

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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The Stomach - Bone Connection

Osteoporosis is not often considered to be a disease of the stomach, yet there are important connections to consider. The most important of these is malabsorption, that is, poor absorption or no absorption of nutrients that are vital for the health of your bones. Medications that are taken by mouth to treat osteoporosis must also be absorbed to be effective.

The most extreme example of a stomach problem causing osteoporosis is the absence of all or part of the stomach. This may occur after surgical removal of the stomach (total or partial gastrectomy). This type of surgery may be done to treat stomach cancer or difficult ulcer problems. Gastric bypass surgery, a treatment for severe obesity, may have the same effects. In these situations, there can be poor absorption of calcium and vitamin D, as well as difficulties absorbing other important vitamins and minerals. The result may be osteoporosis or osteomalacia, both diseases of the bones that weaken them and increase the risk of fractures (broken bones). Correction of this type of malabsorption may involve the use of larger than usual doses of calcium and vitamin D, or sometimes special forms of calcium and vitamin D.

Medications commonly used to treat stomach acid problems have been implicated in causing fractures. Proton pump inhibitors, called PPIs, such as omeprazole,

lansoprazole, and pantoprazole, are considered very safe and effective for short-term use, but with long-term use (months-years), especially with high doses, there are reports of increased fracture risk. As with all medications, the decision to use PPIs long-term should be based on consideration of the balance of expected benefits and potential risks.

With aging and some medical conditions, stomach acid may be reduced (hypochlorhydria). This has the same effect as PPIs in interfering with calcium absorption, particularly calcium carbonate supplements taken on an empty stomach. The preferable form of calcium supplement, if one is needed, is usually calcium citrate in this situation.

Malabsorption can also occur with intestinal diseases such as celiac disease and inflammatory bowel disease (Crohn's disease, ulcerative colitis). Surgical removal of a large part of the intestine, sometimes done to treat a small bowel obstruction, can cause similar problems. Celiac disease is particularly tricky to recognize, since it can cause bone problems without necessarily causing the typical gastrointestinal symptoms, such as bloating, diarrhea, and weight loss. There is a simple blood test that can detect most patients with celiac disease. Treatment with a gluten-free diet may be followed by a large increase in bone density.

Researchers are continuing to study the stomach – bone connection. Advances in this area will be reported in future issues.

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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 or are interested in participating in a research study, call a study specialist 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. We do studies for high blood pressure, high cholesterol, osteoarthritis, osteoporosis, heartburn, GERD, irritable bowel syndrome and others. Please feel free to call and give your information to a study specialist for consideration for future studies. If there is nothing for you now, there may be next time.

Are you interested in participating in a research study?

By participating in a clinical research study you play a more active role in your healthcare. Please call today to see what studies we have available **505-923-3232**.

Cardiovascular	GERD	Hypertension	Migraine	Osteoarthritis
Constipation	Gout	IBS	Neuropathy	Osteoporosis
Diabetes	High Cholesterol	Insomnia	Nocturia	Overactive bladder
Fibromyalgia	Hot Flashes	Low Testosterone	Obesity	RLS

Osteoporosis

A clinical trial of an investigational medication for postmenopausal women with osteoporosis and are on currently on oral treatment. You may be eligible to participate if you:

- Are 60 years or older
- Have been on oral treatment for 3 years or longer

MK-0822

High Cholesterol

This is a clinical trial to evaluate the safety and efficacy of an investigational medication to treat high cholesterol with or without statin intolerance. You may be eligible to participate if you:

- Are 18-80 years of age
- Whether or not taking daily medication for cholesterol

ETC-1002

Sarcopenia is the degenerative loss of muscle mass

This is a clinical trial to evaluate the safety and efficacy of an investigational medication to treat Sarcopenia (the degenerative loss of muscle mass). You may be eligible to participate if you:

- Are 70 years or older
- Have fatigue, osteoporosis, and low body weight associated with loss of muscle mass

R1033-SRC-1239

Type 2 Diabetes Mellitus

A clinical trial to evaluate the safety and efficacy of an investigational medication for patients with Type 2 Diabetes Mellitus and high blood pressure. You may be eligible to participate if you:

- Are 18 to 74 years of age
- Do not have glycemic control with your current regimen

JNJ-28431754

Gout with Heart Problems

A research study comparing two approved medications for those diagnosed with gout, which also have cardiac risk such as diabetes, previous heart attack or stroke. You may be eligible to participate if you are:

- Are between 45 and 85 years old
- Suffering from gout whether or not you are currently taking daily medication

Takeda TMX-67-301

Night time Urination also known as Nocturia

This is a clinical trial to evaluate the safety and efficacy of an investigational medication to treat Nocturia. You may be eligible to participate if you are:

- Are 50 years or older
- If you get up 2 or more times per night to urinate

DB4-201301

Woman to Woman

By

Julia Chavez, CNP



Migraine?

Do you get a headache that lasts 4-72 hours, is throbbing, is moderate to severe in intensity, is on one side, becomes worse with exertion, and is associated with nausea, vomiting, or sensitivity to light, sound, or smell?

If you have three or four of the above criteria, then you are probably experiencing a migraine. Migraines are more common in women than in men and the cause is unknown, but several triggers are recognized. Cycling estrogen, a significant trigger, may explain why there are three times as many women with migraines as men. Other triggers include insomnia, barometric pressure change, and hunger.

