

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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Trick or Treat: Your Tummy or Your Bones?



Here is a skeletal health question: What do your intestines have to do with your bones? The answer is: Lots. In order to have strong bones, you need to provide them with essential nutrients, such as calcium and vitamin D. If you are taking a prescription medicine for osteoporosis, it must reach your bones to be effective.

Food, vitamins, supplements, and medications taken by mouth must be absorbed by the intestinal tract before they have an opportunity to reach the “target” organ— in this case, the skeleton. Even if you do everything your doctor advises, it is possible that an uncooperative intestinal tract may prevent you from benefiting. How often does this happen? More than you think.

Recently, researchers have taken a close look at a disease formerly thought to be very rare— celiac disease, also called celiac sprue or non-tropical sprue. In evaluating patients with a diagnosis of osteoporosis, it was found that 3.4% had celiac disease. This was 17

times the chance of finding celiac disease in patients without osteoporosis. In another study, looking at celiac disease patients only, osteoporosis was very common. Celiac disease may cause no symptoms, yet reduce the absorption of calcium and vitamin D enough to result in osteoporosis. It can be diagnosed with some simple tests and treated with changes in the diet.

Other intestinal problems can cause bone disease. Inflammatory bowel disease, such as Crohn’s disease, may cause malabsorption of many important nutrients. Surgical removal of all or part of the stomach can result in osteoporosis. Patients with gastric bypass surgery for obesity are at high risk for osteoporosis. Chronic diarrhea for any reason may be bad for bones. Chronic liver disease or removal of part of the small intestine is a risk factor for osteoporosis.

Anyone with osteoporosis, especially when not responding to treatment as expected, should be considered for evaluation for intestinal problems.

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Clinical Research

Our clinical research program is recruiting patients to participate in studies to test new medications and evaluate new uses for currently available drugs. By participating in a study you will have the opportunity to use one of these medications, have free examinations and tests, and receive reimbursement for your time and travel. If this interests you, please take a few minutes to read the major criteria for participation.

If you think you may qualify for a study, ask for Valerie White, the Research Manager, or call the Research Dept. at (505) 923-3232.

Feel free to pass this newsletter to a friend or relative who may be interested. The drug study information will be updated quarterly, since we are continually starting new studies and closing out old ones. If there is nothing for you now, there may be next time.

Postmenopausal Osteoporosis Treatment & Prevention

This is a 1-year study for postmenopausal women with osteoporosis or low bone mass to compare two approved medications, monthly oral ibandronate with once weekly alendronate.

You may qualify for this study if you are:

- A woman, age 55 to 84 at least five years postmenopausal
- Able to walk
- Low Bone Density of the spine and hip
- Able and willing to comply with the protocol for its duration.

2262

Once A Year Treatment For The Prevention Of Bone Loss In Postmenopausal Women With Osteopenia

You may be eligible to participate in a 2-year clinical research study designed to evaluate the efficacy and safety of a new investigational drug for the prevention of bone loss in postmenopausal women with Osteopenia. Compensation is available to qualified participants.

You may qualify for this study if you are:

- A female, at least 45 years of age, and

- Naturally or surgically postmenopausal, and
- Generally in good health, and
- Must not have been on hormone replacement therapy for the last six months, and
- Meet all other entry criteria.

2254

Osteoarthritis of the Knee or Hip

This is a 4-week clinical research study to assess the effect of a twice daily medication versus placebo in the treatment of the signs and symptoms of Osteoarthritis of the knee or hip .

You may qualify for this clinical research study if you:

- Are a male or post-menopausal female 40-65 years of age.
- Have been diagnosed with Osteoarthritis of the knee or hip or have hip or knee pain consistent with Osteoarthritis for at

least 6 months.

- Are a prior non-steroidal anti-inflammatory drug (ibuprophen, aleve, aspirin) or acetaminophen (paracetamol) user.
- Able and willing to comply with the study for its duration.

