

Getting your bones ready for winter

You know that the temperature changes with the seasons, and you may have experienced changes in mood, sleep patterns, exercise levels, and weight with the seasons. But did you know that your bones can change with the seasons as well?

Medical studies have shown that there is a cyclical variation in bone density with the seasons of the year, with bone density decreasing a little every winter and increasing a little every summer. Also, more osteoporotic fractures occur in the winter than the summer. There are probably multiple explanations for these observations, and there are things you can do to help.

With the shorter days, the sun lower in the sky, and less outdoor activities in the winter, we have less opportunity for our skin to make vitamin D. With less vitamin D, our intestines do not absorb calcium as well, as less is available to build our bones. In addition, the lower levels of calcium stimulate the production of parathyroid hormone, which re-

sults in increased "bone turnover," or the rate of bone metabolism. This makes the bones more fragile and likely to fracture with a trivial amount of trauma.

Another wintertime factor is less weight-bearing exercise for most of us in the winter, as we tend to become more like hibernating bears when the weather gets cold. Our bones stay strong with the stress of exercise, and may lose some of that strength when we exercise less. And there is more. The risk of falling is greater in the winter due to slippery walking conditions and poor visibility when walking in the dark.

So, what can you do about this unfortunate situation? First, consider taking extra vitamin D supplementation in the winter. Some experts believe a dose of about 1200 IU per day is best. Second, take extra precaution when walking in dark and slippery conditions. Hold on to someone or use a walking aid if you need it. Finally, try to keep physically active in the wintertime. With a little care, you can keep your bones healthy and strong all year long.

Would you like to receive this newsletter in electronic format?

We have had requests for distribution of our newsletters outside of the office. There are two ways to do this electronically: 1. Visit our website at www.nmbonecare.com to download the newsletter in PDF format, which you may then print on your home printer, or 2. To be placed on a list for automatic quarterly distribution of the newsletter as a PDF file attached to email, send your request to Yvonne Brusuelas at ybrusuelas@nmbonecare.com.

Staff

- E. Michael Lewiecki, MD, FACP**
*Osteoporosis Director
Internal Medicine*
- Lance A. Rudolph, MD**
*Research Director
Internal Medicine*
- Julia R. Chavez, CNP**
Adult Healthcare
- Eric W. Best, MD**
Internal Medicine
- Yvonne Brusuelas**
*Management Director
Osteoporosis Education*
- Valerie White, CCRC**
*Research Manager
Drug Study Coordinator*
- Genenevieve Oblena**
Research Executive Assistant
- Sheri Romero, LRV, CCRC**
Drug Study Coordinator
- Debra Hanrahan, BBA, CCRC**
Drug Study Coordinator
- Michele Dingman, BA, CCRC**
Drug Study Coordinator
- Aspen Montoya, CRC**
Drug Study Coordinator
- Julie Montano, RT(R), CDT**
Bone Densitometry Technologist
- Isabel Torres, RT(R), CDT**
*Drug Study Recruiter
Bone Densitometry Technologist*
- Patricia Katz, LPN**
Drug Study Recruiter
- Janette Wiggins**
Medical Assistant
- Sindy Padilla**
Medical Assistant
- Jo Ann Chavez**
Billing Supervisor
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Patient Coordinator
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Patient/Referral Coordinator
- Lois Kollars**
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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, ask for Valerie White, the Research Manager, or 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.

Hypertensive Diabetics

This is a clinical research study designed to look at the ability of several different drugs, alone or in combination, to lower blood pressure in people with diabetes. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 22 weeks. Compensation is available to qualified participants.

Qualifications:

Male or female, age 30-75 years, Diagnosed with Type 2 Diabetes, on stable treatment for at least 2 months, HbA1c \leq 9.0%, Have high blood pressure, No heart attack, coronary artery bypass, or intra-coronary interventions within 6 months, No donation of blood/blood products for transfusion 30 days before, during, or 30 days after treatment. Meet all

Type II Diabetes

This is a clinical research study designed to compare the effects of an investigational medication to placebo as an add-on therapy to glimepiride in patients with type 2 diabetes inadequately controlled with sulfonylurea monotherapy. If you meet all study entry criteria you may be eligible to participate in this 24-week trial. Compensation is available to qualified participants.

Qualifications: Male or female, 18-80 years of age, No Pregnant or

lactating women, HbA1c in the range of 7.5 to 11%, No malignancy including leukemia and lymphoma (not including basal cell skin cancer) within the last five years, No liver disease such as cirrhosis or chronic active hepatitis, No oral antidiabetic treatment other than a sulfonylurea (Amaryl, Diabeta, Diabinese, Glucator XL, Glynase, Pretab, Metaglip, Micro-nase) within last three months, Generally in good health.

Postmenopausal Osteoporosis or Low Bone Mass

This is a clinical research study designed to assess the efficacy of an investigational medication to reduce the risk of new vertebral fractures and to reduce the risk of invasive breast cancer in postmenopausal women with osteoporosis or low bone mass. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 5 years. Compensation is available to qualified participants.

Qualifications:

Qualifications:

Females 60-85 years of age, At least 2 years postmenopausal, No current metabolic bone disorders other than osteoporosis or low bone mass (e.g., hyperparathyroidism, renal osteodystrophy, or osteomalacia), Generally in good health. Meet all study entry criteria.

