



THE OSTEOGENESIS IMPERFECTA SOCIETY OF AUSTRALIA

NEWSLETTER

ISSUE No: 4

SUMMER (FEB/MARCH)2005

PRESIDENT'S MESSAGE

Happy New Year Everyone!!!!!!!!!!

I hope that you all had a wonderful Christmas and loads of fun on New Years. The OI Xmas Party was a fantastic success. We had games for the whole family including 'water squirt cannons', 'thong throwing' and Putt Putt Golf. There was also plaster painting which was also a lot of fun. Santa Claus surprised everyone with a visit and some yummy chocolates for all the children.

This year is going to be a busy one for the OI Society. First up we are going to have a Trivia Night in May to raise some much-needed funds. We will let you know the details as soon as they are confirmed.

Later on in the year we are going to organise another dinner. If anyone has any contacts or ideas we would love to hear from you

If you have any stories about yourself or information that may help another OI family please send it into us and we will try to include it in an upcoming Newsletter.

I would finally like to thank Fiona Winters for all her hard work in putting together the last 3 Newsletters (including this one). She has done a superb job, especially since she has to look after Annabelle who has just turned one. Also thank you to the other board members who volunteer their time to get the Newsletter out to you.

Love, Smiles and Sunshine

Jules

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FROM THE EDITOR

Welcome to 2005 and another year for the OI Society. I hope you all had a wonderful Christmas and Holiday season. I can't believe how Christmas comes and goes, and then just around the corner is Easter. It seems like we go from one festivity to another!!

We hope you enjoy this issue of our newsletter, which features some really interesting and informative information – even the ‘Travel Tales’ of our secretary Janet Swift (OI).

This New Year marks my return to the board after a year off on maternity leave. I am sure it will be a busy one!

Take care.

Fiona Winters
Board Member

THE OI BOARD 2004/2005

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NB. The Osteogenesis Imperfecta Society of Australia is affiliated with the OI Foundation (USA), and the Osteogenesis Imperfecta Federation – OIFE (Europe). Their websites are: www.oif.org and www.oife.org

FOR YOUR DIARY

- Australian & New Zealand Bone & Mineral Society 15th Annual Scientific Meeting. Burswood International Resort, Perth, WA. 7th – 9th September 2005. For further information & booking forms please contact our President Julie Stonestreet on Ph: (02) 9586 4143 or Email: jstonest@bigpond.net.au
- Trivia Night – May 2005. Further details will be provided next newsletter.

OI PROFILES

A TRAVELLERS TALE

In September My husband and I left the responsibilities of home behind to go on a world tour which lasted three months. The trip took us through thirteen different countries some of which I never knew existed. I guess in retrospect the trip could be divided into three stages each with its own cultural, and educational interests. These would be classified as China to Turkey, Europe including Greece, Spain, and France, and America.

Undoubtedly the first part of the journey was potentially the most dangerous and demanding in every way. We flew to Hong Kong where we spent a few days re acquainting ourselves with that part of the world. At least from a casual insight there seems to be little change in the city now that it is governed by the Chinese rather than the British; although there do seem to be some underlying political issues which may negate this situation in time to come. Business seems to thrive in this Asian entrepot. As it always has. To the visitor the newly constructed International airport on Lantau island and the bridges, which connect it to Hong Kong, are very impressive. From Hong Kong we took a train to Shanghai.

Upon arrival there we had some difficulty with visas. Due to a change in train timetables we arrived one day late according to the authorities. To overcome this pedantic nonsense we had to revise our visas at considerable cost and inconvenience. This done, we enjoyed Shanghai, its architecture and museums in particular. However the pollution affecting the city is the worst I have seen anywhere in the world. The same criticism can be leveled at many of the Chinese cities through which we passed. Possibly the highlight of our stay in China was our visit to Xian where we visited the site of the entombed warriors, a most remarkable experience. As we continued westwards through cities such as Jiayuguan, Turpan, Korle, Asu, and Kashgar we visited areas of both historical and modern significance, absorbing cultural, geographical, and educational experiences as we went. There is no doubt it is a country on the move, which will inevitably challenge America economically in the not too distant future.

