

# CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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Winter 2006

Vol. 9, No. 1

## News Flash: Osteoporosis is Not Always What it Seems to Be (Read on to find out more!)

One of the great challenges of modern medicine is deciphering the huge amounts of data that rapidly accumulates to discover what is important and what is not. There is a bit of Sherlock Holmes in all of us, and physicians get a special joy in solving mysteries in order to help their patients.

Osteoporosis is a disease that can be diagnosed in two ways. One is called a "clinical diagnosis." This is done after a bone breaks under circumstances where this should not have happened, as when a bone in the spine breaks (fractures) after lifting a bag of groceries. A better way is to make a "densitometric diagnosis." That can be done before the first fracture occurs when a bone mineral density (BMD) test shows a "T-score" that is  $-2.5$  or less. This suggests that the bones are fragile and susceptible to fracture, and medication may help to strengthen the bones and reduce the risk of fracture.

So where is the mystery? There is no challenge to this, you say. Here is the rub: Some patients

with a T-score of  $-2.5$  or less do not have osteoporosis, and some patients with better T-scores do have osteoporosis. It sometimes requires some extra effort to unravel all of this and find the treatment that is going to work the best.

Want some examples? The T-score may look like osteoporosis when there is really a localized bone disease, such as a bone cyst, bone cancer, or bone infection that needs to be treated very differently. Osteomalacia is a disease where low BMD is usually due to severe vitamin D deficiency. Treatments for osteoporosis in this situation may actually be dangerous if the vitamin D deficiency is not corrected first. On the flip side of the coin, many patients with a T-score better than  $-2.5$  may be at high risk for fracture and need to be treated with osteoporosis medications.

For better or for worse, modern medicine cannot be practiced just by the "numbers." A good medical detective will select the right information from all that is available, and use this to make the best possible decisions to improve your health and prevent future problems.

### Would you like to receive this newsletter in electronic format?

There are two ways to receive this newsletter electronically: 1. Visit our website at [www.nmbonecare.com](http://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](mailto: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) 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.*

### Type 1 or 2 Diabetes Mellitus

This is a 2-year study to assess the safety of an experimental inhalation system for the treatment of type 1 or 2 Diabetes Mellitus. Compensation is available to qualified participants.

**You may qualify for this study if you:**

- Are a non-smoking male or female aged 18 to 70 years

- Have been clinically diagnosed with Diabetes Mellitus type 1 or type 2 for at least 2 years
- Are willing to keep all visit appointments

2274

### Non-Surgical Pain Treatment for Carpal Tunnel Syndrome

This is an 8-week study to explore the use of a study patch that has a drug for pain already built into it. This means when the study patch is placed on the wrist, the study medicine is absorbed through the skin and directly to the pain in the wrist. You will be compensated for time and travel expense.

**You may be eligible for participation:**

- You must be 18 years of age or older

- You must be diagnosed with mild to moderate Carpal Tunnel Syndrome in one or both wrists
- You must be having symptoms of pain, numbness and/or tingling in the wrist(s).

2275

### Treatment of Chronic Low Back Pain

This is an 18 week study to evaluate the safety of Bicifadine in patients with moderate to severe chronic low back pain.

**You may qualify for this study if you are:**

- Male or female, ages 18-75
- Women must be postmenopausal, surgically sterile or using birth control
- Able to walk
- Requires an average, daily analgesics for the treatment of low back pain over the past 3-months.

- A prior non-steroidal anti-inflammatory drug (ibuprophen, aleve, aspirin) or acetaminophen (paracetamol) user.
- Able and willing to comply with the study for its duration.

Reimbursement for time and travel is available to qualified participants.

2269

**Heartburn Therapy**

This is a 4-week study to evaluate the safety and efficacy of an investigational drug as a potential therapy for acid related disorders including Gastroesophageal Reflux Disease (GERD)

**You may qualify for this study if:**

- You are male or female at least 18 years of age
- Women must be postmenopausal for greater than 2 years, surgically sterile or using birth con-

- trol
- You have identified heartburn as your primary symptom
- You have a history of heartburn for 4 or more days during the 7 days prior to study day 1
- You have experienced episodes of heartburn for 6 months or longer

2270

**Treatment of Heartburn or Acid Related Disorders**

This is an 8-week study to evaluate the safety and efficacy of an investigational drug compared with FDA approved Lansoprazole as a potential therapy for acid related disorders including healing of Erosive Esophagitis

**You may qualify for this study if you are:**

- Male or female at least 18

- years of age
- Women must be postmenopausal for greater than 2 years, surgically sterile or using birth control

2271

**Bone Quality in Women With Osteoporosis and Osteopenia**

This is a one year clinical research study to assess the effect of monthly oral Ibandronate versus placebo on bone quality and strength at the hip in women with Osteoporosis.

**You may be eligible to participate if you are:**

- A postmenopausal woman age 55 to 85 at the time of screening
- Able to swallow a tablet whole
- Are free from gastrointestinal disease
- Able and willing to comply with the study for its duration.

2264

This is a one year clinical research study to assess the effect of monthly Ibandronate versus placebo on bone quality and strength in postmenopausal women with Osteopenia.

**You may be eligible to participate if you are:**

- A postmenopausal woman age 45 to 60 at the time of screening.
- Able to swallow a tablet whole
- Are free from gastrointestinal disease
- Able and willing to comply with the study for its duration

2267

**Osteoporosis Foundation of New Mexico**

**Albuquerque Osteoporosis Support Group**

**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

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January 12, 2006  
Barbara Thorpe, CNP  
"Sunlight Exposure and Vitamin D"

February 9, 2006  
Dr. Robert Gordon  
"Prevention of Bone Loss—Part I"

March 9, 2006  
Dr. Robert Gordon  
"Prevention of Bone Loss—Part II"

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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.