Reimbursement for time and travel is available to qualified participants.

2263

Postmenopausal Osteoporosis

This is an open label, 12 month research study of the effect of an investigational medicine in postmenopausal women with osteoporosis treated previously with risendronate or alendronate. Reimbursement for time and travel is available to qualified participants.

You may qualify for this study if you are a:

- Woman, at least 10 years post

menopausal (natural)

- Have been using resendronate or alendronate (daily or weekly) uninterrupted for a minimum of 24 months
- Must be able to self-inject or have a person to perform daily injections
- Take at least 1000 mg of calcium (from all sources)
- Generally in good health

2249

Treatment of Chronic Low Back Pain

This is a 1-year study to evaluate the safety of bicifadine in patients with moderate to severe chronic low back pain.

You may qualify for this study if you are:

- Male or female, ages 18-65
- Women must be postmenopausal, surgically sterile or

using birth control

- Able to walk
- Requires an average, daily analgesics for the treatment of low back pain over the past 3-months.

2261

Bone Quality in Women With Osteoporosis and Osteopenia

This is a one year clinical research study to assess the effect of monthly oral Ibandronate versus placebo on bone quality and strength at the hip in women with Osteoporosis.

You may be eligible to participate if you are:

- A postmenopausal woman age 55 to 85 at the time of screening
- Able to swallow a tablet whole
- Are free from gastrointestinal disease
- Able and willing to comply with the study for its duration.

2264

This is a one year clinical research study to assess the effect of monthly Ibandronate versus placebo on bone quality and strength in postmenopausal women with Osteopenia.

You may be eligible to participate if you are:

- A postmenopausal woman age 45 to 60 at the time of screening.
- Able to swallow a tablet whole
- Are free from gastrointestinal disease
- Able and willing to comply with the study for its duration

2267

Osteoporosis Foundation of New Mexico

Albuquerque Osteoporosis Support Group

Educational Presentations

2nd Thursday of every month:
Downtown Osteoporosis Support Group

Rehabilitation Hospital of New Mexico (formerly St. Joseph's Rehabilitation Hospital)
505 Elm St NE
Albuquerque, NM 87102
1:30 - 3:00PM

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October 13, 2005
Annette Torres, CDT
"When and Why Additional Testing is Needed"

November 10, 2005
Dr. Keith Harvey
"Treatment of Compression Fractures"

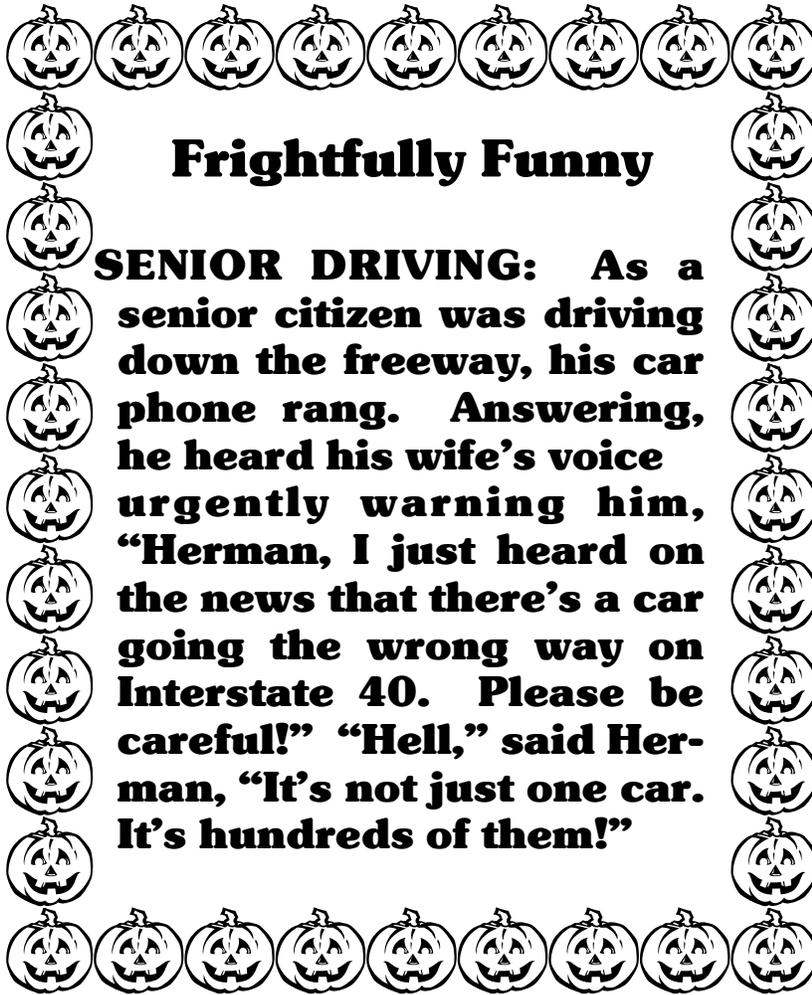
December 8, 2005
George Fraser of Fifty n' Fit
"Exercise Do's and Don'ts"

