

Breaking Health News – Fact or Fiction?

We live in the information age, a time when modern technology allows us to receive instant news on virtually any topic from almost anywhere in the world. We can share information that ranges from the very trivial (stupid pet tricks?) to life-saving (evacuate now- major storm is coming). We are inundated with reports of miracle cures for common health conditions (pick the latest fad diet for obesity) and conflicting information about everyday activities (drinking coffee is good for you, or bad for you). The same goes for news about osteoporosis.

There are numerous examples of conflicting news about osteoporosis that are a great source of confusion, sometimes doing more harm than good. How can we distinguish what is correct from what is wrong? How do we know the difference between well-established scientific fact and a belief that may or may not be right? If it is in a medical journal, is it always correct? Why does a medical journal report one thing one time and then the opposite a short time later? Do doctors and scientists know what they are doing? Is “natural” therapy always better and safer than treatment with drugs?

The answers to these questions are beyond the scope of this article, but still there are some principles that can help to sift through the mass of information to which we are all exposed and select what is most helpful.

First, consider the source of the

information. An opinion posted on a blog site, for example, is likely to be highly biased and may not present all sides of a complex medical issue. The personal experience of a friend or neighbor may be persuasive, yet not be representative of what you might experience. On the other hand, information from a well-known university, medical society, or educational foundation is more likely to be correct and balanced (that is, presenting all sides of a medical issue).

Second, does the information apply to you? The effects of a medication, for example, may be quite different in an 82 year-old woman than a man of age 29. A treatment that may be very helpful for someone with osteoporosis may be useless for someone else.

Finally, with medical treatment decisions, as with everything in life, there is a balance of benefits and risks. Often there is limited medical evidence- we never know as much as we would like and sometimes the evidence we do have is conflicting; uncertainty- no treatment works exactly as expected 100% of the time; and complexity- many factors must be weighed when making medical decisions, including the consequences of no treatment, the expected benefits of treatment, possible side effects, costs, and more.

One way to cope with all of this is to have a trustworthy guide at your side- a compassionate healthcare provider who understands medicine and understands you.

Staff

E. Michael Lewiecki, MD

Osteoporosis Director

Lance A. Rudolph, MD

Research Director

Julia R. Chavez, CNP

Adult Healthcare

Michelle B. Garcia, PA-C

Adult Healthcare

Yvonne Brusuelas

Management Director

Valerie Barton, CCRC

Research Manager/Coordinator

Devona Martinez

Research Executive Assistant

Marlene Kravitz, BS, CCRC

Drug Study Coordinator

Karen Strickler, BS, CCT, CCRC

Drug Study Coordinator

Adelaida Leal, BBA, CCRC

Drug Study Coordinator

Linda Weakland

Research Recruiter

Daniel Widholm, RT(R)(BD)

Research Assistant/Bone Densitometry

Isabel Torres, RT(R)

Bone Densitometry Technologist

Janette Wiggins

Medical Assistant

Monica Tanny

Medical Assistant

Carrie Conger

Medical Assistant

Lissa Gurule

Osteoporosis Treatment Coordinator

Priscilla McManigal

Billing Supervisor

Kim Fletcher

Billing/Office Assistant

Azaria Puzak

Medical Secretary

Carly Dobbins

Medical Secretary



Clinical Research

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**.

Current Available Studies May Include

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

Chronic Low Back Pain

This is a trial for patients who have had chronic low back pain for at least 3 months. If you have back pain below your ribs, you may be eligible to participate if you are:

- Men or Women, 18 yrs or older
- History of inadequate treatment response to medication

Pfizer A4091059

Diabetic Kidney Disease

This is a study for patients with diabetic kidney disease. If you have high diabetic urine proteins or have an eye condition due to diabetes, you may be eligible to participate if you are:

- Men or Women, 18 yrs or older
- History of Type 2 Diabetes

Bayer 17530-T2D-DKD

Fibromyalgia

This is a clinical trial for patients who have pain associated with Fibromyalgia. This study is to evaluate the safety and efficacy. You may be eligible to participate if you are:

- 18 years or older
- If you have experienced similar pain symptoms, for at least 3 months.

DS-E310 FM

WHEN
EVEN



Do you have (or suspect you have) FIBROMYALGIA?

Have you been experiencing pain for at least 3 months?

Are you 18 or older?
Then we need your help.

Current fibromyalgia pain treatments don't work for everyone. So we're conducting ALDAY – a medical research study to evaluate an investigational drug. The study will last approximately 21 weeks and all study-related assessments and drugs will be provided at no cost to you (study-related time and travel costs may also be reimbursed).

To learn how you could help shape the future of fibromyalgia care:
call 923-3232
VISIT www.aldaystudy.com



Are you interested in participating in a research study?

