

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center, Inc.

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Low Carb Treatment of Osteoporosis

You may have noticed that the country is being overrun by the low carb diet craze. It is hard to pick up a newspaper or magazine without reading about someone whose life has been changed by this type of diet, first popularized by Dr. Atkins. Celebrities chat about it on talk shows. Many restaurant menus now boast of numerous low carb food selections. Some of our patients and staff are on this diet, or one of its many variations.

How effective and safe is the low carb diet? The final answer to that question is not yet known, and you won't hear any more about that topic in this article. What you will hear about is osteoporosis and carbohydrates. The headline was to get your attention. If you are still reading this, it probably worked.

The foundation of any prevention or treatment program for osteoporosis is regular weight-bearing exercise, such as walking, and adequate daily intake of calcium and vitamin D. Most of us do not get enough of any of those. For exam-



ple, the global epidemic of obesity is testimony to our sedentary lifestyles and excessive caloric intake. The average American diet typically includes only about half of the recommended 1200 mg of calcium per day. Most of us need calcium supplements to get the necessary amount for good bone health. In order to absorb the calcium from the intestinal tract and give it the opportunity to build bone, vitamin D is necessary. Many of us do not get enough vitamin D, and need to take supplements.

And guess what? All of the above is low carb! And the medications used to treat osteoporosis are low carb as well. Bon appetite.'

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.

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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) 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.

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.

Osteoarthritis

This is a clinical research study designed to evaluate the safety and efficacy of an investigational medication in patients with osteoarthritis of the knee. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 4 weeks. Compensation is available to qualified participants.

Qualifications:

Male or female, 40 years or older.
Receiving NSAID and/or analgesic therapy for OA pain in the study

joint for at least 20 of the past 30 days.

No current evidence or history within the past 6 months prior to screening of myocardial infarction, angioplasty, or coronary bypass.

No history of significant trauma or surgery to the study joint (including arthroscopy) within the past 1 year (including significant injury to ligaments or menisci of knee).

Generally in good health.

Meet all other entry criteria.

Osteoarthritis

This is a clinical research study designed to evaluate the safety of an investigational medication, taken once daily for the relief of signs and symptoms of osteoarthritis of the knees or hip. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 54 weeks. Compensation is available to qualified participants.

Qualifications:

Male or female, 45 years or older.
Primary OA of the hip or knee,

present for at least one year.

No history of acute gout or pseudo-gout in the past year.

No history of open surgery or arthroscopy to the study joint within the last year.

No sensitivity to acetaminophen, tramadol, or opioid use.

Generally in good health.

Meet all other entry criteria.

Hypertensive Diabetics

This is a clinical research study designed to evaluate the safety and efficacy of the addition of amlodipine to quinapril or losartan in the treatment of diabetic hypertensive subjects. 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 35 to 80 years.
Diagnosed with Type 2 Diabetes,

on stable treatment for at least 3 months.

HbA1C \leq 9.0.

Have hypertension and not on OR must be willing to wash out of anti-hypertensive medication.

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 other criteria.

Severe Diarrhea-Predominant Irritable Bowel Syndrome

This is a clinical research study for female subjects with severe diarrhea-predominant irritable bowel syndrome who have failed conventional therapy. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 19 weeks. Compensation is available to qualified participants for study participation.

Qualifications:

Females 18 years of age or older.

Non-childbearing potential or on an acceptable method of contraception.

Diagnosis of severe d-IBS for at least 6 months and failed to respond to conventional IBS therapy.

No current evidence or history of chronic or severe constipation.

No evidence of biochemical or structural abnormality of the digestive tract.

Meet all other entry criteria.

Postmenopausal Osteoporosis

This is a clinical research study designed to evaluate the effects of calcium supplementation on the efficacy and safety of an investigational medication in postmenopausal women with osteoporosis. If you meet all study entry criteria you may be eligible to participate in this six-month trial. Compensation is available to qualified participants.

Qualifications:

Women 45 and older, postmenopausal for at least 1 year.

Must meet specific BMD and vertebral-fracture criteria

Cannot have five or more vertebral (thoracic or lumbar) fractures.

No history of a lumbar laminectomy or vertebroplasty.

Generally in good health.

Meet all other entry criteria.

