



Osteoporosis Update: Future Directions in Arizona

Arizona Osteoporosis Coalition and the Arizona Department of Health Services is presenting this event on Friday, September 14, 2007 to be held at the University of Arizona Cooperative Extension, 4341 East Broadway Rd., Phoenix. Speakers and topics include:

- “New Treatments and Medications for Osteoporosis” by Jeff Lisse, MD, UA, Center for Physical Activity & Nutrition.
- “Exercise and Long Term Bone Health” by Tim Lohman, PhD, UA, Center for Physical Activity & Nutrition.
- Update on new WellWoman Osteoporosis Screening Project. Planning for statewide education outreach and promotion, Arizona osteoporosis date and healthcare provider education.

The Osteoporosis Update is free, but registration is required by September 10th. Register online at www.fitbones.org. Contact person is Kitty Woodward, AZOC (Arizona Osteoporosis Coalition), Administrator, 602-749-1008. You can also mail your name, address, phone and email address to AZOC, P.O. Box 6776, Chandler, AZ 85246 to register.

Bone Builders Volunteer Training

Awareness and prevention are critical in combating the growing problem of osteoporosis. Volunteers are needed to teach others about reducing the risks of osteoporosis. The Bone Builders program is a partnership between the University of Arizona Cooperative Extension, Arizona Osteoporosis Coalition, and many other local organizations around the state to help women reduce their risks of developing osteoporosis.

Do you know a potential Bone Builder? It only takes a few hours a month to become a Bone Builders volunteer and make a difference in the health of women.

The next volunteer training will be held in Tucson on September 7th and 8th. Contact Linda Block at (520) 626-5161 or email lblock@ag.arizona.edu for application and details.

Are you a “bystander” when it comes to your health and wellness?

By Elizabeth Schnoll

Hopefully not! But, unfortunately, the common activity level of most adults, particularly older adults, would qualify them as “bystanders” and not “participants” in their own personal health. Too many folks settle for less and assume the idea that aging is accepting the “bad health card dealt,” without considering taking action or “stepping up” to the challenge, achieving the quality of life enviable to many.

Sometimes I correlate aging with retirement when talking with many older adults who have been involved in the Bone Builders Physical Activity Program. I have learned a lot from so many of the participants who have completed this program and continue to take an active role in their aging. When first time participants decide to try the program, they are often dismayed with their current health or general wellness status.



Beginning participants often laugh a little when really “taking stock,” actually thinking about their daily routines since retiring. Many remark, “they are busier than ever now that they have retired!” We all rejoice in that sentiment. I meet other folks through the program that express the sentiment of “entitlement,” expressing the thought that reaching the opportunity of retirement entitles them the choice *not to work*. So they want to relax!

Of course, I agree and understand. After all, it’s retirement from their jobs or careers that they have earned. But, upon closer examination, many in groups begin to see they have somewhat taken a retirement from healthy living as well.

Generally, none of us would actively make this decision or choice. We often find it sneaks up on us in many tiny ways that eventually add up to an adverse situation arising, a negative health or wellness issue. The loss of balance, agility, and stamina are the best indicators.

Ironically, many new participants admit that they may have had a lot more movement built into their daily working routines before retirement. Movement they have not maintained since retiring. And, I am not talking about continuing to dig ditches or climb ladders, (if that was part of making a living for you) as a way to maintain health through activity. What it simply boils down to is taking stock of the quality of your lifestyle, including your diet, physical activity, socializing and overall feeling of well-being. All these things play together. Remove one and an imbalance occurs.

If you find yourself at a point where you know you can make a *list* of things you can NO LONGER do, and you have attributed it to old age, you might want to consider taking stock of your personal health and wellness. Inactivity often correlates with a reduced quality of life. In other words, you find yourself doing more of only what *you can* versus what *you would like*.

If it has been a while since you actually engaged in physical activity and now find yourself a little intimidated to get started for fear of being out of shape, unable to or just plain worried you can’t, you might be interested to know that **muscle responds to activity as quickly as it responds to inactivity! So now is the time to get moving toward becoming a participant and not a bystander when it comes to your personal health and wellness.** The big question is HOW?

The University of Arizona Cooperative Extension’s Bone Builders Physical Activity Program in Maricopa County is one way to get started.