Our exit from China was by way of the Torugart Pass (over thirteen thousand feet) which allowed us access to Kyrgyzstan. It was snowing as we left our bus and clambered into what had been a Russian military style vehicle. Less comfortable than our previous means of transport but well suited to the rugged terrain through which we were to pass. Eventually we came to rest in an idyllic mountain valley where wild horses drank at the stream. The forebears of these animals provided the legendary Ghegis Khan with the means to conquer vast tracks of land. In the shadow of the nearby mountains were a number of yurts, which we passed Kyrgyzstan, seemed to hold the greatest potential for a viable tourist industry. Issyk-kul (means hot lake) gave us the opportunity to experience a ferry ride on this very large inland lake.

The township lies beneath the Tianshan Mountains which we were to follow for many miles thereafter. We passed through the various “stans” namely Kyrgyzstan Uzbekistan, Kazakhstan, and Turkmenistan all of which

OI PROFILES – CONTINUED

had been part of the USSR. Kazakstan and Turkmenistan seem to retain more of the bureaucratic legacy than the others. Passport checks ad infinitum by the military seemed to be the order of the day. Most people we asked preferred Russian rule. They claimed that under that administration everybody had a job, education and health were free. This is no longer the case, and unemployment is rife. Bank loans do not exist. If you want to buy a house the transaction must be conducted by paying cash, which I guess makes life rather difficult. Our journey through China and parts of Uzbekistan and Kazakstan which lasted twenty-nine days was conducted under the auspices of a travel agent, there after Bernard and I, with two friends, made our own way using public transport for the rest of the time we were away, save for the flights we had pre booked while in Australia.

We crossed into Iran from Turkmenistan and somewhat surprisingly there were no baggage checks and only a brief inspection of our visas. We found the Iranians friendly and keen to speak English. I think there was some animosity towards Americans, but when it became known we were Australian we were told, “Australia is a good country with many sheep and kangaroos.” I got the impression that the general public were not too enamoured the ayatollahs who administer the country. There is no doubt it is a highly regulated society in which the women are subjugated by comparison with their western counterparts. No alcohol is obtainable in Iran, and women must remain completely swathed in clothing from head to foot, most of which is black in colour.

Turkey came as light relief from this somewhat draconian regime. The bus journey from the eastern boundary of the country to Istanbul was quite beautiful. This was the same road we had driven over in 1961 when we left England to drive to Calcutta. I have never given much credence or thought to that journey, but my views have now changed. In those days the road surface was poor. We had very little driving experience, even less mechanical knowledge, next to no money, and I was pregnant. In retrospect it was quite a “gutsy” performance. How I ever navigated our way through the cities I shall never know, as we had no large-scale maps. Istanbul impressed us then, as it did upon our return some forty years later.

In Greece we were lucky enough to find accommodation quite close to the city center, and the Plaka (a tourist type precinct), which lies beneath the Parthenon. We enjoyed Greece; the alfresco way of eating and the historical aspects of the city. We flew to Madrid from Athens. Spain was a first for us. We were very impressed with the museums we visited, the art galleries, and the palace. From there we traveled by bus and train to France where we stayed with my cousin who lives there with her husband. We stayed in their git (farm out house) which they have converted into a magnificent holiday unit. The freestone walls and exposed wooden beams combined with modern plumbing and furniture made this part of our holiday quite luxurious compared with what had gone before. We enjoyed France immensely and the historical animosity toward the French I grew up with is quickly being eroded. After spending eight days there we returned to Madrid before flying to New York.

There we were finger printed and digitally photographed before gaining entry. Thereafter we visited Newark, Chicago, Minneapolis, San Francisco, Los Angeles and Las Vegas. We stayed with friends in each city and could not have received better or more generous hospitality. Hopefully one day we shall be able to repay our friends in kind. We visited the Museum of Natural History New York, the Field Museum Chicago, the House on the Rock, The Mall of America. We visited the Getty Museum and Universal Studios in Los Angeles. In Las Vegas we toured the Hoover Dam, one of the engineering feats of the world. And then were blown away by the Strip (the commercial center of Las Vegas) and a light show which quite literally left us dumb struck. We had a ball, thanks to all our friends who went out of their way to make our stay as memorable and enjoyable as possible. They certainly succeeded.

I omitted to say, while visiting Tashkent, which is a surprisingly modern city in Uzbekistan, Professor Sillence asked me if I could make contact with Shahzeb and his family who now live there. This I did when the family visited us in our hotel on twenty sixth of September. Shahzeb had started his treatment of OI while in Australia with his family. His father worked in the Pakistan embassy in Canberra. Unfortunately the family feels somewhat isolated in Tashkent where there is only one doctor. A general practitioner with a limited knowledge of OI. She is now involved in Shahzeb’s treatment.

