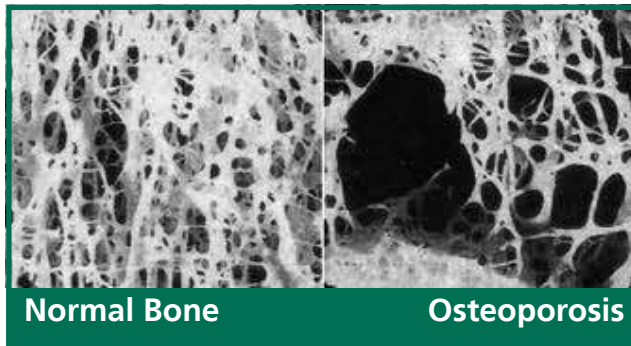


My Personal Care Plan

Bone Health and Osteoporosis



Working in partnership with:-

Solent **NHS**
NHS Trust

Southern Health **NHS**
NHS Foundation Trust



What is a Personal Care Plan?

A "Personal Care Plan" is a way of empowering people with Long Term Conditions such as osteoporosis to be able to take greater ownership and responsibility for their care and have more control over the management of their Osteoporosis

Personal Care Plans can be described as a journey over time, involving contact with a number of professionals and non-professionals (e.g. advocates and carers). During this journey people develop a greater understanding of themselves, their own needs and wishes, as well as the range of services they can access to improve their long term conditions, their health and most importantly, their quality of life.

This Personal Care Plan ideally would be used with the personal profile document which can be obtained from the "Say It Once" group

For More Information:

Say It Once, 9 Love Lane, Romsey, Hampshire, SO51 8DE

Telephone: 01794 519 495

Email: contact@sayitonce.info

Website: www.sayitonce.info/

Leaflet:

Do you or your child have a long term condition?

If you require a copies of this leaflet visit:

www.orderline.dh.gov.uk and
quote 299425/ Care planning

Tel: 0300 123 1002



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Available from:

Arthritis Research UK,
Copeman House
St Mary's Gate,
Chesterfield ,
Derbyshire,
S41 7TD
Tel: +44 (0) 300 790 0400
www.arthritisresearchuk.org/



What is Osteoporosis?

Osteoporosis causes bones to become weaker and more vulnerable to fracture, it can progress without causing pain until bones are weak and break easily.

Affected bones include the wrist, hip and spine, but it can affect any bone in the body as well. A hip fracture can cause impaired mobility, permanent disability or hasten death, while a spinal fracture can lead to severe back pain, loss of height or deformity.

Changes in lifestyle and medication can reduce the chances of having these problems

Fast Facts:

- Approximately 3 million people in the UK have osteoporosis.
- There are more than 230,000 fragility fractures every year.
- One in two women and one in five men over the age of 50 will break a bone, mainly because of poor bone health.
- Broken wrists, hips and spinal bones are the most common fractures in people with osteoporosis.
- Of the 70,000 people who have osteoporotic hip fractures each year, 30% will die within a year from causes related to the fracture.

Available from:

National Osteoporosis Society
<http://www.nos.org.uk/>

National Osteoporosis Society,
Camerton, Bath, BA2 0PJ

Email: info@nos.org.uk

Tel: 01761 471771

/ 0845 130 3076



My Personal Care Plan

No. 1: Learn about Bone Health and life style measures and treatment options

Suggestion

1. Contact National Osteoporosis Society (NOS)
Helpline **0845 450 0230**
2. Register for Portsmouth Hospitals NHS Trust - Love your bone yearly conference – Email: rheumatology.conference@porthosp.nhs.uk or Telephone: 023 9228 6000 ext 1495 for more information
3. Attend the Portsmouth Group - National Osteoporosis Society Meetings - Contact the NOS Helpline 0845 450 0230 who can give you further details of your local meetings

My own action plan

No. 2: Unexplained pain that may be a fracture- 70% of spinal (vertebral) Fractures go undiagnosed

Suggestion

1. Discuss with your Doctor or Health Care Professional about a adequate explanation for your pain.
2. Read- Arthritis Research UK Leaflet on Back Pain. www.arthritisresearchuk.org/

My own action plan



My Personal Care Plan cont.

No. 3: Medication
Suggestion
<div>1. When prescribed medications for your bone health - take your medication as directed.</div> <div>2. If you encounter side effects discuss with your Pharmacist, GP or Health Care Professional.</div> <div>3. Read NOS Leaflets or Arthritis Research UK Leaflet on Osteoporosis Medications (see page5)</div>
My own action plan

No. 4: If you have a fracture
Suggestion
<div>1. Discuss with your Health Care Professional either commencing or starting treatment options</div>
My own action plan

My Personal Care Plan cont.