Migraines may be preceded by a short period of depression, irritability, restlessness, or anorexia, and may be associated with an aura. An aura is a passing, reversible, neurological deficit which can be visual, sensory, muscular, or language related. The migraine may be daily or once every several months. It is more probable when there is a family history of migraines.

There are no useful diagnostic tests. If you think you are experiencing migraines, you should discuss this with your provider.

Osteoporosis Foundation of New Mexico Educational Presentations

Manzano Mesa
Multigenerational Center
501 Elizabeth SE
Albuquerque, NM 87123
(505) 275-8731

1:30-3:00 PM

2014 Meetings

February 20, 2014

Dr. Keith Harvie

Topic: "Description of Pain with
Osteoporosis"

May 8, 2014

Felipe Mares, PT, ATC

Topic: "Physical Therapy and Managing
Osteoporosis"

August 14, 2014

Gloria Dryer

Topic: "Yoga for Osteoporosis"

November 13, 2014

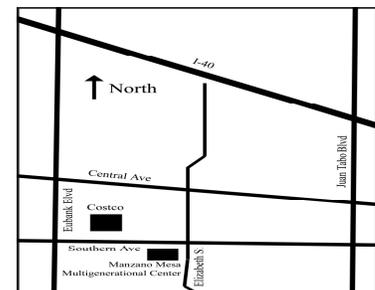
Dr. E. Michael Lewiecki

Topic: "New Treatments in Osteoporosis"

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want. There is limited space, so please sign up by calling 275-8731 in order to attend. A \$1 fee is collected in order to cover the cost of educational material.

Consider attending if:

- ❖ You have osteoporosis,
- ❖ You have a loved one with osteoporosis, or
- ❖ You are interested in learning more about osteoporosis.



www.ofnm.org

If you enjoyed this newsletter and would like to be placed on an electronic mailing list, email ybrusuelas@nmbonecare.com. The newsletter is produced on a quarterly basis.

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I have been reading a lot lately about the dangers of eating wheat. Recently my doctor told me I had osteoporosis and need to take medicine. I would rather treat this with diet. Should I avoid wheat and see if that helps with my osteoporosis before taking medicine?

Confused, Santa Fe, NM.

Dear Confused – Yes, there is certainly a big buzz about the evils of wheat. There have been reports that it is responsible for many or most medical problems, including obesity, heart disease, arthritis, asthma, diabetes, and mental health disorders. Some doctors have recommended that we should all avoid wheat to regain our health. What to do?

It seems that the anti-wheat movement is yet another food fad, although there may be some truth to some of the claims. It is difficult to know for sure because the scientific evidence is limited. While it is premature to denounce wheat as a universally harmful food source, but there are certainly some people who should avoid it. For example, there are

people with a genuine allergy to ingested or inhaled wheat flour who develop asthma or skin rashes.

Celiac disease is a condition where the small intestine becomes inflamed after ingesting gluten in wheat and some other grains. The symptoms can range from abdominal pain, diarrhea, and weight loss to no symptoms at all. Celiac disease, even when there are no symptoms, can cause osteoporosis. This is because of poor intestinal absorption of vital skeletal nutrients, such as calcium and vitamin.

Some other people have gluten intolerance without an allergy or celiac disease. With any of these disorders, the treatment is avoidance of wheat.

For everyone else, science does not have the answers. If you feel better after avoiding wheat, then continue to do so, as long as you have a nutritious diet. Many healthy people feel fine with or without wheat in the diet. For those people, there is no reason to restrict wheat.

Mike Lewiecki

From the editor: If you have a question for Dr. Lewiecki, please send it by mail to the address on the front page of this newsletter or by email to mlewiecki@nmbonecare.com. It is not possible to respond to all questions submitted, but those that are of general interest will be considered for publication with an answer in future issues of this newsletter.

FALLS AND FRACTURES

Most fractures are the result of falling. Falls are a leading reason for older adults to seek emergency medical care, with the likelihood of falls and fall-related injuries increasing with age. According to the Centers for Disease Control and Prevention, falls account for over 13% of emergency department visits in persons age 65 years and older, rising to 20% in person age 85 years and older.

If you want to avoid having a hip fracture, then don't fall down. Fortunately, most falls do not result in a fracture, but you are playing Russian roulette with yourself each time you fall.

If you have already fallen, think about why it happened. If you tripped over a hazard at home, then remove it and others so it won't happen again. If you fell because you lost your balance, you may benefit from a visit to a physician or therapist to learn about balance exercises, and you might want to consider helpful activities such as Tai Chi, yoga, or Pilates. If you fell because you suddenly felt lightheaded or fainted, you could have low blood pressure, perhaps due to an excessive dose of medication, or a problem with your heart rhythm. A thorough evaluation by your doctor may help to pinpoint the cause and find a solution.

All of us lose muscle strength and balance with aging, but you can slow the effects of aging by staying physically fit (walking is great exercise) and working on your balance.



Support osteoporosis education in New Mexico. Help to reduce the burden of osteoporotic fractures. 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. www.ofnm.org For more information, call Yvonne Brusuelas at 505-855-5627.