By Janet Swift (OI), Secretary of the OI Board.

STATE REPRESENTATIVES

Please find below a list of our state representatives.

STATE REPRESENTATIVES 2004/2005

- ACT: Christine Martin (02) 6291 9969
- NSW: Julie Stonestreet (02) 9586 4143
- QLD: Rachel Richards (phone no.to be advised)
- SA: Therese Lampe (08) 8362 7011
- TAS: Sue Cenin (03) 6268 1740
- VIC: Donna Synot (03) 9333 2912
- WA: Hazel Bellman (08) 9249 3069

The OI Society would like to welcome Rachel Richards as our new Queensland Representative. Rachel is married to David Richards (OI), and is also a mum to Matthew and Sarah(OI). We look forward to our association with Rachel.

SIBLING CONFERENCE FROM SOUTH AUSTRALIA – BY THERESE LAMPE

Therese Lampe (OI) is our South Australian State Representative, and recently she attended a conference regarding the Siblings of brothers or sisters who have a disability. The conference was called "Creating Connections – A new direction for Siblings Australia Inc." held at the University of Adelaide November 17th to November 19th, 2004.

This conference focused on the siblings and how they personally were/are affected by their brothers or sisters disability. Main web site for the sibling main office is <http://www.siblingsaustralia.org.au/>

Below is a short extract in relation to this conference. Also listed is a number of helpful websites regarding these issues.

If anyone wishes to have a copy of the full transcript from Therese, please contact her directly or contact our President Julie Stonestreet: jstonest@bigpond.net.au.

Thank you, Therese for your input to the newsletter.

“OI related issues of siblings – taken from the <http://www.oif.org/site/PageServer?pagename=PsychNeeds> – Psychosocial Needs of the Family – The Sibling”

The arrival of a new baby can lead to sibling rivalry in any family. These problems are magnified when the new child has OI, because caring for such a child is complicated & time-consuming. Too often, other children are unintentionally neglected. Even very young children can sense their parents' distress & preoccupation with the new baby, although they may not understand why their parents are reacting this way. Usually, older children help in feeding, changing & bathing the baby; with OI, this is usually not possible because of the extreme care that must be taken when handling a baby with OI. If the child with OI is older, he or she may not be physically able to interact with the new baby. In either case, the siblings are unable to form a physical relationship & a gap may be created between them. Many families with OI have found that one way to promote the bonding between siblings is to allow the unaffected child to hold the new baby on a pillow & feed him or her while a parent remains close by for safety.

It is very important for parents to be sensitive to the emotional needs of their unaffected children. By observing them at play & by playing with them, they can try to learn if certain situations are causing unrest in the child. If the child seems angry & frustrated, different methods of relieving that frustration, such as punching bags & kicking a ball, might help relieve tension. The parents should also set aside special times to be with the unaffected children. Although this may be difficult, this quality time is very important. It is especially important for parents to consider the feelings of a sibling who may have been the cause of a fracture. For a sibling who is already having negative feelings toward the child with OI, causing a fracture may result in feelings of guilt & remorse. As the child gets older, frank discussions can be very beneficial.

In these situations, parents need to be encouraged to reserve energy to deal with the needs of all their children, although this may never be equal. They need to weigh the complaints of siblings the same way as they would for typical sibling interactions, trying to determine what is normal & what is due to the impact of the disability. Parents must take extra precautions to ensure that all their children feel loved & appreciated & that open lines of communication exist among all family members.”

Numerous Web sites:

1. <http://www.siblingsaustralia.org.au/index.html> – Australian Sibling web site – produced here in South Australia
2. <http://www.vsk.org.au/> - Welcome To Very Special Kids
3. <http://www.newbernsunjournal.com/printit.cfm?StoryID=1841> - the other child SUPPORT
4. <http://www.siblingsaustralia.org.au/index.html> – Australian Sibling web site – produced here in South Australia
5. <http://www.verumsaman.is/english.htm> – Iceland web site
6. <http://www.lehman.cuny.edu/faculty/jfleitas/bandaides/> - Bandaids
7. <http://counselingstlouis.net/> - The Sibling Connection
8. http://geocities.com/sibkids_website/ - Sib kids
9. <http://www.parent2parent.org.nz/start.htm> – New Zealand
10. <http://sibs.org.uk/> - siblings UK
11. <http://www.kidscape.org.uk/> - part of siblings UK but on bullying & teasing which many of our sisters & Brother’s go through – silently – which I learnt at the conference.
12. <http://www.ohiosibs.org/> Ohio – state I’m from sibling web site
13. <http://www.yourshout.org.au/> - Australian – put together by siblings for other siblings. One can write to others, read things, & make friends.

