Preventing Winter Fractures

Winter is a very special season. It is a time that includes holidays, gathering with friends and family, cold weather, and hot soup. Old man winter also gives us slippery surfaces outdoors that may cause us to fall. This in turn can cause broken bones (fractures) if you happen to land the wrong way. While anyone can break a bone with a hard fall, those with osteoporosis are at very high risk. Preventing falls can prevent most fractures. Although falls are always accidental, there are ways to reduce the chance of falling. These can be divided into things you do to yourself and your environment—indoors and out.

First, be fit and stay strong. Loss of muscle mass and strength occurs with age, but you can slow down the process with regular physical activity. There are many ways to do this, but walking is a great way to exercise for most of us. And try using some light weights for upper body exercise as well. If you are not sure how to do this, a physical therapist or trainer at a gym may be a big help.

Next, have good balance. Can you keep your balance on one foot with your eyes closed for five seconds? It is not easy. If you have trouble with this, consider “balance training.” This can be done with activities such as Tai chi, some types of yoga, or other balancing exercises you can do at home. A good physical therapist can help you get started.

Finally, take care of your eyes and ears. Good eyesight and good hearing may help you to avoid hazards or being unnecessarily startled. Wear stable shoes (spike heels are not good if you are at risk for falling). And hold on to something or someone if you don’t feel steady.

Inside your house, get rid of those slippery throw rugs and loose wires that might cause you to trip. Put hand rails for extra support wherever you need them. Don’t leave your shoes in the middle of the bedroom at night and use a night light.

Outside, have good lighting and handrails if needed. Avoid patches of ice or snow (a big problem on the north side of the house) when possible. Add ramps where you need them.

If you take care of yourself and your surroundings, you can get maximum enjoyment of life in the winter and keep your risk of falling to a minimum. Talk to your doctor if you want more information on reducing fall risk.
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, 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.

Type 2 Diabetes

This is a 26-week open-label, randomized trial to determine the safety and efficacy of inhaled insulin in combination with an oral anti-diabetic versus an oral anti-diabetic alone in controlling type 2 diabetes. You may be eligible to participate if you are:

- Over 18 years old and have Type 2 Diabetes;
- Are not currently taking insulin and are taking 1-2 oral anti-diabetic medications to control your diabetes.

GSK SRM105106

Treatment of Postmenopausal Hot Flashes

A 12-week research study for an investigational hormonal treatment for women suffering from post menopausal hot flashes. You may be eligible to participate if you are:

- Postmenopausal female 45-60 years old;
- Suffer from at least 7 hot flashes in a 24 hour period.

Combinatorx

Osteoarthritis of the Knee

This is an 18 week research study to see if an investigational treatment for osteoarthritis of the knee. You may be eligible to participate if you are:

- Are at least 40 years old;
- Have been diagnosed with or think you might have osteoarthritis of the knee;
- Take medication for relief of pain in your knee at least 15 days a month.

VPI-TOFP-203

Treatment for Irritable Bowel Syndrome

This is a 19-week, study of investigation medication in female subjects with Diarrhea pre-dominant or alternating Irritable Bowel Syndrome. You may be eligible to participate if you are:

- A woman between 18 and 65;
- Suffering from abdominal pain or discomfort associated with diarrhea more than 3 days per month.

Org176001

Insomnia

This is a 2-4-week, randomized, placebo controlled study for safety and efficacy of an investigational medication in patients with primary chronic insomnia. Upon completion of this study you may be able to participate in a 52-week open-label extension study.

You may qualify to participate if you are:

- Between the ages of 18 and 64;
- Suffer from insomnia at least 3 nights a week for the past year.
**Severe Osteoporosis**

This is a one-year clinical research trial testing an investigational treatment for severe osteoporosis in postmenopausal women. **You may be eligible to participate if you are:**
- A post-menopausal female between 45-89 years of age;
- Have been diagnosed with severe osteoporosis.

**Osteoporosis**

A 4 year randomized, placebo controlled study to assess the safety and efficacy of an investigational medication in women at risk for fragility fractures due to osteoporosis. **You may be eligible to participate if you are:**
- A female over the age of 65
- Postmenopausal at least five years;
- Have no history in the past two years of fractures;
- Have at least 1 hip evaluable by DXA.

**Osteoporosis & Kidney Function**

This is a 1 year, randomized study of open label Ibandronate (Boniva) or Alendronate (Fosamax) in postmenopausal women with Osteoporosis at risk for renal disease. This study will compare the effects of different methods of administering the medication. **You may be eligible to participate if you are:**
- Over the age 65;
- Have been diagnosed with Osteoporosis;
- This study is open to women who have been previously treated for Osteoporosis.

