Local Physician Heads International Osteoporosis Organization

The International Society for Clinical Densitometry (ISCD) has announced that Albuquerque physician E. Michael Lewiecki, MD, FACP, was inaugurated for a two-year term as president. Dr. Lewiecki, who has practiced internal medicine in Albuquerque since 1977, is an osteoporosis consultant, researcher and educator. He is Osteoporosis Director of New Mexico Clinical Research & Osteoporosis Center, and Clinical Assistant Professor of Medicine at University of New Mexico School of Medicine. Dr. Lewiecki is also president of the Osteoporosis Foundation of New Mexico, a non-profit foundation established for the benefit of osteoporosis education and research. As the ISCD president, Dr. Lewiecki will be coordinating bone densitometry educational activities worldwide, and working to develop global guidelines for maintaining high quality bone density testing for osteoporosis.

The ISCD is a professional society dedicated to improving the quality of bone density testing for osteoporosis. It represents over 3500 physicians and technologists from more than 40 countries. The ISCD conducts courses in bone densitometry, certifies physicians and technologists in this field, and develops guidelines for bone density testing. The proliferation of new technologies for measuring bone density, combined with the development of improved treatments for osteoporosis, has created a tremendous demand for the education and certification of healthcare providers.

Osteoporosis or bone loss that can lead to fractures is a disease that affects 44 million Americans, causing 1.5 million fractures each year, with an annual healthcare cost of about $17 billion. Osteoporotic fractures can result in chronic pain, disability, loss of independence, and even death. Early detection of low bone density before fractures occur is the key to successful management. Bone density is easily measured with an instrument called a bone densitometer, using DXA (Dual X-ray Absorptiometry) technology. With medications now available and under development, experts feel that osteoporosis is a preventable and treatable disease.
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) 855-5505.

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.

Once a Year Treatment - Postmenopausal Osteoporosis

This is a clinical research study to evaluate the effectiveness and safety of a once a year intravenous dose of an investigational medication in reducing the risk of fracture in postmenopausal osteoporotic women. You may qualify for this 3-year trial if you meet all study entry criteria.

Qualifications:
Postmenopausal women, ages 65 to 89, and Can currently be taking Hormone Replacement Therapy / Estrogen Replacement Therapy (Selective Estrogen Receptor Modulator’s) or calcitonin, and Not taking oral bisphosphonates, fluoride, tibolone or parathyroid hormone, and No bilateral hip replacement or use of hip protectors, and Meet all other entry criteria.

Once a Year Treatment - Postmenopausal Osteoporosis

This is a clinical research study designed to compare two currently marketed drugs for the treatment of osteoporosis in postmenopausal women on the chance of experiencing fractures. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 5 years. Compensation up to $300 is available to qualified participants.

Qualifications:
Females 50-80 years of age, and At least 2 years postmenopausal, and No spinal fractures, and Have not used estrogen replacement therapy (hormones) within the last month, and Have no history of cancer, and Meet all study entry requirements.

High Cholesterol Research Study

This is a clinical research study designed to compare the efficacy and safety of an investigational medication that may help reduce cholesterol to two approved cholesterol-lowering medications to achieve the current nationally acceptable cholesterol levels in high-risk subjects with high cholesterol. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 18 weeks. Compensation is available to qualified participants for study participation.

Qualifications:
Male or female, 18 years of age or older Willing to discontinue all cholesterol-lowering drugs No uncontrolled hypertension or hypothyroidism No cyclic hormone replacement therapy No active liver disease or hepatic dysfunction Meet all other criteria
Anorexia Nervosa

This is a clinical research study designed to evaluate the effect of an investigational drug on bone mineral density in pediatric subjects with anorexia nervosa. If you meet all study entry requirements you may be eligible to participate. The study will last approximately 13 months. Compensation is available to qualified participants.