No. 5: Falls and Osteoporosis
Suggestion
My own action plan

No. 6: Steroids and Osteoporosis
Suggestion
My own action plan

My Personal Care Plan cont.

No. 7: Healthy Life Style

Suggestion

My own action plan

No. 8: Bone Health & Osteoporosis and Smoking

Suggestion

My own action plan

My Personal Care Plan cont.

No. 9: Bone Health & Osteoporosis and Alcohol
Suggestion
My own action plan

No. 10: Bone Health & Osteoporosis and Healthy Eating
Suggestion
My own action plan

My Personal Care Plan cont.

No. 11: Bone Health & Osteoporosis and Exercise
Suggestion
My own action plan

Medications and Bone Health & Osteoporosis

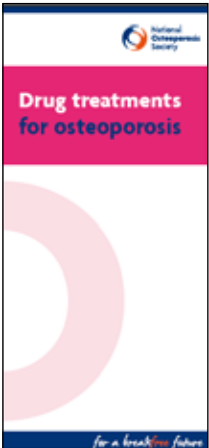
It is recommended that have your medication for bone health and osteoporosis reviewed at least every 5 years

My Current Medication	Date:	Date:	Date:	Date:

Available from:
Arthritis Research UK,



Available from:
National Osteoporosis
Society



Bone Health, Osteoporosis and new fractures

About 50% of people with one fracture due to osteoporosis will have another. The risk of future fractures rises with each new fracture, the 'cascade effect'.

The 'cascade effect' means that women who have suffered a fracture in their spine are over 4 times more likely to have another fracture within the next year, compared to women who have never had an osteoporotic fracture.

People who have had two or more osteoporotic fractures are up to 9 times more likely to have another fracture, rising to an 11 times greater risk for people who have had three or more fractures, compared to someone who has not had one.

Two thirds of fractures of the spine are not identified or treated, even though they often cause pain and some disability. People believe that the symptoms of spine fracture back pain, height loss or rounding of the spine are just due to 'old age'. However, for many people, osteoporotic fractures can be prevented, or at least your risk of having further fractures may be greatly reduced.

To reduce the possibility of a further fracture it is essential that osteoporotic fractures are identified and treated. So if you suffer from a new fracture contact your GP and arrange for a review. Available treatments may reduce the risk by about 50%.

Available from:
National Osteoporosis Society



Bone Health & Osteoporosis and your lifestyle

Falls and Osteoporosis

1 in 20 falls result in a fracture and 95% of hip fractures are due to a fall.

Most falls are preventable – here are some things you can do to prevent a fall and injury.

Taking 4 or more medicines a day prescribed by the doctor increases the risk of falls. Also, medicines that affect the blood pressure and heart and those that cause drowsiness make a fall more likely. Ask your doctor or local pharmacist to check your medicines regularly; keep an up to date list of medicines with you and know what each one is for. Do not stop taking medicines without talking to your doctor and don't mix medicines with alcohol!

Dizziness is not a normal feature of getting older. If you feel dizzy, see your doctor for a check up, it may be a problem with your blood pressure or medicines. Ensure that you drink plenty of fluids e.g. squash, fruit juice, water as well as tea or coffee to prevent dehydration.

Footwear is important for balance; ensure you wear well fitting slippers and shoes, lower heels are better. Regular chiropody is important for nail care and looking after the feet.

Poor eyesight is associated with an increased risk of falls. Have your eyes tested each year and ensure that you are wearing the correct glasses for what you're doing - and keep them clean!

Many falls happen at home where we are distracted or multi-tasking. Help reduce the risk of falls by keeping stairs and walkways clear of clutter, ensuring you have good lighting to see - especially at night, removing loose rugs and mats and tie up trailing flex or wires.

Exercise regularly to keep muscles strong and joints moving, particularly for hips, knees and ankles; your physiotherapist can advise you on specific exercises for you or there may be an exercise class or activity in your area that could help. Tai Chi is good for balance and coordination, 'Walking for Health' is good for keeping bones strong, it enhances general health and helps make friends!

Falls-free plan from Age UK

Age UK knows that growing older doesn't come with a manual but AGE UK do have a range of information guides and factsheets to help you deal with some of the challenges faced in later life. Age UK information is impartial and easy to digest and it's also free of charge.