Beginning exercise should be safe and low impact movements, including stretching, balance, strength and agility and endurance exercises. The UA Bone Builders Physical Activity Program offers this and can help you or your center offer this opportunity to make a change in this

way. The program is designed to help inactive older adults get started moving with the eventual hope these same adults will engage in the resistance exercise necessary as part of the equation when working to maintain good bone health, coupled with food intake, meeting daily minimum requirement of calcium in one’s diet.

BBPAP Upcoming Training

If you would like to bring this 9-week program to your center or group of older adults anxious to get started moving again, the Fall 2007 session will be holding a program training on September 10th and 11th here in Phoenix. The Fall Program will start the week of September 24th, 2007. Call soon as the calendar fills quickly.

For more information and details about the program and training, please contact Elizabeth Schnoll for more information at the UA Cooperative Extension office in Maricopa County, 602-470-8086, extension 324.

Most importantly, remember “it’s never too soon or too late to get started” exercising. Become an active participant in your health and wellness rather than a bystander!

Adding Up Risk Factors for Falls

Many older people experience a decline in their balance control with age, putting them at increased risk of falling. And as we age, with fractures more likely and debilitating, the impact of a simple fall can be devastating.

Research by the Connecticut Collaboration for Fall Prevention, a group of clinicians working to disseminate information about fall risks and how those risks can be reduced, finds that falls and related injuries are more common than strokes and can have consequences just as serious. Falls, they note, are the most common preventable cause of an individual’s needing to move to a nursing home.

On the researchers’ Web site, www.fallprevention.org, they note that among adults 70 years and older:

- ◆ 3 in 10 fall each year.
- ◆ 2 in 10 who need home health care after being in the hospital will fall during the first month after coming home.
- ◆ 1 in 10 suffer a serious fall injury such as a broken bone or head injury.
- ◆ 5 in 10 have problems getting up without help after they have fallen.

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- ◆ Falls cause more than 90% of broken hips; only half of those who break their hip will get around as they did before their broken hip.
- ◆ In the US, 16% of all emergency-room visits and almost 7% of all hospitalizations are for fall-related injuries.

Many risk factors increase the likelihood of falling, according to the fall-prevention group. Health problems – such as difficulty with walking or moving around, having to take several medications, foot or vision problems and blood pressure dropping too much on getting up – may contribute to falling. Other physical factors, such as unsafe footwear, problems seeing due to illumination around the home and tripping hazards, add to your risk of falling.

“People can talk with their doctors about their medications and ask if some can be reduced or eliminated,” says the collaborative’s Mary E. Tinetti, MD, director of the Yale Program on Aging. “Doctors may not be aware of the risk of falling associated with medications, but people can educate their doctors and be more actively involved in medication decision-making.

“Heightening people’s awareness that drugs have good and bad effects and that we need to think about all medications taken together was a major part of our program,” Dr. Tinetti adds. “People can do something for every one of these risk factors.”

Source: *Tufts University Health & Nutrition Letter* www.healthletter.tufts.edu; May 2007.

Vitamin K Builds Bone and Prevents Fractures; Is it the New Calcium?

Q. Is vitamin K important for bones?

A. Yes, likely very important. A growing body of research suggests that healthy bones need vitamin K just as much as they need calcium. A recent review of 13 studies found that people who took vitamin K supplements suffered less bone loss and an amazing 80% fewer hip fractures than those who didn’t take extra K.

What K Can Do for Bones. Scientists have long known that vitamin K is critical for blood clotting; its role in strong bones is a relatively recent discovery. Researchers believe K improves bone mass and reduces fractures by helping the body produce more of the active form of a bone-building protein called osteocalcin.

A Japanese study of women over 50 found that as blood levels of vitamin K went up, so did levels of active osteocalcin. Extremely high doses of a form of vitamin K called menaquinone have been used in Japan to treat osteoporosis for more than a decade.

Researchers with the long-running Framingham Heart Study have found that among a group of almost 700 older men and women, those who got about 250 micrograms of vitamin K a day – from both food and supplements – suffered fewer broken hips than those who got only 50 micrograms a day.

How Much You Need. Trouble is, the current recommended intakes for vitamin K – 90 micrograms a day for women, 120 for men – aren’t based on what the body needs. Rather, they merely reflect what the average American ingests. There is growing support, however, for an increase in the recommendations.