Qualifications:
- Females, under 17 years of age
- Have symptoms consistent with anorexia nervosa
- No longer having menstrual cycles
- Non-smoker or smokes ≤ 15 cigarettes per day
- No recent history (within 12 months) of alcohol or other substance abuse
- Must have parental consent
- Meet all other requirements

Insomnia

This is a clinical research study designed to assess the long-term safety and efficacy of a new investigational drug in adult patients with primary insomnia. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 8 months. Compensation is available to qualified participants for study participation.

Qualifications:
- Male or female, 21 to 64 years of age
- 3 months history of primary insomnia
- Have used or are currently using sleep aid medications at least four times per month
- No significant illness
- No sleep disorders, e.g., sleep apnea, narcolepsy
- Meet all other entry criteria

Hypertension Research Study

This is a clinical research study designed to see whether one approved hypertension medication is more effective than another hypertension medication in lowering blood pressure. If you meet all study entry requirements you may be eligible to participate. The study will last approximately 8 to 10 weeks. Compensation is available to qualified participants for study participation.

Qualifications:
- Male or female, 18 years or older
- Mild to moderate hypertension
- No night shift workers who routinely sleep during the day
- Generally in good health
- Meet all other entry requirements

Osteoarthritis and Rheumatoid Arthritis Research Study

This is a clinical research study designed to evaluate the safety of an investigational medication in patients with osteoarthritis or rheumatoid arthritis. If you meet all study entry criteria you may be eligible to participate. Compensation for your time and travel expenses is available to qualified participants for study participation.

Qualifications:
- Male or female, at least 50 years of age, clinically diagnosed with osteoarthritis or rheumatoid arthritis
- No concurrent medical or arthritic disease, e.g., inflammatory arthritis
- No congestive heart failure
- No uncontrolled hypertension
- No allergies to aspirin, diclofenac sodium, other NSAIDs, and coxibs
- Have not donated blood or plasma within the last four weeks
- Meet all other entry requirements

Calendar of Events

Osteoporosis Foundation of New Mexico
Albuquerque
Osteoporosis Support Group

Free Educational Presentations
Second Thursday of every month

Rehabilitation Hospital of New Mexico
(formerly St. Joseph’s Rehabilitation Hospital)
505 Elm St NE
Albuquerque, NM 87102
1:30 PM - 3:30 PM

DIAGNOSISING OSTEOPOROSIS

- Thursday, April 10, 2003
  Julie Montano, RT(R)CDT
  “All About Bone Densitometry”

- Thursday, May 8, 2003
  Frank O’Sullivan, MD
  “Diagnostic Testing for Primary and Secondary Osteoporosis”

- Thursday, June 12, 2003
  Sally Piscotty, RN, BSN
  “Could You be at Greater Risk”

The support group is open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want, and it is FREE. Consider attending if:
- You have osteoporosis,
- You have a loved one with osteoporosis, or
- You are interested in learning more about osteoporosis.

All study-specific information is IRB approved. To learn more about any study, call (505) 855-5505.
Ask Dr. Mike Lewiecki about . . . . OSTEOPOROSIS

Dear Dr. Lewiecki– I just returned from my annual physical with my doctor. I was shocked to find that I had lost two inches in height. I am 78 years-old, feel fine, and take no medicines. Do I have osteoporosis?

Elizabeth C., Durango, CO.

Loss of height can occur for many reasons, including poor posture, scoliosis, and shrinkage of intervertebral disks that occurs with aging. However, you are right to be concerned about osteoporosis.

In the US, there are about 700,000 osteoporotic vertebral fractures every year making it by far the most common type of osteoporotic fracture—more twice as common as hip fractures. Interestingly, only about one-third of vertebral fractures are “clinically apparent.” This means that there is enough back pain that medical attention is sought, and an X-ray is done to make the diagnosis. More often than not, the pain of a fracture is so mild that a doctor is never seen. Perhaps in some case, a fracture occurs with no pain at all. Loss of height may be the only clue that fractures have occurred. Even fractures that cause no pain can have serious consequences, including loss of lung function and intestinal symptoms. Also, having vertebral fractures increases the risk of future fractures of all types.

