



# CAMOSCOPE

Issue no. 5 - December 2000

## Season's Greetings

*The CaMos Team wishes you a Happy Holiday Season  
and best wishes for the New Year*

### **Osteoporosis in the New Millennium - The Role of CaMos**

#### *What have we learned from CaMos?*

We know that 16% of women and 5% of men over the age of 50 have osteoporosis as defined by the World Health Organization (WHO). This is somewhat less than what was previously thought but lest we get too comfortable, we found that more than 60% of women and 40% of men over the age of 50 are at increased risk to fracture. The prevalence of vertebral deformity or spine fracture in Canadian women and men over the age of 50 is 25%. The most recent data suggests that approximately 3% of Canadians over the age of 25 sustain a fragility (low trauma) fracture each year with the overwhelming majority of serious fractures such as hip occurring in those over age 50 years. This translates to more than 750,000 fragility fractures per year. Approximately 2/3 of the fractures occur in women and 1/3 in men. Thus, osteoporosis and fracture are not only "women's problems". A most distressing finding is that, even though fragility fractures are a very important sign of osteoporosis, more than 80% of women and 95% of men with these fractures have not been diagnosed with osteoporosis. In people with hip fracture sustained after the age of 50 only 40% of women and 10% of

men have been diagnosed with osteoporosis. It is clear that an intensive education program for physicians and other health caregivers is needed.

The importance of CaMos is being recognized internationally. We have been asked and have accepted to participate in a WHO sponsored program to develop international guidelines for the detection of those at increased risk to fracture. We are also working with Chinese clinician-scientists to help them establish a CaMos like study in several centres in China.

#### *What of the future?*

Thanks to the CaMos we are beginning to understand the dimensions of the problem of osteoporosis and fracture in Canada. By the time the study is completed and the data analyzed we will have a very good idea of what factors determine fracture risk and will be in a position to recommend measures to reduce that risk. We will also know whether there are any important differences between geographic regions of the country. Is a single national prevention policy likely to be

effective or will we need region-specific policies? It is important to realize that the strength of the data will increase, and therefore the effectiveness of prevention strategies will increase, the longer the study runs. A 5 year study such as originally planned is excellent, a 10 year study is better. It is for this reason that we are contemplating the extension of CaMos for 5 more years. In anticipation of this we will be asking you in the year 5 follow-up questionnaire whether you would consider extending your participation in CaMos. Should we decide to extend the study you will be notified.

A number of organizations and individuals went into making CaMos the enormous success it is. Among them are the Canadian Government, The Dairy Farmers of Canada, Merck Frosst Canada, Eli Lilly Canada, as well as the individuals working in each of the regional centres and the CaMos head office. The most important contribution came from the CaMos participants from Newfoundland to Vancouver without whom the project could not have been done, for that we thank you!

— Dr. Alan Tenenhouse CaMos  
Principal Investigator, Montreal.

### **Canadian Normative Data for the SF-36 Health Survey**

In the past 20 years, health care providers have become more aware that the patient's point of view is an

important indicator of health. The patient is the only one who can truly describe how he or she feels, and how his or her health or illness affects their day-to-day functioning and activities. This is particularly important ▶

for patients who have chronic diseases with no known cure, when we want to know if a surgery, such as a hip or knee replacement, was successful from the patient's point of view. A number of questionnaires have been designed to measure the health-related quality of life of those participating in research studies. One of the most widely used questionnaires is the Medical Outcomes Study 36-item Short Form (SF-36), which you may recall completing when you were interviewed at the beginning of the study.

The SF-36 contains 36 questions about limitations in physical activities such as walking and climbing stairs, problems with work or other daily activities as a result of physical health or emotional problems, levels of pain, energy and vitality, social activities and feelings of happiness, nervousness and depression. Your answers allowed us to develop 8 scores for each person, which were combined to look at scores for Canadians in general, for men and women separately, and by age groups.

Questionnaires such as these are only

useful if we have a basis of comparison. For example, if you have a score of 70 on the physical functioning questions, we would not know if that was good or bad unless we knew how the rest of the people with the same age and gender group were scoring. If your age and gender group had an average score of 50, then a score of 70 means you are doing great! But if they are mostly scoring in the 80's this would indicate that you have some difficulties with your physical functioning.

Until now, we have only been able to compare ourselves to our American neighbours. In fact, we did not even know if this was appropriate, since we had no way of knowing how Canadians scored as compared to Americans. Now, thanks to all of you, we have been able to develop a profile of Canadian scores.

We found that Canadian scores are slightly higher than American scores. For example, where the Canadian average score for physical functioning was 85.8 out of 100, the American score was 84.1. We rated our energy and vitality at 65.8 out of 100, while the

Americans rated theirs as 60.86.

Then we also looked at age groups and gender groups. Not surprisingly, physical function generally declines with increasing age, but mental health did not. In fact, mental health scores got higher as we went into the higher age groups. Men's scores were higher than the women's scores. Again, the differences were not large (usually around 5 points out of 100). It was interesting to see that this same pattern of men scoring higher than women could be seen in the US data.

We are looking forward to getting the follow-up data, so we can also look at how the quality of life of Canadians changes over time.

— Wilma Hopman,  
Mackenzie Health Services, Kingston

**Reference**

Hopman, W., et al., 2000. Canadian Normative Data for the SF-36 Health Survey, *Can. Med. Ass. J.* 163(3):265-71.

*The electronic version of the complete article may be accessed by going to the CaMos Web site at [www.camos.org](http://www.camos.org), under CaMos publications, double click on the title "Canadian Normative Data for the SF-36 Health Survey".*

**Regional News**

**Saskatoon**

The Saskatoon site held a meeting for study participants, September 10, 2000 at the Sheraton Cavalier Hotel.

Three-hundred CaMos participants attended the meeting. Dr. Alan Tenenhouse presented the interim study results and together with Dr. Wojciech Olszynski answered many questions participants had about the study and osteoporosis. Thank you to all the participants who took the time and effort to come to the meeting and thank you to the sponsors for this event: Procter & Gamble Pharmaceuticals, Merck Frosst Canada & Co, and Eli Lilly Canada Inc. who kindly paid all the expenses related to the meeting and the Saskatchewan Dairy Foundation for supplying the milk.

**Toronto and Vancouver**

Dr. Ninghua Li, physician from Beijing Hospital and epidemiologist with the Ministry of Health in the People's Republic of China visited the Toronto and Vancouver Centres in August and September. He met with the local CaMos teams to discuss the practical aspects of running a CaMos centre and toured the testing facilities. He shared with both Centres his osteoporosis questionnaire (in Chinese and English) from a study of 50,000 men and women in China. A copy of the Chinese version of the CaMos questionnaire and letters were given to him. Dr. Li is keen, as are the Vancouver and Toronto Centres of CaMos, to share information about osteoporosis in Chinese Canadians compared with those in China.

**CaMos Web Site:**

<http://www.camos.org>

**Your Regional Centre:**

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- Québec, QC .....(418) 656-4141  
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- Saskatoon, SK .....(306) 933-2663
- St-John's, NFLD.....(709) 737-6508
- Toronto, ON .....(416) 864-5391
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