Where to Get It. Vitamin K is found in many foods, including broccoli, Brussels sprouts, lettuce, parsley and vegetable oils, but the **real K standouts are dark leafy greens like kale, spinach, beet greens and collards**, which provide 700 to 1,100 micrograms per cup, cooked.

Additional vitamin K is found in supplements – multis, some bone supplements, single supplements – in amounts from zero to 500 micrograms.

K-Coumadin Caveat. While your bones will likely benefit from more vitamin K, be careful if you take the drug warfarin (*Coumadin*). Vitamin K encourages blood to clot, which can be at odds with *Coumadin*’s blood-thinning action. One study found that multivitamins containing as little as 25 micrograms of K a day are enough to alter *Coumadin*’s action.

Be sure you inform your doctor of your typical vitamin K intake – from both diet and supplements – so your *Coumadin* dosage can be adjusted accordingly. Then keep your intake consistent.

EN’s Bottom Line. Eating a diet rich in green, leafy vegetables and taking a multi with vitamin K should provide the K you need to protect your bones. If you take *Coumadin*, consult with your doctor before you increase K intake significantly.

Source: *Environmental Nutrition*; April 2007. www.environmentalnutrition.com

Selecting Yogurt

Look for the words “live and active cultures” or the National Yogurt Association seal on cartons of yogurt to insure the presence of good bacteria or probiotics, like *L. Bulgaricus* and *S. Thermophilus*.

- Pay attention to serving size. Single serving containers range from four to eight ounces.

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- Buy yogurt with the least sugar or mix plain yogurt with flavored yogurt to cut sugar and calories.
- Look for non-fat or 1% fat yogurt for lower calories.
- Check for calcium. Select a yogurt with at least 20% of the Daily Value.
- Consider vitamin D. Amounts vary from 5% to 20% of the Daily Value.
- Check the expiration date. A yogurt may still be safe to eat, but the number of beneficial bacteria goes down if it's past the stamped date.

Edamame Facts

Edamame (pronounced ed-a-mom-ay) are blanched soybeans in pods. The beans are light green, about the size of baby lima beans. They have a sweet, nutty taste that is similar to that of fresh peas. Serve as a snack or appetizer or toss them into salads and stir-fries. Look for edamame in the frozen foods section of your supermarket.

Source: Strong Women Newsletter by Miriam Nelson.



Edamame clipart courtesy of Lori Alden, *Cook's Thesaurus*, at www.switcheroo.com

Bone Appétit

Salmon and Edamame Pasta Salad



- 1½ cups uncooked farfalle (about 4 ounces bow tie pasta)
- ⅔ cup shelled edamame
- cooking spray
- 1 (4-ounce) salmon fillet, skinned
- 2 teaspoons olive oil
- 1 cup finely chopped red onion
- 4 ounces baby spinach (about 6 cups)
- ¼ cup chopped fresh dill
- 4 teaspoons whole-grain Dijon mustard
- ½ teaspoon salt
- ¼ teaspoon freshly ground black pepper

Cook pasta in boiling water 5 minutes. Add edamame; cook 6 minutes or until tender. Drain and rinse with cold water. Drain and place in a large bowl.

Heat a nonstick skillet coated with cooking spray over medium-high heat. Add salmon; cook 7 minutes or until fish flakes easily when tested with a fork, turning once. Coarsely chop salmon. Add to pasta mixture; toss gently to combine.

Heat oil in pan over medium-high heat. Add onion; sauté 4 minutes or until tender. Add spinach; cook 2 minutes or just until wilted, stirring frequently. Add spinach mixture and dill to pasta mixture; toss gently to combine. Add mustard, salt, and pepper; toss gently to coat.

Yield: 4 servings (serving size: 1 cup)

Nutrition Facts: Calories 262 (27% from fat); Fat 8g (sat 1.3g, mono 3.2g, poly 2.2g); Protein 17.1g; Cholesterol 14mg; **Calcium 137mg**; Sodium 418mg; Fiber 4.8g; Iron 3.6mg; Carbohydrate 31.5g.

Source: *Cooking Light*, August 2003.



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Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting Sharon H. Day at 602-470-8086, extension 332. Requests should be made as early as possible to allow time to arrange the accommodation.