

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

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Federal Government Limits Access to Osteoporosis Care

The US Surgeon General has identified osteoporosis as a major public health problem. It is a disease that is under-diagnosed and under-treated. Only about 20% of Medicare beneficiaries who qualify for bone density testing actually have it done. Treatment rates are very low, even in patients at very high risk for fracture, such as those with a recent hip fracture. When treatment is started, less than half of patients are still taking the treatment a year later. Fractures resulting from osteoporosis can cause serious disability, loss of independence, and death.

How has Medicare responded to this problem? Amazing as it may seem, they have done the opposite of what you might expect. Medicare payment for bone density testing by dual-energy X-ray absorptiometry (DXA) in free-standing facilities was cut by about 40% on January 1, 2007. At this level of reimbursement, many DXA facilities are being paid less than the cost of doing the test, and some have responded by closing their doors. Further cuts in DXA reimbursement are expected, so that by 2010, all free-standing DXA facilities will likely be forced to shut

down or operate with great financial losses. Since free-standing DXA facilities comprise about two-thirds of all DXA facilities, patient access to this important test will be severely limited.

This major threat to the management of osteoporosis is being addressed on multiple fronts. A coalition of not-for-profit professional societies and patient advocate groups, such as the National Osteoporosis Society, are attempting to educate Medicare regulators and our legislators on these issues. Legislation is being proposed that will restore reimbursement to 2006 levels, allowing most DXA facilities to continue to serve the community. Patients who care about the future of health care are encouraged to contact their legislators.

We in New Mexico can be advocates for good bone health in our state by supporting the Osteoporosis Foundation of New Mexico and state legislation to fund programs for osteoporosis prevention and education. For more information, contact Yvonne Brusuelas at 855-5627.

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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.

Do You Have Frequent Heartburn?

Can't sleep without a recliner? Unable to enjoy the foods you love? If so you may qualify as a volunteer in a clinical research study for an investigational medication for heartburn and GERD. Qualified participants will receive study related office visits, study medication, lab work and procedures at no cost. Compensation for time and travel may also be available.

Treatment of Postmenopausal Hot Flashes

A 26-week research study in healthy postmenopausal women suffering from vasomotor symptoms (Hot Flashes).

You may qualify for this study if you are:

- Postmenopausal female
- Suffer from at least 7 hot flashes in a 24 hour period. 2294

Gout

This is a 6-7 month research study to see if an investigational drug can lower uric acid levels in the body (high uric acid can cause gout). If you have a history of gout or are currently experiencing gout symptoms, you may qualify to participate. Tap-Gout

Male Osteoporosis

This is a one year clinical research study testing ibandronate for treatment of osteoporosis in men.

You may qualify for this study if you are:

- A male between 30 and 79
- Have a diagnosis of osteoporosis 2283

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 2293

Osteopenia

New Mexico Clinical Research & Osteoporosis Center is conducting a research study using an investigational Vitamin D compound for the treatment of low bone density.

You may be eligible to participate if you are:

- If you are a postmenopausal woman between the ages of 55 and 80. 2295



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

Why We Should Drink

Dehydration is excessive loss of water from the body. Diseases of the gastrointestinal tract can lead to dehydration in various ways. Sometimes it becomes the major problem in an otherwise self-limited illness. Fluid loss can become severe enough to be life threatening.

A certain amount of fluid intake is required on a daily basis. The minimum is about one liter but active people need 2-3 times this basic amount. If we take in less or lose more than is needed, the end result is dehydration. Excessive loss of fluids through the intestinal tract can happen when the intestines are inflamed or damaged or when bacteria or viruses are present. A decrease in oral fluid intake may be due to nausea or loss of appetite. This might be worsened by vomiting. Some medications can cause an increase in fluid loss. Diarrhea or bowel surgery can make a person more susceptible to dehydration.

Some of the signs and symptoms of dehydration are a rapid drop in weight, increased thirst, dry mouth, weakness or lightheadedness, darkening of the urine or decrease in urine.

The best way to treat it is to prevent it from happening. If there is a question about it, a call or visit to your primary provider or urgent care is always the best policy.



Osteoporosis Foundation of New Mexico

Educational Presentations

2nd Thursday of every month:
Lovelace Rehabilitation Hospital
(Formerly Rehabilitation
Hospital of New Mexico)
505 Elm St NE
Albuquerque, NM 87102
1:30 - 3:00PM

July 12, 2007

Dr. E. Michael Lewiecki
"Osteoporosis Treatment Secrets"

August 9, 2007

Dr. Julia Coquia
"General Osteoporosis Therapies"

September 13, 2007

Dr. Viji Kumar
"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.

Consider attending if:

- ❖ You have osteoporosis,
- ❖ You have a loved one with osteoporosis, or
- ❖ You are interested in learning more about osteoporosis.

To RSVP your
attendance call
338-6333

www.osteoporosisfoundationnm.org

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki– I have had 3 kidney stones over the last 20 years. My doctors always told me to avoid dairy products and calcium pills. Recently I broke a bone in my spine and found out that I have osteoporosis. I think I need more calcium to help with my bones, but I don't want my kidney stones to come back. I need help. What should I do?

Robert S., Mountainair, NM.

Dear Robert – This is a common problem, and a good example of how medical care has changed over time. I hope we are smarter now than in the past, but only the future knows.

I have had a kidney stone myself, so I understand the misery they can cause. Since most kidney stones contain calcium, it seems logical that restricting our intake of calcium might reduce the risk of having more stones. However, scientific research has shown that this is not always the case. In fact, the opposite may be true. Restricting your calcium intake could actually increase the risk of kidney stones.

Here is the new thinking about kidney stones, calcium, and bones. It started with a study published in the New England Journal of Medicine in 1993. This showed that patients with a high dietary calcium intake had a reduced risk of kidney stones. It was thought that this could be due to calcium in the intestine binding to oxalate, thereby reducing the absorption of oxalate and the amount of oxalate in the urine. Some subsequent studies confirmed this finding, while others have not. It now seems that the risk of kidney stones may be altered by many dietary factors, including fluid intake, calcium oxalate, potassium, phosphate, and magnesium.

So, how can we protect ourselves from kidney stones and have healthy bones at the same time? I suggest a normal recommended calcium intake of about 1200 mg per day. If you do not get this much in the diet, take supplements in the form of calcium citrate, since citrate may have an anti-stone forming effect. Drink lots of fluids to keep the urine dilute. And follow your doctor's advice on medications for osteoporosis.

The very best to you,

Mike Lewiecki

WHAT KIND OF CALCIUM IS BEST?

The most common questions about osteoporosis concern calcium. We lose calcium every day in our stool, urine, and sweat. This amount must be replaced in order to avoid bone loss. Since most of us do not get the recommended 1200 mg per day in the diet, calcium supplements are often necessary.

There is a bewildering array of calcium products in the stores, and many are advertised as being the "best." Which should you take? First of all, most of the products are probably fine. The important thing is that you get enough. If you have a dietary calcium intake of 600 mg per day, then you need another 600 mg in the form of a supplement to get up to 1200 mg. Calcium carbonate is the least expensive and most widely available form of calcium. It is best to take it with meals to maximize absorption. Calcium citrate may cost a little more, but can be taken with or without food. If calcium causes constipation, try one of the products that combines calcium and magnesium. With a little luck, the laxative-effect of the magnesium will correct the problem.



Support osteoporosis education in New Mexico. Help to reduce the burden of osteoporotic fractures. The 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.