**Osteoporosis with MRI Testing**

This study is 78-week, open label, phase 4 study for postmenopausal women with osteoporosis. All patients will receive daily Teriparatide (Forteo) injections. All patients will receive daily calcium and vitamin D supplements. The treatment phase is 18 months plus 6 weeks of screening. **You may be eligible to participate if you are:**
- Between 45 and 85 years old;
- Have been diagnosed with Osteoporosis;
- Are ambulatory;
- This study is open to women who have previously been treated with Fosamax or Actonel.

All study-specific information is IRB approved. To learn more about any study, call (505) 923-3232

**Why Should I Participate In A Clinical Trial?**

As a volunteer in a clinical research trial you will not only take on an active role in your own health care but you will also:
- Participate in the development of medical therapies that may offer better treatments and cures for diseases.
- Gain access to new research treatments before they become publicly available in the marketplace.
- Receive closely monitored health care for your condition.
- May receive compensation for your time and travel expenses.

Whatever reason you chose to participate in clinical research, be assured that you are engaging in the advancement of medical treatments, therapies, and cures for chronic or life-threatening diseases.
Do You Have Osteoarthritis?

Is knee pain keeping you from doing things you’d like to?

We are looking for people with osteoarthritis of the knee to participate in a clinical trial of an investigational medication for the treatment of osteoarthritis.

You may qualify for the study if you meet the following criteria:
- Are at least 40 years old;
- Have been diagnosed with or think you might have osteoarthritis of the knee
- Take medication for relief of pain in your knee at least 15 days a month

All participants in this study will receive study medication, office visits, and study related medical procedures at no cost.

If you are interested in receiving more information, or to see if you qualify, please contact

New Mexico Clinical Research & Osteoporosis Center
300 Oak Street
Albuquerque, NM 87106
at 505-923-3232.

Lance A. Rudolph, MD E. Michael Lewiecki, MD
EXERCISE EVERY DAY

Exercise can help keep your bones and muscles and joints healthy as well as reducing stress and boosting your mood and helping you sleep better at night. It is especially important to keep physically active if you have diabetes or high blood pressure or heart disease.

Exercise doesn’t have to be boring nor make you sweat in order to be good for you. Anything that keeps you moving is a healthy start on the way to better health. Sometimes it can be hard to get started on exercising, so I would like to give you a few tips, which are taken from the National Institutes of Health Weight Control Information Network.

❖ If you feel like you don’t have enough time to be active for a few extra minutes at a time throughout the day. Sit less and try to walk more especially while doing your errands. For example you can park farther away at the mall or take a walk during your lunch break. Take the stairs instead of the elevator whenever possible.

❖ If you are worried that you may get hurt if you exercise, start slowly and gradually increase the time and intensity of your workout to prevent muscle strains. Remember that even five or ten minutes of gentle activity a few times a day can count as exercise.

❖ If you don’t like exercise remember that you don’t have to run or do push-ups to get benefits of being physically active. Dancing, walking, swimming, yoga stretching and even household activities all count. Activities like housecleaning yard work and gardening are enjoyable ways to get moving.

❖ To stay motivated, you can vary your activities and exercise. Try something different. If you normally walk, try an exercise video instead. And remember that if you miss a day or two, just start again. Don’t forget to warm up and cool down with gentle stretching before and after your workout. Don’t forget to drink plenty of water.
Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki– I am 74 years old and definitely shorter than I used to be. Is this a normal part of aging, or does it mean there is something wrong with my bones? Alice R., Gallup, NM.

Dear Alice – Most of us get shorter with age. This is commonly due to degenerative disc disease, or dehydration and shrinkage of the cushions between each of the vertebral bodies in the spine. Changes in posture due to weakened back muscles may cause some loss of height. Scoliosis, a sideways curvature of the spine, may cause height loss if it worsens with age.

When there is more than one and one-half inches of height loss compared to your maximum height, or more than three-quarters inch height loss as measured in a doctor’s office with an instrument called a stadiometer, it could be due to a fracture in the spine. While it is possible to have spine fractures with less height loss or no measurable height loss, these levels of height loss are suspicious for a spine (vertebral) fracture. It is important to know whether you have such a fracture, because it places you in a high risk category for future fractures and may mean that you need strong treatment.

Any adult with a vertebral fracture that is not due to major trauma, such as an auto accident or falling off a ladder, probably has osteoporosis, regardless of what a bone density test shows. How do we know if you have a vertebral fracture? A simple image of the spine by X-ray or with a bone density machine using dual-energy X-ray absorptiometry (DXA) can usually provide the answer. Doctors look to see if there is a change in the shape of the vertebral body. If it is crushed or wedge-shaped instead of having its normal block-like appearance, then it may be a vertebral fracture. Since deformities of vertebral bodies may also be result of diseases other than osteoporosis, additional tests may be necessary. If it is an osteoporotic vertebral fracture, treatment can reduce the risk of having it happen again.

For more information on diagnosing vertebral fractures, see the column to the right.

Mike Lewiecki