

## Calcium Supplements in the News

It is remarkable that even the most basic aspects of nutrition can at times become controversial. Such is the case with calcium in recent months. If you have been paying attention to the news media, you have probably seen reports that calcium supplements may cause heart attacks. This is shocking to those of us who have been taking extra calcium, sometimes for many years, for bone health. What is the real story?

In kindergarten, or perhaps soon thereafter, you learned that too much of a good thing can be harmful. This applies to activities such as eating ice cream, exercising, and dieting. It may apply to calcium as well.

Without calcium in our bodies we could not survive. Most of our calcium is stored in bones. We lose calcium every day in urine, stool, and even sweat. It is necessary to replace at least this much every day. If we don't, then calcium leaches out of our bones, which could eventually lead to osteoporosis and fractures. Therefore, getting enough calcium every day is a very good thing and essential to sustain life.

It is possible, however, that too much might cause trouble. Some research studies have shown that excess calcium taken in the form of supplements may increase the risk of "cardiovascular events," meaning heart attacks, strokes, and sudden death. Other studies, conducted by equally good researchers, suggest that this does

not happen. This is a typical situation of medical uncertainty. Despite the tremendous amount of media attention to the issue, the bottom line is this: We really don't know whether calcium supplements cause heart attacks.

What is a person to do when the experts can't agree? Common sense and moderation is probably the best approach. Here are some suggestions:

1. The National Osteoporosis Foundation recommends a daily calcium intake of about 1200 mg for all postmenopausal women and men age 50 years and older. This is good advice.
2. There is no proven benefit to getting more than 1200 mg of calcium per day.
3. The best source of calcium is food that is naturally high in calcium- dairy products, for example. The second best source is food that is fortified with calcium, as with calcium fortified orange juice. The third and final choice is a calcium supplement. Take calcium in this form only if you can't get enough the first 2 ways.
4. There are exceptions to the above. If you have an intestinal problem that limits your ability to absorb calcium, for example, you may need more than the usual amount of calcium. If you have special concerns about your calcium needs, talk to your doctor.

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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.*

### Gout with Heart Problems

A research study comparing two approved medications for those diagnosed with gout who also have cardiac risk such as diabetes, previous heart attack or stroke:

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

Takeda TMX-67-301

### Constipation caused by Pain Medications

A research study of an investigational medication for treating constipation caused by daily use of pain medications. You may be eligible to participate if you are:

- Are over the age of 18
- Take narcotic pain medications daily for chronic pain not due to cancer
- Have fewer than 3 bowel movements a week

AZ-OIC3008

### Postmenopausal Hot Flashes

A research study of a non hormonal investigational medication for postmenopausal hot flashes. You may be eligible to participate if you are:

- Are postmenopausal women over age 40
- Suffer 7-8 hot flashes in 24 hours
- Not currently taking any medications for depression

Noven

### Gout

This is a study of an approved medication for gout. You may be eligible to participate if you are:

- Are between the age of 45-85 years old
- Have gout and have had more than 2 flares in the past 12 months

Ardea LASSO

### Healthy Women Osteoporosis Study

This is a research study to study the effect of a medication on bones. You may be eligible to participate if you are:

- Are a postmenopausal woman 45 to 75 years old
- Have not been diagnosed with osteoporosis
- Are at least 5 years post menopaual

Takeda 390104

### Diabetes On Metformin Only

This is a clinical trial to assess the safety and efficacy of an investigational Medication. Study may last up to 1 year. Study related medication is provided at no charge and time and travel expenses are available for qualified participants. You may be eligible to participate if you:

- Are age 18 or over
- Are a diabetic
- Currently taking only metformin for diabetes control

Shionogi



**Woman  
To  
Woman  
By  
Julia Chavez, CNP**

**VERTIGO**

Benign Positional Paroxysmal Vertigo is one of the most common causes of dizziness among all age groups, especially older adults. It occurs when calcium carbonate degenerate and adhere to one of the semi-circular canals in the inner ear. The patient will usually report a spinning sensation or feel like they are falling when they move their head. Some causes of vertigo are viral infection, diabetes, certain medications, or degeneration in the middle ear.

