

# CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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## National Action Plan for Bone Health

Osteoporosis is a common disease that affects about 10 million Americans, with 34 million more having low bone mass (“osteopenia”) that may lead to osteoporosis. The importance of osteoporosis is that it weakens bones and makes them more likely to break (fracture). The good news is that osteoporosis can be prevented and treated. It can be diagnosed easily before a bone breaks by having a bone density test. Effective, safe, and inexpensive medications are available to reduce the chances of a fracture occurring. The bad news is that most people who need a bone density test are not having it done, and many with osteoporosis are not being treated. Even when treatment is started, it is often not taken long enough to achieve the desired effect on the bones.

The US Surgeon General’s report on “Bone Health and Osteoporosis,” released in 2004, highlighted the tremendous progress in the field of osteoporosis and at the same time challenged us all to do better at treating this disease. If you never heard of this report, which is available for free online at <http://www.surgeongeneral.gov/library/bonehealth/>, you are not alone. This superb report has not gotten the attention it deserves. The National Osteoporosis Foundation, a non-profit patient advocate organization based in Washington, DC, aims to correct this by means of an ambitious project called the

“National Action Plan for Bone Health.”

The goal of the Action Plan is to implement the recommendations contained in the Surgeon General’s report. Components include promotion of bone health and osteoporosis prevention at all ages; improvement in the diagnosis and treatment of osteoporosis, and expansion of research on osteoporosis. Dr. E. Michael Lewiecki, Osteoporosis Director at New Mexico Clinical Research & Osteoporosis Center, is participating in the Action Plan as leader of a national task force entitled “Fracture as a Sentinel Event.” This task force is charged with enhancing awareness that a fracture is a very important event that deserves attention beyond having a cast or surgery to heal the broken bone. A fracture is a “bone attack” in patients with osteoporosis, just as a “heart attack” is seen in patients with high cholesterol and a stroke or “brain attack” occurs in some patients with high blood pressure. Having a fracture increases the risk of later having more fractures. A fracture may result in disability, death, and most worrisome of all for many of us- loss of independence.

Take care to avoid falling. You may benefit from having a bone density test and lab test to find out more. Talk to your healthcare provider to see what needs to be done to evaluate your risk of future fractures and to take measures to make the odds of you having another fracture as low as possible.

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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

This is a randomized placebo controlled study of an investigational medication to lower uric acid which causes gout flares. You may be eligible to participate if you are:

- Over the age of 18
- Diagnosed with gout or have a history of elevated Uric Acid

BCX

### Gout Prevention

A six-month study to assess the prevention of gout flares when starting allo-purinol or other urate lowering therapy. You may be eligible to participate if you are:

- Over the age of 18 and have had a gout flare
- Are willing to start daily medication to prevent flares.

Regeneron

### Diabetic Peripheral Neuropathy

A research study of an investigational medication for the relief of pain as a result of nerve damage related to diabetes. You may be eligible to participate if you are:

- Are a diabetic age 18 or over
- Have pain in hands arms feet or legs due to diabetes
- Not getting relief from current pain medication

JNJ-3028

### Diabetes With COPD or Asthma

This is a research study of an inhaled insulin in diabetics with COPD or Asthma. You may be eligible to participate if you:

- Are a diabetic between 18 and 70 years old
- Are a non smoker
- Are currently taking medications to treat your diabetes

MKC-TI-134

### COPD

This is a clinical trial to assess the safety and efficacy of an investigational inhaler. Study may last up to 4 years. 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 40 or over
- Have a diagnosis of COPD

BIPI 205452



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

**WHAT IS A HemoglobinA1C TEST?**

The HgA1C (otherwise known as A1C test) tells you how well your diabetes is managed. It is a simple blood test that looks back in time and tells you how blood sugar levels have been over the past 3 months. The A1C is different than the daily blood sugar levels because the daily levels change hour by hour.

The A1C is part of the red blood cells in your blood. Sugar in the bloodstream sticks to the A1C and stays attached until the red blood cell breaks down to recycle itself in about three months.

The target level is less than 7% A1C. The risks of diabetics having complications with heart, kidneys, eyes, and nerves goes down with A1C below 7.

If you or someone you know is having blood sugar problems, a simple A1C test can help in finding out if there is diabetes involved. Talk to your provider.

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  
Quarterly:

February 18, 2010  
Leona Rubin, MA  
Topic: "My Active Life with  
Osteoporosis"

May 13 2010  
Joan Lewis, MD  
Topic: "Osteoporosis,  
the Silent Disease"

August 12, 2010  
Jeff Rubin, chef/owner Savory Fare  
Topic: "Add Calcium, not Calories"

November 12, 2010  
To Be Determined

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](http://www.ofnm.org)

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

**Dear Dr. Lewiecki– I just watched ABC World News with Diane Sawyer. It was reported that drugs for osteoporosis may weaken bones and cause unusual fractures of the femur. Now I am worried, since I am taking osteoporosis medication to prevent fractures. What should I do?**

*Rachel V, Albuquerque, NM.*

Dear Rachel – You are not alone in asking this question. The newscast of March 8, 2010, must have been seen by many people and has generated a great deal of publicity. I fear that some people who are benefiting from osteoporosis therapy have stopped their drug due to unfounded fear of side effects (see sidebar on this page), leaving their osteoporosis untreated. The FDA and many large medical organizations responded to this “news” by asking patients to NOT stop their osteoporosis medication unless advised to do so by a healthcare professional.

This is what we know...

A small percentage of femur (thigh bone) fractures are in the part of the bone below the hip-

subtrochanteric fractures. Some of these fractures occur following a fall, and sometimes the bone fractures without a fall. These are a type of osteoporotic fracture and exactly what we are trying prevent by prescribing osteoporosis medication. In the past few years, there have been reports of some patients being treated with bisphosphonates (such as Fosamax, Actonel, Boniva, and Reclast) for osteoporosis who have this type of a fracture with unusual features- a cross-wise break where one side has a beak-like appearance in a femur that is thicker than average. Whether this sort of femur fracture is caused by medication or is simply a variation of an osteoporotic fracture is not known. However, these are very rare events. Even if these fractures are caused by the medication, the number of fractures prevented is far greater.

We all must be vigilant in watching for unexpected problems due to medications, but please take care to talk to your doctor before making treatment changes that may do more harm than good.

*Mike Lewiecki*

**SIDE EFFECTS OF MEDICATIONS**

Risk is part of life. We take risks every day, such getting out of bed in the morning (we could fall and break a leg), driving to work (car accident), and eating (choking). However, we get out of bed, drive to work, and eat because we feel that doing so is better than the alternative. After all, never getting out of bed, driving, or eating would not be a good strategy for a long and happy life for most of us. In other words, the benefits of doing these things outweigh the risks.

Physicians also consider benefits and risks when caring for patients. For example, in the assessment of bone health, it is important to estimate the risk, or probability of breaking (fracturing) a bone. If the risk of fracture is high, medication may help to reduce that risk. However, taking medication has a risk of its own, such as upset stomach or rash. If the benefit (reduction of fracture risk) outweighs the risk of possible side effects, then the medication may be recommended.

Keep in mind that a side effect that is associated with a medication is only a possibility. Depending on the situation, it may be common or very rare. Also, you may develop medical problems while taking a medication that are unrelated to the medication. When you are uncertain, your doctor can help to sort through the possibilities and find a solution.



**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.**