To RSVP your attendance call 338-6333

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## Winter - Why Stop Exercising.

When the weather gets cold, we stay indoors, like hibernating bears, and our exercise schedule is usually delayed until Spring. This wintertime factor means less weight-bearing exercise.

Our bones stay strong with the stress of exercise, and may lose some of that strength when we exercise less. With the shorter days, the sun lower in the sky, and less outdoor activities in the winter, we may experience changes in mood, sleep patterns and weight gain. Below are tips to encourage you to continue exercising, indoors, at home, with little or no special equipment.

### **Indoor Strengthening Activity - for the muscles and bones:**

- Use the wall or counter for push ups.
- Get in and out of a chair using only your legs.
- Holding onto a support, try calf raises on a step.
- Try a resistance band or tube.
- Put on some music and dance.
- Stand or pace while talking on the telephone.

*A final tip:* Always try to keep physically active, even in the wintertime ☺



## Woman to Woman

By  
Julia Chavez, CNP

### **The Bird Flu- What You Should Know**

Several people in Asia have died from an outbreak of the H5N1 avian influenza also known as the bird flu. So far it has not shown signs of being transmitted from person to person, but there is a rapid spread among animals including chickens and migratory birds. The H5N1 virus has jumped the species barrier into humans on several occasions in the recent past. The source of infection in all these cases was traced to contact with diseased birds.

The risk here appears to be very low, but the CDC is taking a number of steps to contain the virus because it could become a very serious problem if the epidemic in Asia is not contained. The risk of the bird flu getting into the USA is not great because we do not import live poultry from Asia.

So far, cases of Avian flu mostly in chickens and ducks, have been reported in Japan, South Korea, Vietnam, Thailand, Cambodia, Taiwan, Indonesia, Pakistan, Laos, and China. It is hard to estimate whether this strain will jump species, but the flu virus is adaptable and it could find a way to do that.

Persons with symptoms of respiratory infection should cover their nose and mouth when coughing or sneezing, use hand hygiene products, and dispose of used tissues properly.



## GETTING OLDER IS THE BEST THING -

By *Oprah*

Getting older is the best thing that ever happened to me. I wake up every morning rejoicing that I'm still here with an opportunity to begin and be better.

I awaken to a morning prayer of thanks posted on my bathroom wall from Marianne Williamson's book *Illuminata*. I think about all those who didn't make it to 51 and were claimed to a different calling before they realized the beauty and wonder and majesty of life on earth. Or - in some ways worse— those who reach this age without an appreciation for the value of each breath.

I know for sure that every day holds within it the gift of seeing the world through the Creator's eyes. Some days the challenges of daily existence weigh on our ability to see it, but today I could. Watching the Maui sun rising, turning the sky the color of newly ripened peaches, I knew that I was connected to a power greater than myself - that I need only slow down and get still enough to let the flow that is all life carry me to the next level.

I find that I have little tolerance now for pettiness and superficial pursuits. There's a wealth that has nothing to do with dollars, that comes from the perspective and wisdom of paying attention to your life. It has everything to teach you and I know for sure is that the joy of learning well is the greatest reward.

What Maya Angelou predicted is true:

**Your 50s are everything you were meant to be.**

**Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS**

**Dear Dr. Lewiecki— I know that I need vitamin D to help with my osteoporosis, but when I go to the drugstore there are many different kinds. Which should I get, and how much to I need? Cordelia S. Grants, NM.**

Dear Cordelia— You are correct that vitamin D is important for the health of your bones and the treatment of osteoporosis. Vitamin D is necessary to maximize the absorption of calcium and allow it to get into your bones. Most of us do not get enough vitamin D, even with all the sunshine of New Mexico. A recent research study showed that about 50% of women being treated for osteoporosis have less than desirable levels of vitamin D in their blood.

There are two kinds of vitamin D supplements. One is vitamin D2, also called ergocalciferol, and the other is called vitamin D3, or cholecalciferol. A few years ago, it was thought that they acted about the same in our bodies, and that it did not matter which kind was taken. Recently, researchers have found that D3

is stronger than D2. While it is fine to use either D2 or D3, it is necessary to take a higher dose of D2 to get a good blood level. The bottom line is that you get “more bang for the dose” if you take D3. Check the labels at the drugstore and try to select multivitamins or other supplements that contain D3, if they are available.

The amount of vitamin D in a multivitamin pill is usually 400 International Units (IU), which may be in the form of D2 or D3. The usual recommendation is for adults to take 400-800 IU of vitamin D per day. However, many experts now feel that that is not enough, and that a dose of 1000-1200 IU of D3 per day may be better. And don't forget that a little sunshine can help to build up your vitamin D as well.

There is a simple blood test to measure your vitamin D level to find out if you are getting enough. The desirable blood level is in the range of 30-60 ng/ml. If it isn't right, then your dosage can be adjusted.

Sincerely,

*Mike Lewiecki*

**BONE TURNOVER?**

You have heard of an apple turnover, but you may not have heard of bone turnover. This is the medical term that is used to describe the rate of bone metabolism. In other words, it is the speed with which you bone is continually dissolving (also called resorbing) and forming. This is a normal and necessary process for healthy bones. When bone resorption and formation are in balance, then bone density remains stable, and all is well.

The problem comes when bone resorption and formation are out of balance. This is called “uncoupling,” and results in a state of high bone turnover. This ultimately causes osteoporosis and increases the risk of broken bones, or fractures. High bone turnover often begins in women at the time of menopause, and explains why women over the age of 50 are at high risk for osteoporosis.

The good news is that medications used to treat osteoporosis can change you bone turnover, increase bone density, make your bones stronger, and reduce the risk of fractures.



**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.**