

OSTEOPOROSIS not just a female concern

Broken any bones lately? If you're a man, check your bone health. Osteoporosis (brittle bone disorder) more commonly affects women, says Pat Trimble of the Surrey/White Rock Chapter of Osteoporosis Canada. However, she adds men are also victims, affecting one in eight Canadian men over age 50.

Six years ago, Patrick Kramer of Surrey was diagnosed with osteoporosis at age 49, after suffering for years with a succession of broken bones, kidney stones and calcium buildup in his bones. Men typically find it after breaking bones, but unfortunately they often don't make the connection.

Like Kramer, most men also don't have many of the typical risk factors for osteoporosis: steroid use, low calcium diet, inactivity, smoking, a family history of brittle bones in either parent, taking certain drugs for long periods of time (corticosteroids or antacids, etc.), low testosterone levels (experienced in men as they age), heavy alcohol consumption, liver or kidney disease, and congestive heart failure. Kramer was always physically active, rarely drank alcohol and was raised on a dairy farm. Drinking milk was a regular part of this diet.

Heredity is the usual reason for male osteoporosis. Age-related bone loss is less common. Kramer had the actual hereditary disease.

"For me, the hereditary factor was great . . . on both sides of my family," says Kramer. "My mother and paternal grandfather had osteoporosis. In those days they passed it off as brittle bones or arthritis."

Typically, in a female, menopausal hormonal changes lower bone density, and in men (during their change in life) there is also a rare andropause-related bone loss with age. "However, we men are usually in denial about andropause," Kramer smiles.

Bone loss and bone building naturally occur on even levels in the human body. But as we grow older we can lose bone when the speed of bone building slows down, while the bone loss rate remains the same. However, a big discrepancy isn't normal says Kramer, "At 96 you should have 96 year old bones. But at 50, you should not! My bone mineral density tests showed me quite old as far as my bone age. I was in my 90s for the spine and 80s for the hip."

Trimble, a long-time member of the Surrey/White Rock Osteoporosis Chapter, recommends exercise and increased calcium intake which can significantly slow bone loss and lower the risk of developing brittle bones. In most cases, in the early stages of osteoporosis, calcium and exercise can halt the progression of bone loss. Diagnosed with osteoporosis 15 years ago, Trimble was able to halt her own bone loss with dietary calcium and exercise. But Kramer says with a hereditary condition (in males or females) this isn't enough. Medications are needed.

"If I do nothing I won't be walking by the time I'm 60. And if I just take calci-



Even with osteoporosis, Patrick Kramer can still maintain a fairly active lifestyle.

um and exercise, it won't help either," Kramer explains. "In my case, I must rely on medications. I was able to improve somewhat through supplements, drug use and exercise, but not anywhere where it should be."

In Kramer's situation, the marker to build bone is just not there, while the marker to shed bone is. "So I kept shedding," he says.

He takes prescription medications to halt bone loss. In fact, he's currently one of select few taking a trial drug that stops bone loss or calcium depletion. The particular drug he's taking shows an encouraging 17 to 18 per cent bone growth with minor side effects.

Kramer (who is one of few men active in the Surrey/White Rock Osteoporosis Chapter) and Trimble both agree living with osteoporosis can be a challenge. Now, at 54, Kramer sometimes finds it difficult to be very active. Recently, visiting his son in Greece, Kramer was unable to enjoy some of the area's scenic hikes with his family.

"We wanted to follow the paths to a waterfall. In total, it was a two hour walk on a very bumpy path," says Kramer, who has compression factors in his vertebrae; he's lost two inches in height. Being physically fit, he could do the hike. However, with compression factors, walking on uneven surfaces is not a good idea; flat surfaces are preferred for less bone impact. In addition there's the bone breaking risk of falling, "On an uneven trail, one wrong step would ruin the rest of my holiday!"

Kramer is enjoying life, despite physical limitations. He says limitations are what you make of them, "I tend to do as much as I possibly can." He adds, teasingly, "And when I'm in my electric wheelchair, I'll be offering the ladies a ride!"

The Surrey/White Rock Chapter of Osteoporosis Canada meets once monthly at the Mount Olive Lutheran Church in Surrey. This support and education group seeks volunteers. Contact Margaret Willson 604-538-2500 willsond@shaw.ca or Marguerite Knowles 604-538-8057 mknowles@shaw.ca ■

Eve Lees, a former newspaper editor, has been a health and fitness professional for over 20 years. She is a Certified Nutrition & Wellness Specialist, a Certified Personal Trainer, a health speaker, and a health writer for several publications.

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