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 is updated often, since we are continually starting new studies and closing existing studies. Call and give your information to a study specialist for consideration for future studies. If there is nothing for you now, there may be one soon.

A word from our new provider:



Michelle B. Garcia, PA-C

I am very excited to start my career as a Physician Assistant at New Mexico Clinical Research and Osteoporosis Center (NMCROC).

I am a recent graduate from the University of New Mexico Physician Assistant Program. I am interested in serving the adult population with preventative services and medical care. I am also interested in osteoporosis treatment and bone density interpretations.

New Mexico Clinical Research & Osteoporosis Center has provided me the opportunity to see adult patients in the primary care setting while also assessing osteoporosis patients for treatment. I am extremely excited to work with the professional staff at NMCROC and look forward to caring for your medical needs in a patient centered environment.

Thank you!
Michelle B. Garcia, PA-C

Join us in welcoming Michelle to NMCROC and please let your family and friends know that Michelle is **accepting new patients for primary care services.**

Call your insurance plan today to verify the participating network relationship.

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

2016 Meetings

May 12, 2016
Isabel Torres, RT(R)
*“Everything You Need To Know About
Bone Density Testing”*

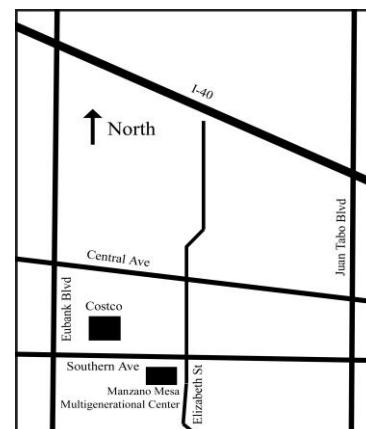
August 11, 2016
E. Michael Lewiecki, MD
*“The Latest Concepts for Treating
Osteoporosis”*

November 10, 2016
George Fraser, PT
“Exercise Smart with 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 contribution is requested in order to cover the cost of educational material. You may donate more if you wish.

Consider attending if:

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



If you enjoyed this newsletter and would like to be placed on an electronic mailing list, email ybrusuelas@nmbonecare.com.

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I have been taking a pill for treatment of osteoporosis for the past 2 years. My last bone density test showed that I was getting worse rather than better. Now I’m worried. I have been exercising, eating well, and doing everything I can to stay healthy. I feel fine and have never broken any bone. What else can I do?

Betty C., Albuquerque, NM.

Dear Betty – The first thing to do is confirm that your bone density test is accurate and correctly interpreted. “Bone loss” may simply be a trivial difference in bone density that is within the range of error or the measurement. Sometimes the comparison is with “apples and oranges,” such as comparing the right hip with the left hip. And sometimes the computer does not identify the edges of your bones correctly, requiring a manual “over-ride.” A knowledgeable physician who has received special education in bone density testing and is certified by the International Society for Clinical Densitometry should review all of this to be sure your bone loss is real.

Once it is certain there is bone loss, you can be called a “suboptimal responder to therapy.” There are many causes for this that must be considered. Here are some of them, presented in the form of questions:

Are you taking the medication regularly and correctly?

Medications don’t work if you don’t take them, and the method of taking them (fasting or not fasting, for example) can make a big difference.

Is the medication being absorbed?

Sometimes you are perfect at taking the medication, but it is not absorbed well and does not reach your bones.

Are you getting the right amount of calcium and vitamin D and are these being absorbed? This can be reviewed with your physician.

Have you developed a disease or condition that is preventing the medication from working as expected? A few simple lab tests can often answer this question.

The good news is that most of the time something can be done to make you a good responder to therapy.

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.

OSTEOPOROSIS MYTHBUSTERS

Myth: Calcium supplements cause heart attacks and strokes.

Background: Several reviews (called meta-analyses) of medical studies by a single group of physicians in New Zealand have generated much media attention after reporting that taking calcium supplements is not helpful and may increase the risk of cardiovascular disease.

Fact: Calcium is an essential nutrient and a major component of the skeleton. We lose calcium every day in our urine and through our intestines. If these losses are not replaced, calcium will be removed from our bones and bone density will get worse.

Uncertainty: Nutritional studies are notoriously difficult to conduct. There are conflicting studies concerning calcium supplements and cardiovascular disease, with some studies even showing a reduced risk of these diseases in people taking these supplements.

What to do now: Follow the advice of the National Osteoporosis Foundation. For postmenopausal woman and men age 50 years and older, try for a daily calcium intake of 1000 to 1200 mg per day, ideally from diet. If the diet is deficient in calcium, then take just enough supplements to reach this level.



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.