For more information contact

Age UK,
Tavis House,
1-6 Tavistock Square,
London, WC1H 9NA
Phone: 0800 169 87 87
Email: contact@ageuk.org.uk
Website: www.ageuk.org.uk



Steroids - Bone Health & Osteoporosis

Steroids are taken to treat many different conditions. They are available as inhalers, creams, tablets and injections.

Steroids can lead to thinning of the bone and an increased risk of fracture. When this occurs it is called “steroid-induced” osteoporosis.

Between 30-50% of patients on long-term steroid will suffer a fragility fracture if nothing is done to prevent this. The risk of fracture increases with the dose of steroid used and is more of a problem with long-term oral steroid tablets or repeated injection treatment, than inhalers or cream.

To minimise the risk to ones bones, a doctor will usually adjust the treatment to minimise the total dose and duration of steroid therapy.

It is also helpful; to make lifestyle changes to improve bone health. This includes moderating alcohol intake, stopping smoking, regular weight-bearing exercise and a balanced calcium rich diet.

Individuals who have been taking or are likely to take steroids for 3 months or more, may require bone protection medication. If you have had a fragility fracture previously or are aged 65 years or over, then treatment with bisphosphonates, calcium & vitamin D is often advised.

Some people, who are on long-term steroids may have to have a bone density scan to help decide whether bone protection treatment is appropriate.

Pain and Osteoporosis

What Is Pain?

Pain is the body's way of responding to an injury. When a bone breaks, nerves send pain messages through the spinal cord to the brain, where they are interpreted.

Osteoporosis often causes very painful fractures, which can take 2 months to heal. In many cases, the pain starts to go away as the fracture heals. Most new fractures heal within 6 weeks.



Pain that continues after healing may be due to altered mechanical factors as your body adapts to the new position of bones and muscles.

Your response to pain is determined by many factors, including your emotional outlook. For example, depression seems to increase pain perception and decrease abilities to cope with it. Often, treating the depression treats the pain as well.

Musculoskeletal pain may often be associated with muscle tension, stiffness, weakness and spasms. Once the initial injury has healed, people with musculoskeletal pain are encouraged to try to resume normal activities, and often they find their pain eventually improves.

If however, the pain persists beyond 3 months then this is sometimes considered to be chronic pain.

Chronic pain is pain that lasts beyond the expected time for healing and interferes with normal life. Whatever the cause of chronic pain, feelings of frustration, anger, and fear can make the pain more intense. Chronic pain can affect all areas of your life and should be taken seriously. Seeing your doctors to discuss these symptoms can sometimes help.

Where can you get more information about managing pain and osteoporosis?

Many of the patient charitable organisation provide free information leaflets related to pain



Pain Concern is a U.K based charity for those living with Chronic Pain, and those who care for and about them. Pain Concern produces "Airing Pain," a fortnightly radio programme broadcast on www.AbleRadio.com which provides information and support to those living with pain

Write: Pain Concern, Unit 1-3, 62-66 Newcraighall Road, Fort Kinnaird, Edinburgh, EH15 3HS

Telephone: 0300 123 0789

Webpage:

<http://www.painconcern.org.uk/about>

Email: info@painconcern.org.uk



Action on Pain is run by volunteers most of whom have a connection with chronic pain.

Write: Action on Pain, PO Box 134, Shipdham, Norfolk, IP25 7XA

Telephone: 01362 820750 or PainLine: 0845 603 1593.

Open Mon - Fri 10:00 - 16:00

Webpage:

<http://www.action-on-pain.co.uk/>



Arthritis Care - resources to help you manage your pain Information Booklets and fact sheets

- Coping with pain-
- Painkilling patches
- TENS machines
- Home treatment for pain relief: heated pads and cold packs
- Training Courses and Work Shops
- Helpline- telephone: 0808 800 4050
- Webpage www.arthritiscare.org.uk



Smoking and Osteoporosis

Cigarette smoking was first identified as a risk factor for osteoporosis more than 20 years ago. Recent studies have shown a direct relationship between tobacco use and decreased bone density.



Analysing the impact of cigarette smoking on bone health is complicated.

It is hard to determine whether a decrease in bone density is due to smoking itself or to other risk factors. For example, in many cases smokers are thinner than non-smokers, tend to drink more alcohol, may be less physically active, and have poor diets. Women who smoke also tend to have an earlier menopause than non-smokers. These factors place many smokers at an increased risk for osteoporosis apart from their tobacco use.