Please do feel free to pass on the enclosed to other members of your family, or if you know of other families who have loved ones with siblings who go through similar things to above. Please let me know if you would like further information. By Therese Lampe

ITEMS OF INTEREST

Accessible Summer Holiday Locations: Listed below are some wheelchair/disabled accessible camping facilities. For further information on any of these locations, please phone the individual numbers listed for each site.

<ul style="list-style-type: none">• Arakoon State Recreation Area NSW North Coast. Some accessible campsites, each with unisex, accessible showers and toilets on each amenity block. Recreation and picnic areas have accessible toilets. Phone: (02) 6566 6168• Hat Head Tourist Park Mid North Coast (in Hat Head National Park). Has one fully accessible two bedroom purpose-built cabin. Self catering facilities. Unisex, fully accessible ablutions block for campers. Phone/Fax: (02) 6567 7501• The Shack, Shoalhaven Heads NSW South Coast – 150km from Sydney. 6 fully accessible units – no step into unit, 6 car spaces (4 undercover) adjacent to units, covered rear patios, all units have 2 bedrooms, heaters, fans and fold up cots. Bathroom has wheel-in shower recess. Shower chair available. Bathroom may accommodate Hoist. Wheelchair for using on the beach is also available. Phone: (02) 4448 7231	<ul style="list-style-type: none">• Tween Waters Tourist Park (Merimbula). Has camping grounds with separate accessible toilets and showers. The park is level and accessible. On site vans and holiday flats also available. Phone: (02) 6495 1530• Clark Bay Farm Narooma, South Coast of NSW. Has 3 purpose built cabins, each accommodating up to 6 in single/double beds. Self catering. Accessible bathrooms. Accessible boats to hire. Dolphin watching trips. Beach not wheelchair-accessible. Phone/Fax: (02) 4476 2640• O’Carrollyn’s, One Mile Beach, Port Stephens NSW 2316. Eight spacious Eco-friendly fully equipped cabins, each sleeping 6-8, ground floor is fully accessible, set in 5 acres of park bushland (can arrange package tours for dolphin watching, sea kayaking, supervised fishing, wildlife spotting, surfing, scuba diving Etc. Full accessible bathroom facilities. Free beach wheelchair is also available. Phone: (02) 4982 2801
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Accessible Winter Holiday Locations: Even though we are still enjoying our Summer months, now is the time to consider booking that Winter Wonderland Holiday. Here are a few places that you may be able to enjoy that “hot chocolate” by the fire place!!

- Horizons Snowy Mountains Resort, Kosciusko Road JINDABYNE NSW
Phone: 1800 245 141 Email: www.horizonsresort.com.au
- Tumut Valley View Motor Inn, Snowy Mountains Highway TUMUT NSW
Phone: (02) 6947 2666 Email: greg@tumulleyviewmotorinn.com
- The Elm’s Motor Inn, 67 Fitzroy Street TUMUT NSW
Phone: (02) 6947 3366 or 1800 819 497
- River Inn Lodge, THREDBO NSW
Phone: (02) 6457 6505 Email: info@riverinn.com.au

ITEMS OF INTEREST – CONT'D

Home Maintenance and Modifications: The home maintenance and modifications resources Website is an informative website for home access design.

- You can view these links at:
http://plan.arch.usyd.edu.au/hmm/hmm_web/resource_web.cfm
- The following items are an example of what services are offered:
 - Bathrooms, walkways, kitchen and lighting
 - Adaptable Housing Australia
<http://www.adaptablehousing.org/>
 - Accessible Gardening
<http://www.earthypursuits.com/books/Accessible.htm>

Items of interest are courtesy of Ideas Magazine (information on disability equipment access services).

Do you have OI and are thinking of buying a car? Well, this could be the car for you.

1996 Holden Barina Swing, Automatic, 5 door hatch, 1.4lt, 240000 kms, Roof racks and Kayak carrier,
Rego 09/05.

With PEDDLE EXTENSIONS and BOOSTER SEAT modifications for a person of short stature.

