



CAMOSCOPE

Issue no. 2 - December 1997

SEASON'S GREETINGS

*The CaMos Team wishes you a Happy Holiday Season
and Best Wishes for the New Year.*

Welcome to the second issue of the CaMos Newsletter "Camoscope".

As many of you will recall, a contest was held to find a name for the newsletter. A panel of five people voted on more than three hundred entries. "Camoscope" was submitted by Denise Langlois from Charlesbourg Quebec. Thank you to all of you who submitted suggestions!

What Next?

The nine recruiting centres have completed the recruitment. Close to 9500 participants are enrolled in the five year study. For the remainder of the study, contact will be maintained by your local CaMos office on a regular basis. If you move within the same city or to another part of Canada or another country, please leave a forwarding address. Your contribution to the study is valuable.

The first year follow-up began in late 1996. This involves answering a mailed questionnaire and returning it to your local CaMos office. In this short questionnaire you are asked about fracture occurrences since your initial interview. If you report a fractured bone, someone from your local CaMos office will telephone you to ask about the treatment of the fracture.

Feel free to call your local office at any time if you have any questions.

The following is a summary of the various phases of the study:

- Recruitment (1995 - 1997)
- Year 1 - Mailed follow-up questionnaire
- Year 2 - Mailed follow-up and nutrition questionnaire
- Year 3 - Mailed follow-up questionnaire
 - Interview and re-test (40-60 y. of age)
- Year 4 - Mailed follow-up questionnaire
- Year 5 - Re-interview all participants

The Osteoporosis Society of Canada

Message from Maureen McTeer

Osteoporosis is a major health problem in Canada. As the National Spokesperson for the Osteoporosis Society of Canada, I have become aware of just how much remains unknown about this disease and its financial and societal impact.

Research studies like CaMos will provide us with important information we can use to develop effective, low-cost strategies to prevent and treat osteoporosis. We need to

ensure this work continues and that more such work is funded. The Osteoporosis Society continues to advocate for research funding and will be launching a major research fundraising campaign in the coming year.

I would like to thank you for participating in the CaMos study. With your help, we will find some of the answers we need to make a difference.

CHANGES TO CAMOS

Preliminary analysis of CaMos data prompted us to modify the protocol for the follow-up interview originally planned at 2.5 years. We now believe that in men, peak bone mass is reached at or near age 40, and in women bone density starts to decline before age 46, and that bone density varies with the seasons of the year.

Therefore, the procedure has been amended as follows:

- the first follow-up interview will take place 3 years after the initial interview;
- both men and women, age 40 to 60 years at entry into the study will be offered a follow-up interview, DXA and Ultrasound remeasure.

MEASURES OF BONE HEALTH

The development of medications that rebuild bone has given new incentive to predict who is at risk for osteoporosis and the related fractures. Over 80% of people with osteoporosis are women. Simple predictors such as advanced age, low body mass, a tendency to fall and a history of previous "osteoporotic" fractures help to identify those with the condition. Treatment of osteoporosis is indicated and beneficial, but the greatest benefit is likely to be achieved through prevention. To achieve this, we need the tools to identify those men and women who at an early age have rapid bone loss leading to premature osteoporosis. We must also have the information to encourage young people to build their bone mass to the greatest extent possible through a healthy lifestyle. The greater the original peak bone mass achieved, the longer it takes for it to fall to a critical level.

Bone density measurement using dual energy absorptiometry (DXA) has been the most extensively used technique in population based research, for detection of osteoporosis and increased fracture risk, and for the monitoring of treatment.

Experts have recommended its use for menopausal women considering hormone replacement therapy: for both men and women with a strong family history of osteoporosis or other risk factors; and for those with suspected osteoporosis on X-rays performed for other reasons. The equipment for DXA is relatively expensive and requires skilled operators and careful interpretation. DXA is not recommended for screening and is available only through a physician's referral. Unfortunately, this has left few alternatives for those who have none of the risk factors but are concerned about the status of their bones.

Ultrasound measurement of the heel bone has been used as a screening tool in Europe and Japan and is now undergoing extensive validation in North America. The technique measures different aspects of bone compared with DXA but a good predictor of fracture risk. Most people with normal heel ultrasound will also have normal DXA results. The equipment is much less expensive and easier to operate compared to DXA. This may prove to be the universal screening technique.

Osteoporosis Society Events provide a chance to get involved

The Osteoporosis Society of Canada (OSC) works with individuals and communities across the country to educate and support individuals in the prevention and treatment of osteoporosis.

The Society holds two major public awareness and fundraising events each year.

In May, Canada's Osteoporosis Walk brings Canadians of all ages into the streets to walk their way to healthier bones. In 1997, 55 communities participated, with close to 3,500 walkers raising funds for osteoporosis prevention and education activities.

Bone China can be fragile, but it is surprisingly resilient when cared for properly. So are our bones. That's the message in November, Osteoporosis Month, when groups across the country host "Bone China Teas". Individuals are also hosting teas in their homes throughout the winter months, as their way of supporting the education, patient support, research and advocacy work of the Society.

Individuals interested in hosting or participating in a walk or Bone China Tea can call 1-800-463-6842 for information.

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