In addition, most studies on the effects of smoking suggest that smoking increases the risk of having a fracture. Not all studies support these findings, but evidence is mounting. For example:

- the longer you smoke and the more cigarettes you consume, the greater your risk of fracture in old age
- smokers who fracture may take longer to heal
- significant bone loss has been found in older women and men who smoke
- studies suggests second-hand smoke exposure during youth may increase the risk of developing low bone mass
- women who smoke often produce less oestrogen and tend to experience menopause earlier than non-smokers
- quitting smoking appears to reduce the risk of low bone mass and fractures



Hampshire stop smoking service

Quit4Life, the Hampshire NHS Stop Smoking Service.

We are committed to helping the people of Hampshire to quit smoking and will support you through every step of quitting, from day one. And, what's more, our service is FREE

Text: QUIT to 60123

Phone: 0845 602 4663

Web: <http://www.quit4life.nhs.uk/>

Portsmouth services

www.healthypompey.com



Alcohol and Osteoporosis

Alcohol and Osteoporosis

Recently, research findings showed that low or moderate consumption of alcohol can help to prevent and control osteoporosis, especially in women and older people. This is because alcohol has the ability to boost the immune system and prevent bone loss. However, those who consume more than 2 or 3 units of alcohol a day will become more susceptible to osteoporosis.

Alcohol Reduces Calcium Reserves and Absorption

According to studies, alcohol can raise a person's parathyroid hormone (PTH) levels. PTH acts to regulate calcium and phosphorous levels. When it is elevated, it can put a strain on the calcium reserves in the body. Calcium is essential for the development of strong and healthy bones, and alcohol's ability to deplete calcium reserves can result in weaker bones and osteoporosis.

Also, it is known that alcohol can interfere with the work of liver enzymes, which work to convert inactive vitamin D to the active form. When a deficiency of active vitamin D occurs, the body will not be able to absorb calcium from the gastrointestinal tract efficiently.

Alcohol Increases Cortisol Levels

Cortisol can interfere with the activities of osteoblasts and hinder the formation of bones. Also, it increases osteoclast activities and cause more bones to be removed. This double action contributes to an overall loss in bone density. Since alcohol raises cortisol levels, it can lead to the development of osteoporosis.

Alcohol Has a Negative Effect on Hormones

Over-consumption of alcohol causes depletion of testosterone in men. With less testosterone, osteoblast activities will be reduced, and this will affect the formation of bones. Excessive drinking also interferes with women's menstrual cycle, and irregular periods will lead to greater bone loss.

Effective Ways to Quit Alcohol

For those who are addicted to alcohol, getting rid of the habit can be very difficult. Nevertheless, many people have managed to quit drinking by following certain programs. Such programs include the Alcoholics Anonymous (AA) program and a self-empowering program.

Social drinkers who only consume a glass of alcohol or two per outing have no reason to worry. Alcohol is acceptable as long as it is consumed in moderation and within the recommended weekly allowance of 14 units for women and 21 units for men.

Healthy Eating and Osteoporosis

Nutritional requirements vary from person to person and change with age.

Calcium

A healthy premenopausal woman should have about 1,000 mgs of calcium per day and women after menopause consume 1,500 mgs per day.

Foods high in calcium include milk, yogurt, cheese and other dairy products; oysters, sardines and canned salmon with bones; and dark-green leafy vegetables like spinach and broccoli.

Vitamin D

Vitamin D is essential for healthy bones and teeth. It helps the body to absorb calcium.

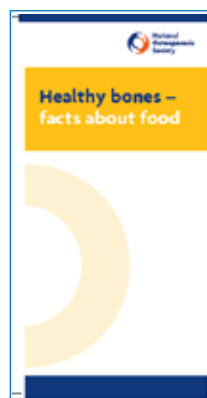
The action of sunlight on the skin enables the body to manufacture vitamin D.

Fifteen minutes of sun exposure to bare arms and face daily will allow most people to maintain their vitamin D levels through their everyday activities.

Foods rich in vitamin D are oily fish, liver, cod liver oil and dairy products. Many foods are also 'fortified' with low levels of vitamin D, such as margarine and breakfast cereals.

People who cover themselves up, remain indoors or have restricted diets are at particular risk of vitamin D deficiency.

Available from:
National Osteoporosis Society





Fit2eat is a website for people living in Portsmouth who would like to make healthier choices about their diet and lifestyle. It provides access to information on eating a balanced diet and specific diet related disorders, along with lifestyle issues and local contacts and support groups.

Web: www.fit2eat.org.uk

Tel: 023 9284 1762

Dietary information on this web site is intended only as advice.