I am 103cms. So if you fall within the 80cm – 130cm range the mods would probably work for you.... If you're taller or shorter you could come and give it a try and see if it works for you. There is adjustment room in the seat. The extended peddles fold away and the booster seat is removable to allow for an averaged size person to drive.

For more info contact Jo on 0417 692 070

\$2000 o.n.o



LATEST NEWS UPDATES

CHERI Child Advocacy Award

The OI Board would like to extend our CONGRATULATIONS to both Professor David Sillence and Dr Jenny Ault for being the recipients of the CHERI Child Advocacy Award!!

The CHERI Child Advocacy Award is awarded to a person who, over a long period of time, has exemplified outstanding commitment to the health, welfare and/or development of children. The purpose of the Award is to recognize individuals who have committed themselves to the improvement of children's lives in any of a number of areas. Of special interest are people who have undertaken their work in the areas related to CHERI's focus, that is, in the relationship between children's health and education, and/or their health and development.

David and Jenny have both been dedicated, not only to children and young adults with OI, but to children with other diseases. Therefore, they were jointly nominated for their professional life involved in child advocacy.

Accessible Housing in Sydney

NEWTOWN . Havenco Housing Co-operative Limited, available for rent 2 wheelchair accessible, 1 and 2 bedroom units. Havenco Housing Co-operative Limited (Havenco) is a housing co-operative located in Newtown which provides wheelchair accessible housing for people with a physical disability. We are seeking applicants from interested people for a self contained 1x2 bedroom unit and 1x1 bedroom unit currently available for rent. Each unit is self contained with kitchen, living dining area, bathroom/laundry and a small courtyard. Each unit has parking for 1 car. The 2 bedroom unit is suitable for a small family or a shared unit for 2 people. Applicants must be people with a physical disability who require accessible accommodation, must be able to live independently and actively contribute to the management of the Co-operative. Rent for the 2 bedroom unit is \$240 p.w. and \$190 p.w. for 1 bedroom unit. Rental subsidy is available for successful applicants who qualify under Department of Housing rules. For more information and an application form please phone Laurie Alsop 9519 8950 after 6:30 p.m. or Dominique Hromek 9519 0167 between 9 a.m. - 5 p.m.

Disability Support Penisons (DSP) – The Facts Revealed

The Australian Council of Social Service (ACOSS) today released new research about the Disability Support Pension in order to counter misinformation in public debate.

“Many arguments used to justify a crackdown on disability pensions are false or misleading. It's not true that 'it's easy to get the DSP' or that 'governments put people on DSP to hide unemployment,’” said ACOSS President Andrew McCallum. “This research outlines the facts of who is on the DSP and why.”

Findings revealed in Ten Myths & Facts about the Disability Support Pension (downloadable from www.acoss.org.au) include:

1. Most Australians do not support a tough approach to people on DSP. A recent survey found that half felt it was reasonable to ask DSP recipients to retrain, participate in their community or improve their literacy skills but 2/3rds did not support requirements for people with disabilities to look for work. 75% did not support requirements for people with disabilities to participate in Work for the Dole.
2. It's not easy to get the DSP. Recipients must have a serious medical condition independently assessed by doctors and vocational experts. The condition must prevent them within the next two years from working 30 hours a week or more.

Disabilities of people on DSP are more diverse and serious than ‘sore backs’. 33% of people on DSP have musculo-skeletal disabilities (loss of mobility & limbs), 25% have psychological & psychiatric conditions, 11% have intellectual & learning disabilities, 5% circulatory system problems and 21% other conditions.

The doubling of the number of DSP recipients over the past 15 years is due to:

1. Increased recognition of disabilities in society. The ABS estimates that the number of Australians of workforce age with a “core activity restriction” rose from 1.2 million in 1988 to 1.5 million in 1998. Improved identification of disabilities such as mental illness and lower mortality rates after accidents account for this increase. The strongest growth was in severe and profound disabilities.
2. The closure of payments and pensions to older women. The fastest growing category of DSP recipients is not older men but mature aged women. The closure of payments such as the Wife Pension, Widow’s Pension and the Age Pension for women 60-65 years old means that more women with disabilities applied for the DSP.
3. The decline in number of low-skilled full time jobs and lack of employer support for people with disabilities. In the 1990s, all growth in fulltime permanent jobs was in higher skilled employment when people with disabilities on average have a low level of skills.