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The support group is open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want.

Consider attending if:
You have osteoporosis,
You have a loved one with osteoporosis, or
You are interested in learning more about osteoporosis.

To RSVP your attendance call 338-6333



Frightfully Funny

SENIOR DRIVING: As a senior citizen was driving down the freeway, his car phone rang. Answering, he heard his wife's voice urgently warning him, "Herman, I just heard on the news that there's a car going the wrong way on Interstate 40. Please be careful!" "Hell," said Herman, "It's not just one car. It's hundreds of them!"



World Osteoporosis Day October 20, 2005

The upcoming October 20th World Osteoporosis Day provides countries around the world with the opportunity to recognize the importance of osteoporosis prevention, diagnosis and treatment. This year's theme, Strong Bones for Healthy Living, will focus on the important role of physical fitness and exercise in maintaining bone health

To find out more, contact the National Osteoporosis Foundation at (202) 223-2226 or visit the web site at www.nof.org.

Woman to Woman

By

Julia Chavez, CNP

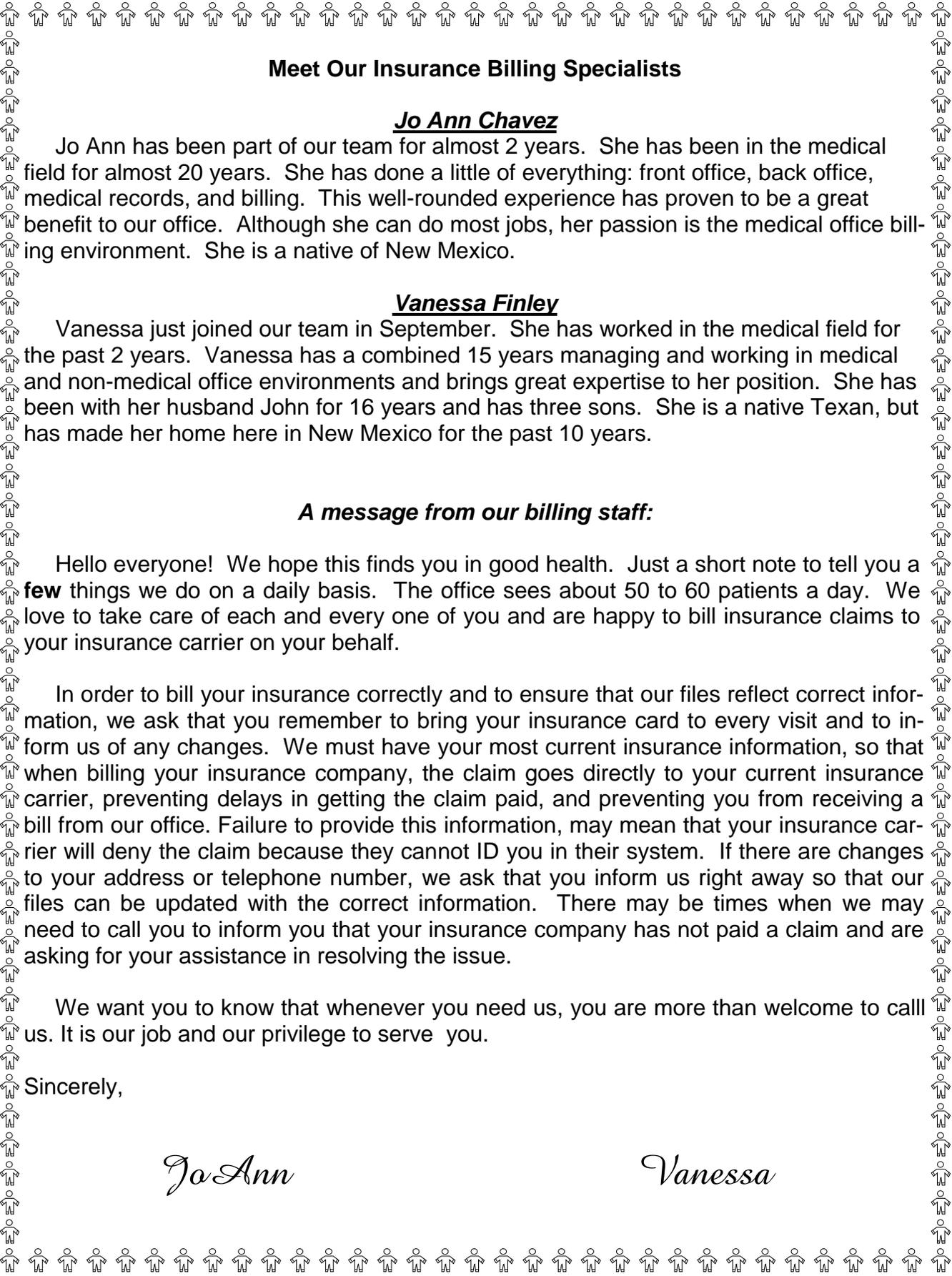
Have You Had Your Pneumonia Vaccine?

Pneumonia can occur at any time of the year. You are at a higher risk of getting pneumonia if you have a chronic illness such as diabetes, heart disease, asthma, or other lung disease. Pneumococcal pneumonia kills thousands of people in the United States every year.

You should get a pneumonia vaccine if you are age 65 or older, or if you have a weakened immune system or if you have any of the above mentioned chronic illnesses.

Even if you have had pneumonia in the past, you can get it again. The shot doesn't protect against all pneumonias, but it will protect you against 88 percent of pneumococcal bacteria that can cause pneumonia. It will not protect you from viral or mycoplasma pneumonia (also known as walking pneumonia).

If it has been over six years since your first shot, you may need a booster. One booster is usually sufficient for lifetime protection. If you still need your pneumonia shot, ask us at your next visit. It is covered by Medicare.



Meet Our Insurance Billing Specialists

Jo Ann Chavez

Jo Ann has been part of our team for almost 2 years. She has been in the medical field for almost 20 years. She has done a little of everything: front office, back office, medical records, and billing. This well-rounded experience has proven to be a great benefit to our office. Although she can do most jobs, her passion is the medical office billing environment. She is a native of New Mexico.

Vanessa Finley

Vanessa just joined our team in September. She has worked in the medical field for the past 2 years. Vanessa has a combined 15 years managing and working in medical and non-medical office environments and brings great expertise to her position. She has been with her husband John for 16 years and has three sons. She is a native Texan, but has made her home here in New Mexico for the past 10 years.