For individual advice especially if you have a medical problem, talk to your doctor or practice nurse. You can also ask your doctor to refer you to a registered dietician.

For further information contact:

Adult Social Care (ASC): Independence & Wellbeing Team (IWT)

E-Mail: enquiries@iwt.org.uk

Exercise for Bone Health and Osteoporosis

Exercise should be classed as an important component of any person's life in order to allow that individual to stay fit and healthy. Research has shown that exercise can help to maintain a healthy weight, keep our heart and lungs working well, reduced blood pressure and reduce cholesterol levels, amongst a few benefits.

Importantly for you, research has shown that exercise of the right type can help to maintain healthy bones, reduced the risk of fracture and falls.

In addition exercise can help to reduce pain, improve your posture (that may be causing pain if it is poor) and enhance your sense of well-being.

When doing exercise you should complete an appropriate warm up prior to commencing any exercise form – this is essential to prepare your body for more vigorous exercise. Similarly a series of stretches for all major muscle groups should be carried out during the exercise programme – this can be performed in standing, sitting or lying depending on your ability.

A well-balanced programme of exercise for you needs to include the following elements:

- **Weight bearing and strength exercise:**
to increase / maximise bone strength
- **Balance and stability exercise:**
to reduce your risk of falling
- **Postural control exercise:**
to keep a good posture and reduce the chance of you becoming rounded at your back
- **Cardiovascular exercise:**
to keep your heart and lungs healthy

Remember, your exercise needs to be regular, consistent and ongoing – if you stop exercising the benefits will stop. You may not see dramatic physical changes when exercising but remember, the exercise is helping you to maintain a good level of bone health, general health and independence.

If you are new to exercise, or your condition has changed, please seek medical advice prior to starting any exercise. Similarly, if you are new to exercise, please seek an assessment and exercise tuition session with a physiotherapist.

Remember

**Start slow and gradually build up
If you feel unwell whilst exercising, stop and
seek medical advice**

For more information:

Phone ASC:IWT 023 9284 1762

Email: enquiries@iwt.org.uk

Website: www.portsmouthcc.gov.uk
and search for SCiP (Social care info Portsmouth)

Better Balance

Website: www.hants.gov.uk/betterbalance

Group	Recommended Exercise Type	Possible Exercise Forms
1 Those who want to maintain optimum bone health and 2 Those at low risk of fracture (this may include those with a diagnosis of osteopenia or osteoporosis)	Weight Bearing - Low impact	<ul style="list-style-type: none"> • Nordic walking • Skipping • Dancing
	Weight Bearing - High impact	<ul style="list-style-type: none"> • Step aerobics • Intermittent jogging • Circuits / chair circuits
	Weight training <ul style="list-style-type: none"> • x3 a week • Alternate arms and legs • Start at 50% maximum weight • Increase to 85% maximum weight over 3 months 	<ul style="list-style-type: none"> • Hips • Quadriceps (front of thigh) • Upper back • Lower back • Wrist
	Balance and stability training	<ul style="list-style-type: none"> • Pilates • Tai Chi

Remember

Start slow and gradually build up
If you feel unwell whilst exercising, stop and seek medical advice

Group	Recommended Exercise Type	Possible Exercise Forms
3 Those who are at high risk of fracture and may have already had a fracture	Weight Bearing - Low impact	<ul style="list-style-type: none"> • Walking • Stair climbing • Marching on the spot
	Balance and stability training	<ul style="list-style-type: none"> • Pilates • Tai Chi • One leg stand (support if required) • Walking in water (changing direction)
	Postural control	<ul style="list-style-type: none"> • Pelvic tilts • Chair based exercise • Breathing exercises
	Strength Training	<ul style="list-style-type: none"> • Chair based exercise • Swimming

Remember

Start slow and gradually build up
If you feel unwell whilst exercising, stop and seek medical advice

How to take your Bone Medication

Bisphosphonates

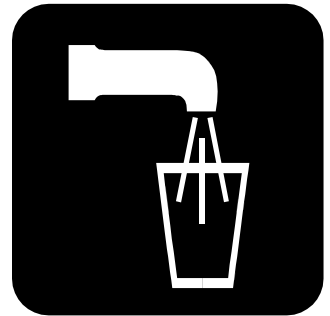
Bisphosphonates are a group of drugs used to treat and prevent Osteoporosis. They work by preventing bone resorption and increasing bone density (thickness), making bone less fragile.