Osteoporosis Foundation of New Mexico Osteoporosis Support Group's

Educational Presentations

2nd Thursday of every month:

Downtown Osteoporosis

Support Group

Rehabilitation Hospital of New Mexico
(formerly St. Joseph's Rehabilitation
Hospital)

505 Elm St NE

Albuquerque, NM 87102

1:30 - 3:00PM

For information call 338-6333

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3rd Thursday of every month:

Northeast Osteoporosis

Support Group

HealthSouth Rehabilitation Hospital

7000 Jefferson NE

Albuquerque, NM 87109

1:00 - 2:00PM

For information call 563-4039

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Quarterly:

Westside Osteoporosis

Support Group

Meadowlark Senior Center

4330 Meadowlark Lane

Rio Rancho, NM 87124

1:15 - 2:15 PM

For information call 891-5018

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The support group is open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want.

Consider attending if:

You have osteoporosis,

You have a loved one with
osteoporosis, or

You are interested in learning
more about osteoporosis.

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki– I am very worried. My mother is severely stooped over from osteoporosis, and she broke her hip in a fall last year. I am only 42 years old, but my doctor tells me that my bone density test is already low. I feel fine, exercise 3 times a week, and take vitamins and calcium pills. I don’t want to end up suffering like my mother. What else can I do? Suzanne H., Silver City, NM.

Dear Suzanne– You seem to be a healthy premenopausal woman with a very healthy lifestyle. Having a mother with osteoporosis and “fragility” fractures increases your risk of developing osteoporosis. You are justifiably concerned about your bones, and it is proper to take all reasonable precautions to keep your bones strong and prevent fractures.

Please keep in mind that you may have a genetic predisposition to having a low “peak bone mass.” That means that the best bone density you ever have, usually in your early 20s, may be lower than the average peak bone mass for all women.

Since you have only had one bone density test, we cannot know for sure whether your low bone density represents low peak bone mass with stable bone density, or if you once had a higher bone density that has become worse over time. In most cases, unless you have a disease or take medications that can harm bones, it is a matter of low peak bone mass that continues at about the same level until the time of menopause, when there is a risk of rapid bone loss.

I recommend that you see your doctor for a few simple laboratory tests to be sure there are no contributing factors causing your low bone density that have not yet been identified. Continue your lifestyle of regular weight-bearing exercise with calcium and vitamin D supplements. You may want to have a repeat bone density test in a few years to be sure it is stable. At the time of menopause, you may need to begin medication to prevent bone loss.

Sincerely,

Mike Lewiecki

LOW BONE DENSITY IN PREMENOPAUSAL WOMEN

The letter to the left from Suzanne in Silver City asks a question that is commonly heard by doctors. Most premenopausal women with low bone density are healthy, have stable bone density, are not at high risk of fracture, and do not need prescription medications. However, some do have medical problems that need to be identified and treated.

It is the physician’s job to act as a medical detective whenever a bone density measurement is unexpectedly low. Typical tests that are done include a check on the blood count, serum calcium and phosphorous level, measurement of kidney and liver function, and thyroid level. Often a 24-hour urine collection is done to look for evidence of poor intestinal absorption of calcium. A vitamin D level may be measured, since vitamin D deficiency is much more common than previously appreciated. A blood test for celiac disease may also be helpful. Medications being taken should be thoroughly reviewed, since some of them can cause osteoporosis or interfere with your bone metabolism.



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.



Woman to Woman

by
Julia Chavez, CNP

Chronic Illness and Depression

Depression often goes unnoticed and untreated. It is common with chronic conditions. Sometimes, it can be a side effect of certain medications. Chronic illness may mean having to deal with changes in lifestyle, fatigue, pain, and medical bills. Depression is not a flaw in character and is not something to be embarrassed about.

Depression symptoms can be reduced in most sufferers but first it must be recognized. If not treated, it can worsen other medical conditions, such as high blood pressure, diabetes, lung disease, heart disease and stroke.

Here are some things you can do to help:

- 1. Eat healthy and nutritious foods.**
- 2. Exercise regularly.**
- 3. Monitor your blood pressure and weight.**
- 4. Avoid excessive alcohol.**
- 5. Try to go outside in the sunlight daily.**
- 6. Talk to your family and friends. Let them know how you are feeling.**
- 7. Take your medicines correctly.**

If you, or others around you notice symptoms of depression and the symptoms last longer than two weeks, seek medical help.