women. We exist thanks to many women and some men on our board, resource committee, art auction committee & the artists who donated their work, and many other organizations & experts who contributed to the many educational forums to our community.

Whenever we become discouraged, one phrase from clients keeps us going. “You have changed my life!”

## ▶ Pelvic Organ Prolapse (POP)

By Megan Daschner MPT

**A prolapse occurs when one or more pelvic organs (bladder, uterus, and rectum) drop or press into or out of the vagina. The pelvic muscles and tissues can no longer support these organs because the muscles and tissues are weak.**

Symptoms include:

- bulging at the vaginal opening
- pressure/heaviness to the abdomen or pelvis
- urinary leakage
- difficulty emptying bowel or bladder
- difficulty inserting a tampon.

POP can be aggravated by activities like standing for prolonged periods, walking, lifting and exercise. It can affect women of any age. However prevalence increases with age and with the onset of menopause. A symptomatic prolapse can cause both physical discomfort and distress, and can have a negative impact on social, physical and psychological well-being.

There is often fear surrounding a pelvic organ prolapse. A common cause of distress among women comes from being told by the media, friends and medical professionals to avoid heavy lifting and strenuous exercise for fear of worsening or aggravating their symptoms. This advice fails to consider how that may affect a woman's livelihood if they have physically demanding jobs in construction, warehouse or in healthcare. As well, women are often the care givers for their children, spouses or parents. This advice also ignores women who like to exercise for both physical and mental health. While being told not to lift more than 20 lbs or do high impact activities seems helpful, it is in reality hurting women more than it is helping them. Women are being taught to fear activity because it may worsen their prolapse, without thinking of the overall financial, physical and mental health challenges that women face as they age.

These statements ignore the countless studies about the positive impacts of physical activity. Physical activity helps prevent heart disease, high blood pressure, colon and breast cancer and diabetes(1). It also has significant positive benefits on mental health, including depression and anxiety(1). Research is emerging about exercise decreasing risks of cognitive decline and dementia(2). Strength training helps keep bones and joints healthy. This reduces the risk of osteoarthritis, osteoporosis, and fractures(1). After age 50, 1 out of 2 women compared to 1 out of 5 men will fracture a bone due to osteoporosis(3). After age 65 in the U.S., 30% of women compared to 19% of men will live the remainder of their lives with a disability(4). Limiting movement or activity might help reduce symptoms of prolapse, but it will not help women in the long run. Women with prolapses should not fear movement, but instead be given tools to remain active while managing their prolapse, to help maintain their health and quality of life.



How then do we support women with prolapses? Depending on the severity of the pelvic organ prolapse, it can often be managed conservatively. Women may need to temporarily modify activities to reduce symptoms, but they shouldn't abandon activities they love. They should seek medical advice, such as from a pelvic floor therapist, who will take a detailed history and perform an objective exam to determine contributing factors like diet, exercise, and constipation.

They will advise on how to manage symptoms with lifestyle changes and exercise. Learning how to strengthen the pelvic floor, modifying movements and properly engaging the pelvic floor with activities can all help to create proper support for the pelvic organs and reduce symptoms. Conservative management may also involve vaginal estrogen or moisturizer in postmenopausal women or being fitted for a pessary. A pessary, is a small flexible device that is inserted into the vagina to help support the pelvic organs.

Saskatchewan has publicly funded clinics called the Pelvic Floor Pathway in both Saskatoon and Regina. Nurse practitioners and pelvic floor physiotherapists work collaboratively to treat urinary incontinence and pelvic organ prolapse with education, lifestyle changes, medication, exercises and if needed can fit patients with a pessary. There are many therapeutic options to help patients having concerns with their pelvic floor. Women shouldn't accept symptoms as normal age related changes. If you are having pelvic floor concerns speak to a medical practitioner about your options at your next appointment.

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 1 (306) 766-7551

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Opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of the Women's Mid-Life Health Program

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