

Why me?

It is a story we hear every day. You did everything right, and you still got osteoporosis. It isn't fair. You're upset. This should not be happening to you. Here is an example..... Linda is 62 years-old. She tripped on the garden hose last summer and injured her wrist. She went to the Emergency Department to be checked. An X-ray showed a broken bone (fracture). Luckily, the bones were lined up well and surgery was not needed. She had to wear a cast for 6 weeks. When it was taken off, the wrist was stiff and her grip was weak, but slowly it all returned to normal. A few months later, she saw her primary care doctor for an annual check-up. Her examination was normal. Weight was 112 lbs. A bone density showed a low number (a T-score of -2.8). The diagnosis? Severe osteoporosis.

Linda was a health fanatic. She was in good physical condition. She didn't smoke or drink too much. She took calcium, vitamin D, and multivitamins. She took extra care to follow the advice she received for maintaining good bone health, because her mother had osteoporosis and broke her hip at the age of 78. At the time of menopause, Linda started on hormones for hot flashes, but stopped a few years later when reports came out about side effects.

Why did Linda get osteoporosis? Although healthy lifestyle and good nutrition is recommended for all of us, it is not a guarantee that osteoporosis won't develop. Linda

had a number of risk factors for osteoporosis that increases the chances of her getting it- female, postmenopausal, estrogen deficient, family history of osteoporosis, and low body weight (less than 127 lbs is considered low from a bone viewpoint). However, this is not a doom and gloom story. There are now many effective and safe medications for treating osteoporosis. Medications can make bones stronger and less likely to break. Hopefully Linda will not have the unfortunate experience of her mother in breaking her hip.

What's next for Linda? First, some laboratory tests should be done to see if there is anything causing osteoporosis that might need special attention. These tests check for calcium and vitamin D deficiency, malabsorption, excessive loss of calcium in the urine, thyroid disease, parathyroid disease, and more. Sometimes X-rays of the back are ordered to look for spine (vertebral) fractures, the most common type of osteoporotic fracture.

Muscle strength and balance should be evaluated. Problems here may increase the risk of falling, something that is not good for someone with weak bones. If the risk of falling is high, then a visit to a physical therapist to get started on a program of exercises at home can help.

Finally, the benefits and risks of medication to reduce fracture risk should be considered, with careful attention to the needs and concerns of each individual patient.

Staff

E. Michael Lewiecki, MD

Osteoporosis Director

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Research Director

Julia R. Chavez, CNP

Adult Healthcare

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Internal Medicine

Yvonne Brusuelas

Management Director

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Drug Study Coordinator

Devona Martinez

Research Secretary/Bookkeeper

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Research Executive Assistant

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Drug Study Coordinator

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Drug Study Coordinator

Adelaida Leal, BBA

Drug Study Coordinator

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Bone Densitometry Technologist

Keli Kolar, RT(R), CDT

Bone Densitometry Technologist

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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

Postmenopausal Hot Flashes

A research study of an investigational herbal treatment for post menopausal hot flashes. You may be eligible to participate if you are:

- Are a postmenopausal woman over the age of 50
- Experience at least 7-8 moderate hot flashes a day
- Are not currently taking any medications for treatment of hot flashes *Bio Novo*

COPD

A research study of an investigational medication for Chronic Obstructive Pulmonary Disease (COPD). You may be eligible to participate if you are:

- Are over age 40
- Are a current or ex Smoker

Forest COPD

Gout

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

- A 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:

- A postmenopausal women 45 to 75 years old
- Have not been diagnosed with osteoporosis
- Are at least 5 years post menopausal

Takeda 390104

Frequent Night Time Urination

This is a clinical trial to assess the safety and efficacy of an investigational medication for Nocturia or frequent night time waking for urination. You may be eligible to participate if you:

- Are age 50 or over
- Wake more than twice a night

Serenity



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

Drug Induced Liver Injury

It is important to be aware of liver damage that can occur from use of various medications and herbal medications, as well as from some plants and nutritional supplements.