Postmenopausal Osteoporosis

This is an open label research study of the effect of an investigational medicine on bone turnover markers in postmenopausal women with osteoporosis treated previously with risendronate or alendronate. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 12 months. Reimbursement for time and travel is available to qualified participants.

Qualifications:
Women, at least ten years postmenopausal (natural menopause). Have been using either resendronate or alendronate (daily or weekly) uninterrupted for a minimum of 24 months. Must be able to self-inject or have a person to perform daily injections. Take at least 1000 mg of calcium (from all sources). Generally in good health. Meet all other entry criteria.

Osteoporosis Research Study

This is a clinical research study designed to assess the safety and efficacy of new investigational drug for the prevention of bone loss in post-menopausal women with osteopenia.

Qualifications:
Females at least 45 years of age, naturally or surgically postmenopausal, generally in good health, and meet all other entry criteria you may be eligible.

Postmenopausal Osteoporosis

This is a clinical research study designed to evaluate an investigational medication in the treatment of postmenopausal osteoporosis. If you meet all study criteria you may be eligible to participate. The study will last approximately 3 years. Compensation is available to qualified participants.

Qualifications:
Postmenopausal females, between 60 and 90 years old, Have osteoporosis, No use of bisphosphonate treatment for osteoporosis for three or more years cumulatively. Meet all other criteria.



**Woman
to
Woman**

by
Julia Chavez, CNP

What Causes Osteoarthritis?

Osteoarthritis happens as we get older and/or we overwork our joints. Knees, hips and ankles are the most affected because they are weight-bearing. Tendons, ligaments and muscles connect our bones and allow us to bend and move in different positions. Cartilage is a rubbery material within the joints that absorbs shock from repetitive movements. In osteoarthritis, the cartilage wears away or breaks down, causing the bones of the joint to rub against each other causing pain. It is also known as degenerative joint disease. Other risk factors besides aging and overuse from sports or work-related activities include being overweight and prior injuries.

The standard treatments for managing pains are medications, exercise and a positive attitude. Talk to your provider to determine which treatment options are best for you.

Osteoporosis Foundation of New Mexico

Albuquerque Osteoporosis Support Group
2nd Thursday of every month
Rehabilitation Hospital of New Mexico
505 Elm St NE, Albuquerque, NM 87102

For information call 855-5627

4th Quarter Presentations:

October 14, 2004 ~ Annette Torrez
Fall Prevention

November 11, 2004 ~ Sally Piscotty
"What does it all mean?"

December 9, 2004 ~ George Fraser of Fifty & Fit
"Exercise Smart, Exercise Safe"

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki– I have been taking a prescription medicine for osteoporosis for 5 years, first once a day and later once a week. I feel fine and would like to stop taking all pills. My doctor just told me that my bone density has improved by 7%. Is it safe for me to stop the medicine now? Rebecca R., Tucumcari, NM.

Dear Rebecca – From what you say, you must be taking either Fosamax or Actonel. Both of these are in the group of osteoporosis medications called bisphosphonates. This is the most common type of drug used to treat osteoporosis. When taken correctly, the drug will usually result in an increase in bone density, with bones becoming stronger and less likely to fracture.

We now have research data for patients taking Fosamax for 10 years, and for other patients taking Actonel for 7 years. In both situations, the drug seems to continue to be safe and effective. Bone density has remained stable or increased slightly in the last few years of the study period.

Now, what about you? If your bone density was not extremely low before treatment and your risk of fracture is not very high, it is possible that you might be able to safely stop the drug, at least for a few years. You still need to get an adequate daily intake of calcium and vitamin D, and try to get some regular weight-bearing exercise. It is important to realize that the risk of breaking a bone depends on more than just your bone density. The top “risk factors” for fracture, other than bone density, are previous fracture as an adult, and age. If you have had a fracture with little or no trauma, or if you are over age 65, your risk of future fracture may still be high, even though the bone density has improved and you are better off now than before your started treatment.

As always, the final decision to stop, continue, or change your treatment plan should be made by you and your doctor with all the necessary facts available, including your preferences and economic considerations.

For more information on this subject, see the column to the right.

Sincerely,

Mike Lewiecki

HOW LONG TO TREAT?

The first approved drug treatment for osteoporosis, other than estrogen, was in 1995. By now, some patients have been treated for almost 10 years. Doctors and patients are beginning to wonder about the necessity of continuing to treat.

Stopping treatment will have varying effects on your bones depending on what drug you are taking. For example, the beneficial effects of estrogen on your bones will stop almost immediately after stopping treatment. In fact, the risk of fracture may be especially high in the first few years after stopping. On the other hand, the effects of drugs such as Fosamax and Actonel may last for months or years after stopping. This is because these drugs are very strongly attached to your bones– so much so that that you can think of your bones as a “bank” or storage tank for the medicine.

The bottom line? You should take the medicine as long as the risk of fracture is high. It may be possible to stop some medicine and still continue to benefit from the good bone effects for months or years to follow.



The Osteoporosis Foundation of New Mexico needs your support! This is a local non-profit 501(c)(3) foundation established to benefit osteoporosis research and education. Please consider making 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, or visit the web site at www.osteoporosisfoundationnm.org.