Bisphosphonates are poorly absorbed and any food in the stomach will reduce the amount of medicine you absorb. Examples of bisphosphonates are didronel, alendronate, risedronate or ibandronate. Depending on the preparation and dosage they are prescribed daily, weekly or monthly. The most commonly prescribed bisphosphonate is Alendronate 70mg weekly

Take first thing in the morning on an empty stomach.

Swallow with at least 180-240ml of tap water.

If you take your Bisphosphonate with, tea, coffee, juice or even mineral water, it will not be absorbed adequately.



Swallow the tablet whole

Never chew, crush or suck the tablet.

You must stay upright for the next 30-45 minutes.

This is so the tablet stays in your stomach and lessens the risk of indigestion.

You could shower or something during this time, but remember not to bend over.

Do not eat anything at all for at least 30 minutes, including taking any other medication as this will affect the absorption of the bisphosphonate.

Strontium Ranelate

Strontium Ranelate 2g taken daily mixed with water

This medication needs to be taken in the middle of a 4 hour fast, preferably at bedtime. Do not eat or drink for 2 hours before you take the medication, and then do not eat or drink for 2 hours immediately afterwards. This includes any indigestion remedies.

Always tell your doctor if you have any side effects to your medication

Calcium & Vitamin D

You calcium and vitamin D supplements should be taken at least 4 hours after taking your Bisphosphonate. Routine is the best way to remember your medications, so preferably take your calcium and vitamin D supplements at lunchtime and teatime.

Adult Social Care (Independence & Wellbeing Team)

Adult Social Care (IWT) is here for all the people of Portsmouth, working together to improve health and quality of life.

More than the absence of disease, good health is also about mental, physical and social wellbeing. Recognising that social, economic & environmental factors all affect health, we are dedicated to improving health and wellbeing in Portsmouth; and working for an enhanced quality of life for all.

Adult Social care (IWT) a multi-talented service working with the community to get people actively improving their health and providing a real choice when accessing help about health and social wellbeing. We encourage local people to be actively engaged in the planning, delivery and evaluation of our work, to develop strong and supportive communities.

Our work is largely preventative in nature. We develop programmes, projects and services that allow vulnerable people to fulfil their real potential, live independently, improve social links and enrich quality of life, reducing the need to use mainstream health and social care services. Whilst the team has, on its own, developed some of our programmes and projects, many more represent partnership working with other organisations in the statutory, voluntary and private sectors.

Adult Social care (IWT) ,
Civic Offices, Guildhall Square, Portsmouth, PO1 2AS

Phone: 023 9284 1762

Email: enquiries@iwt.org.uk

Web: www.portsmouthcc.gov.uk

Osteoporosis, other Health Problems and Medications



The National Osteoporosis Society produce a range of useful and informative information leaflets on Bone Health and Osteoporosis

- All About Osteoporosis
- Exercise and osteoporosis
- Healthy Living for Strong Bones
- Introduction to osteoporosis
- Osteoporosis in men
- Clothing, body image and osteoporosis
- Complementary and alternative therapies
- Healthy bones - facts about food
- Hip protectors and osteoporosis
- Living with broken bones
- Percutaneous vertebroplasty and balloon kyphoplasty
- Scans and tests
- Transsexualism and osteoporosis
- Vibration therapy and osteoporosis

-
- Anorexia nervosa and osteoporosis
 - Coeliac disease and osteoporosis
 - Complex regional pain syndrome and osteoporosis
 - Osteoarthritis and osteoporosis
 - Osteogenesis imperfecta and osteoporosis
 - Osteoporosis associated with pregnancy
 - Parathyroid disease and osteoporosis
 - Thyroid disease and osteoporosis

- Anti-epileptic drugs and osteoporosis
 - Breast cancer treatments and osteoporosis
 - Drug treatments for osteoporosis
 - Glucocorticoids and osteoporosis
 - Hormone therapy and osteoporosis in men and women
 - The contraceptive injection (Depo Provera) and osteoporosis
-

- Your children and bone health
- Osteoporosis in children

Available from:

National Osteoporosis Society

National Osteoporosis Society- Help Line
0845 450 0230 or 01761 472721

The service is provided by nurses with specialist knowledge of osteoporosis and bone health. They can provide you with a personal reply backed up by information provided in electronic or printed format.

How do I contact the helpline?

You can call 0845 450 0230 / 01761 472721.

or

if you prefer you can email nurses@nos.org.uk for a private response

or

you can write to the nurses at the National Osteoporosis Society, Camerton, Bath, BA2 0PJ