A message from our billing staff:

Hello everyone! We hope this finds you in good health. Just a short note to tell you a **few** things we do on a daily basis. The office sees about 50 to 60 patients a day. We love to take care of each and every one of you and are happy to bill insurance claims to your insurance carrier on your behalf.

In order to bill your insurance correctly and to ensure that our files reflect correct information, we ask that you remember to bring your insurance card to every visit and to inform us of any changes. We must have your most current insurance information, so that when billing your insurance company, the claim goes directly to your current insurance carrier, preventing delays in getting the claim paid, and preventing you from receiving a bill from our office. Failure to provide this information, may mean that your insurance carrier will deny the claim because they cannot ID you in their system. If there are changes to your address or telephone number, we ask that you inform us right away so that our files can be updated with the correct information. There may be times when we may need to call you to inform you that your insurance company has not paid a claim and are asking for your assistance in resolving the issue.

We want you to know that whenever you need us, you are more than welcome to call us. It is our job and our privilege to serve you.

Sincerely,

Jo Ann

Vanessa

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki— My doctor told me I needed to exercise to help with my osteoporosis. I know that exercise is good, but I don't know where to start. What should I do, and how is it going to help my bones? Janice H. Albuquerque, NM.

Dear Janice – Regular weight-bearing exercise, along with adequate daily intake of calcium and vitamin D, is recommended for all of us to help prevent and treat osteoporosis. We live in a sedentary society where most of us do not get enough exercise, contributing the development of obesity, diabetes, and heart disease, as well as osteoporosis. If you do not have a lifelong habit of physical activity, it is difficult to know where to start.

It is useful to understand the benefit of exercise for your bones. Just as muscles become bigger and stronger with exercise, so do the bones that are attached to the muscles. Exercise can improve bone density and that lack of exercise can cause bone loss. This is a big problem for spinal cord injury patients who cannot walk, and a major

limitation for astronauts anticipating prolonged space flights.

Anyone beginning an exercise program should first check with their doctor to be sure there are no limitations due to problems with the heart, lungs, or joints. Walking and using light weights for the arms is the easiest way to start. In addition, exercises such as yoga, tai chi, Pilates, and Thera-Band® may improve balance and reduce the risk of falling. If you don't fall, you will be less likely to break a bone. If you want to do more, consider getting professional advise. Physical therapists or trainers with an interest in osteoporosis can design a customized exercise program for you. It is always best to do activities that are enjoyable and can easily become part of a new healthier lifestyle. Finally, you might like a videotape with exercises designed for patients with osteoporosis. A popular exercise videotape can be obtained from the National Osteoporosis Foundation by calling 202-223-2226 or visiting their website at www.nof.org.

Sincerely,

Mike Lewiecki

GUIDELINES FOR DOCTORS

Physicians with busy medical practices must manage a great number of medical problems with their patients. Since it is not possible to be an expert in all areas, clinical practice guidelines (CPGs) for many diseases have been established. These usually come from groups of medical experts or organizations with special knowledge in that disease. CPGs are not intended to be the only way to treat every patient, but provide a guide to help in the process of making difficult clinical decisions.

In a recent medical journal publication,* Dr. Lewiecki reviewed CPGs for the management of osteoporosis. He found that different organizations often had different recommendations for the same condition. He suggested that this may sometimes confuse physicians rather than enlighten them, and proposed that medical organizations work together to develop common CPGs that can be used with confidence by all physicians.

* Lewiecki EM. Review of guidelines for bone mineral density testing and treatment of osteoporosis. Current Osteoporosis Reports. 2005;3:75-83.



Support osteoporosis education in New Mexico. Help to reduce the burden of osteoporotic fractures. The Osteoporosis Foundation of New Mexico is a local non-profit 501(c)(3) foundation. Consider a tax-deductible donation or bequest. Donations may be mailed to Osteoporosis Foundation of New Mexico at 300 Oak St. NE, Albuquerque, NM 87106. For more information, call Yvonne Brusuelas at 505-855-5627.