Some of more common medications that can cause liver injury in the USA are acetaminophen and non-steroidal anti-inflammatory medications such as ibuprofen . Some antibiotics and antidepressants, medications used for high cholesterol, some blood pressure medications, some hormones and some of the medications used for diabetes can also be culprits.

The most common way to diagnose liver disease is to identify the relationship between the onset of illness and the time the medication was first started. The laboratory test will show high levels in the liver function tests. Up to two or three times the normal levels may be acceptable in some cases, depending on the benefit of the medication versus the side effects.

It may be difficult to accurately identify the culprit at times especially when a patient is on multiple medications. Discontinuing the offending medication or herbal supplement is the primary treatment for drug induced liver injury.

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.

**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

2012 Meetings:

February 9, 2012
George Fraser, Fifty n' Fit
Topic: "Exercise Smart with
Osteoporosis – Part I"

May 10, 2012
George Fraser, Fifty n' Fit
Topic: "Exercise Smart with
Osteoporosis – Part II"

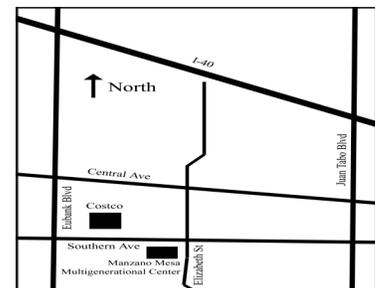
August 6, 2012
E. Michael Lewiecki, MD
Topic: "Update on Osteoporosis"

November 8, 2012
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

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Drugs and Safety

Dear Dr. Lewiecki – Now that I have osteoporosis, I am afraid to ski and do other activities that I have enjoyed for years. I am young and active at 67, physically fit, and not yet ready for the rocking chair. My doctor said I should not lift more than 10 lbs. What can I do and what shouldn't I do?

Too embarrassed to leave my name, Albuquerque, NM.

Dear Embarrassed – Here are a few of my thoughts on osteoporosis and exercise:

1. Exercise is good.
2. Physical inactivity is bad.
3. Everything in life has risks.

Let me explain and maybe I will see you on the ski slopes this winter. Many medical organizations, including the National Osteoporosis Foundation (www.nof.org) recommend regular weight-bearing and muscle strengthening activities, as fundamental principals for good bone health. Why? Because if you are strong and your balance is good, you are less likely to fall. Since most fractures are the

result of a fall, the worst thing you could do is let yourself turn into a couch potato. So be active, do the things you enjoy, and have fun.

How much weight should you lift? I don't know the right number of pounds for you, but I think it is lifting technique that is more important than the amount of weight. If you are still uncertain about this, perhaps a visit to a physical therapist or good trainer in a gym might help.

Finally, recognize that there are benefits and risks to just about everything we do. For you, the benefits of skiing might be great joy in being outdoors with family and friends, getting some exercise, and relaxing afterwards in front of the fireplace. The risks, for you and all the rest of us, include breaking a bone. What to do? If you love to ski and are willing to accept the risks, then head off to the slopes. But take care to ski when you are feeling strong and the conditions are good. Ski conservatively, be in control, and stop when you feel tired.

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.

OSTEOPOROSIS TESTS

Having a bone density test that shows osteoporosis is the beginning, not the end, of a process to evaluate the health of your bones. The next step is to find out more about why you have osteoporosis, estimate your risk of breaking a bone, and get a better idea of what kind of treatment might be the most effective and safest for you.

The most common type of osteoporosis is a result of declining estrogen in women over the age of menopause. Men can get osteoporosis due to low hormone levels as well, but it usually happens at a later age than in women. However, there may be other important diseases, disorders, and medications that may contribute to osteoporosis and need to be treated in a different way. In fact, some patients who appear to have osteoporosis according to the bone density test may have an entirely different disease, such as osteomalacia or renal osteodystrophy.

It is standard medical practice to be tested for conditions that may be related to osteoporosis before treatment is started. In some cases, it may actually be dangerous to start medication before this is done. For example, if there is vitamin D deficiency you may be at risk for developing a very low blood calcium level due to treatment.

Talk to your doctor to be sure you have had the necessary tests for your osteoporosis so that you can get the full benefit of therapy.



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.