Since your loss of height could be the result of vertebral fractures causing compression of vertebral bodies, I suggest you ask your doctor about getting spine X-rays. I also recommend that you have a bone density test to find out if you have osteoporosis.

If you have vertebral fractures on X-ray, or osteoporosis on your bone density test, then you may benefit from taking medication in addition to calcium and vitamin D. Medical therapy has been shown to cut the risk of future fractures in half.

Mike Lewiecki

METABOLIC BONE DISEASE

The term “metabolic bone disease” refers to a wide variety of medical disorders that cause weakness or deformity of bones. Some, such as Osteogenesis Imperfecta or Hypophosphatemia, are inherited. Others, such as Paget’s Disease, occur later in life from unknown causes.

Dr. Lance Rudolph, Research Director at New Mexico Clinical Research & Osteoporosis Center, has a special interest in metabolic bone disease. At the Annual Scientific Meeting of the International Society of Clinical Densitometry in Los Angeles, California, he recently presented the results of a new treatment for a rare congenital disorder of bone called Fibrodysplasia Ossificans Progressiva (FOP). This disease causes episodic painful swelling and calcification of soft tissue around bones, and can eventually lead to severe deformity.

In collaboration with other international experts on FOP, Dr. Rudolph has used intravenous infusions of pamidronate, a medication classified as a bisphosphonate, similar to the more familiar osteoporosis drugs Fosamax and Actonel. While the results are very preliminary and need to be confirmed by additional research, this new treatment appears promising.
“On the Light Side”  
(A Few of my Favorite Things)

Maalox and nose drops and needles  
for knitting,  
Walkers and handrails and new dental fittings,  
Bundles of magazines tied up in string,  
These are a few of my favorite things.

Cadillacs and cataracts and hearing aids and glasses,  
Polident and Fixodent and false teeth in glasses,  
Pacemakers, golf carts and porches with swings,  
These are a few of my favorite things.

When the pipes leak,  
When the bones creak,  
When the knees go bad,  
I simply remember my favorite things,  
And then I don’t feel so bad.

Hot tea and crumpets, and corn pads for bunions,  
No spicy hot food or food cooked with onions,  
Bathrobes and heat pads and hot meals they bring,  
These are a few of my favorite things.

Back pains, confused brains, and no fear of sinnin,  
Thin bones and fractures and hair that is thinin,  
And we won’t mention our short shrunken frames,  
When we remember our favorite things.

Getting Old is not for Sissies!

Successful aging includes avoiding disease and disability,  
maintaining high mental and physical functioning and actively engaging in life.

How well you age is influenced by medical history, including calcium intake, saturated fat and caloric intake.  
Fasting lipid profile, bone density, depression, smoking, alcohol use, hearing loss, and memory loss are factors.  
Also involved is family history of heart disease, osteoporosis, diabetes and cancer.

Even modest changes in physical activity and nutrition can make a significant impact on quality of life and longevity.

If you have questions or concerns about any of these risk factors, discuss it with your provider at your next visit.
EXERCISE FOR HEALTHIER BONES

We all know that EXERCISE is important for good health and a sense of well-being. But did you know that exercise can also HELP PREVENT FALLS AND FRACTURES?

The 5 C’s of Exercise:

1. **COMPREHEND** the importance of exercise for healthier bones.

2. **CHOOSE** the exercises that are right for you.

3. **CONQUER** the challenges of exercise.

4. **COMMUNICATE** to get information and help with your exercise program.

5. **COMMIT** to exercise for healthier bones.

Guidelines for Safe Exercise

- Move smoothly and slowly for calisthenics and strength training exercises. Avoid jerky motions.

- Avoid twisting and bending forward while you exercise.

- Breathe normally as you exercise, don’t hold your breath. Counting out loud will help you remember to breath while you exercise.

- Exhaling as you weight lift may help increase your trunk support.

Stop exercising if you:
- Have pain
- Become light-headed
- Become nauseated
- Become unusually tired

look feel stay well. well. well. well.