Ten Myths & Facts about the Disability Support Pension can be downloaded from: www.acoss.org.au

LATEST NEWS UPDATES – CONT’D

Improving bone health and reducing fractures

The following information was listed in the current issue of the OI Foundation (USA) newsletter. We hope these tips will help you improve your bone health and hopefully help reduce fractures.

Calcium and Vitamin D

<i>Calcium</i>		<i>Vitamin D</i>	
0-6 months	210 milligrams (mgs)	Until age 50	200 International Units (IUs)
6-12 months	270 mgs	Age 50 – 70	400 IUs
1-3 years	500 mgs	70+ years	600 IUs
4-8 years	800 mgs		
9-18 years	1,300 mgs		
19-50 years	1,000 mgs		
50+ years	1,200mgs		

Milk and dairy products are prime sources for calcium, and sunlight is the best source for vitamin D. Check food nutrition labels to ensure you’re getting enough, and talk to your doctor about supplements or changes to your diet if you are not.

Get Active

Physical activity promotes bone strength and promotes muscle tone, which helps protect the bones. Simple activities like walking, swimming and climbing stairs will strengthen your bones. It is recommended that you get at least 30 minutes of physical activity every day, even if it’s only 10 minutes at a time. Children should get at least 60 minutes every day.

Medications relating to reduced bone mass

Medicines for thyroid problems or arthritis can actually weaken bones. Make sure your doctor knows all the medications you are taking (even natural or herbal remedies), and discuss ways to protect your bone health while being treated for other problems.

Maintain a healthy body weight

Being underweight raises the risk of fracture and bone loss as much as being overweight does.

Don't smoke

Smoking can reduce bone mass and increase the time it takes for bones to heal.

Limit alcohol use

Heavy alcohol use also reduces bone mass and increases your risk for broken bones.

Know that YOU may be at risk

Many of us assume they are not at risk for bone loss or fractures. Because there are often no obvious signs, most people don't realize their bones are weak until a fracture occurs.

This information is not only provided for sufferers of OI, but for everyone!

NB. Never stop or change your daily schedule of exercise and taking of medications until checking with your doctor before hand. The above information is a recommendation and each individual may have different needs.

Recent studies on Coca Cola and Fizzy Drinks in relation to bone fractures

For all you Coca Cola lovers out there, this article is something to consider! Maybe those recommended 8 glasses of water per day don't look so hard to swallow after all!!

The following article by Misha Ketchell, taken from "The Age" Newspaper, Melbourne, Australia, was reprinted in "The West Australian" Newspaper.

"Study Takes the Fizz out of Soft Drinks"

"American medical researchers have come up with new evidence that soft drinks are bad for the bones.

"A survey of 460 schoolgirls in Years 9 and 10 found that girls who consumed fizzy drinks had three times the risk of bone fracture than those who did not. The research also found that girls who reported high levels of physical activity and drank cola had nearly five times the risk of bone fracture than those who did not drink carbonated beverages at all.

"Researchers from Harvard Medical School in Boston asked the girls about their physical activity, beverage consumption and bone fractures. Nearly 80 per cent reported drinking carbonated drinks and more than half drank cola. Twenty per cent had suffered a bone fracture. Neville Golden, of the Albert Einstein College of Medicine in New York, said the survey results - published in the issue of the Journal of Paediatrics and Adolescent Medicine - were alarming. Dr Golden said further research was needed because adolescence was a critical time in bone development. "Osteoporosis should no longer be considered only a geriatric disease but rather a paediatric disease with geriatric implications", he said.

"Research author Grace Wyshak said that phosphorus in soft drinks might have a negative effect on young bones due to a change in the phosphorus/calcium ratio. Girls develop bone mass density until they are 16. During this time they require between 1.2 and 1.5g of calcium daily. A 250ml glass of Rev. milk has 375mg of calcium. Soft drink has none.

Australasian Soft Drink Association chief executive Tony Gentile said: "There is no hard evidence that if you consume foods high in phosphorus you're going to have problems with calcium."

In her book, Hafer states that the human body needs calcium and phosphorus in a 1:1 ratio. If the diet is disproportionately high in phosphorus (mostly in the form of phosphate), the body will rob the bones of calcium in an attempt to restore the calcium/phosphorus balance - even if the bones are already deficient in calcium. Current research is confirming Hafer's conclusions reached years ago.