Treatment is fairly simple by physically maneuvering the head and is done by a physical therapist who specializes in vestibular rehabilitation. This treatment is important in preventing falls which can lead to fractures or other problems. Please discuss with your physician if vertigo is a problem for you.

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

**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

**2011 Meetings:**

February 10, 2011

Molly Grady

*Topic: "The Benefits of Tai Chi Chih that relate to Osteoporosis and Balance"*

May 12, 2011

Isabel Torres, RT

*Topic: "Bone Density Testing-What to Expect"*

August 11, 2011

George Fraser, Fifty n' Fit

*Topic: "Smart Exercises for Osteoporosis"*

November 10, 2011

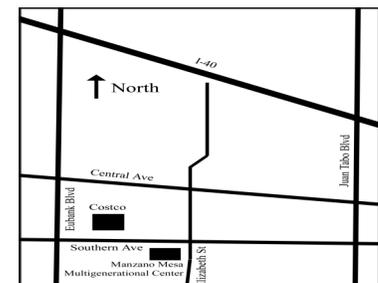
E. Michael Lewiecki, MD

*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.



**Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS**

**Wrinkles and Bones**

**Dear Dr. Lewiecki— I feel silly asking this question, but there has been a lot in the news lately about wrinkles in people with osteoporosis. What is this all about? I spent a lot of time in the sun when I was a teenager. Now I am paying the price for my fun in the sun, with more wrinkles than I would like. My last bone density test was good, but now I'm worried that I'm destined to get osteoporosis. Please help.**

**Barbara M., Albuquerque, NM.**

Dear Barbara – This may be a tempest in a teapot or there may be something to it. Who knows? It all started with a report in June of this year, presented at a meeting of endocrinologists in Boston. This was a small study in 110 postmenopausal women over age 40 years. Wrinkles and bone density were measured. It was found that the women with the most wrinkles tended to have the lowest bone density, that is, were more likely to have osteoporosis. It must have

been a slow news day when this came out, resulting in a flurry of stories on television, in newspapers, and on the Internet. So what does it all mean?

It is difficult to evaluate anything about this study, since it has not been published in a peer-reviewed medical journal and not been fully subjected to public scrutiny. It is not particularly surprising that women with lots of wrinkles are more likely to have osteoporosis, since both wrinkles and osteoporosis increase with age. My crystal ball tells me that “wrinkle-testing” is not going to replace bone density testing as the method of choice for evaluating bone health.

Meanwhile, it is great that your bone density is good, and I am sorry about your wrinkles. Hopefully the teenagers of today will get the message that too much time in the sun is not a good thing.

*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](mailto: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.*

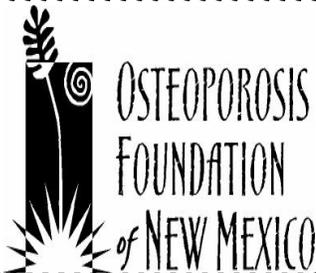
**HEALTHCARE**

**AND THE NEWS MEDIA**

Medical journalists provide a valuable service to all of us by keeping us informed of new developments in healthcare. We learn about treatment breakthroughs, epidemics, health insurance, new recommendations and guidelines, and more. Responsible journalists take care to become very well informed about the issue they are reporting and try to present different viewpoints if it is controversial. Good reporting makes us healthier citizens.

There is also a potential for harm with poor reporting of medical issues. One of particular concern to many physicians is the reporting of side effects or possible side effects of medications. It is essential to have a full understanding of the potential risks of any treatment being considered; this must be balanced, however, with the expected benefits of treatment. When the benefits far outweigh the risks, then treatment may be a good choice. Reporting that focuses on the risks without giving due consideration to benefits may frighten some people into stopping, or not starting, treatment that could be very helpful.

The bottom line is this: Stay informed. Learn as much as you can about benefits and risks of treatment. Talk to your doctor if you are unsure what to do, and ask for additional reliable sources of information if you want to learn more.



**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. For more information, call Yvonne Brusuelas at 505-855-5627.**