

Advanced Testing of Bone Strength

Trabecular Bone Score (TBS) is a new method for assessing bone strength and quality. It represents a large advance in the care of patients with osteoporosis by giving information that complements bone density testing. TBS can help with the decision to treat or not treat with medications to reduce the risk of broken bones (fractures). TBS may also guide us to select the type of medication that is best for you and sometimes can tell us how well a medication is working. Read on to learn more about TBS.

To understand what TBS is all about, it is important to recognize that osteoporosis is more than low bone density. With osteoporosis there is also a deterioration of the internal structure of bones that is not measured with a bone density test. Just as our skin can change with age, developing wrinkles and blotches (sorry), the inside of our bones change as well. The spongy trabecular inside parts of our bones becomes thinner, with holes and weak areas. TBS allows us to measure this internal structure that we cannot see or feel. By combining what we know from bone density testing with the results of TBS, we can more accurately estimate your future risk of breaking bones. This is important information in making treatment decisions.

There are many examples of how TBS can make a difference in your care. Here are just a few:

1. Suppose you have type 2 diabetes, the most common type of diabetes that occurs as we age and

gain weight. We now know that people with this condition have an increased risk of breaking bones, even when bone density is normal or only slightly low. We also know that some of the medicines used to treat the diabetes can weaken the bones. By measuring TBS, we can better assess the risk of breaking bones and decide how this should be treated.

2. When a bone density test shows “osteopenia,” the risk of breaking bones may be high enough that treatment is a good idea, or the risk may be low. We use a computer program called FRAX to estimate fracture risk. By including the results of TBS with the FRAX calculation, we can do a better job of predicting the risk and making treatment decisions.

3. Sometimes we cannot get an accurate measurement of bone density in the spine because of arthritis that interferes with the test. However, TBS can “see through” the arthritis and still measure bone structure and strength. This information is very useful in deciding how to treat.

The remarkable thing about TBS is that you don’t need to do anything beyond the standard bone density test. The measurement is made from data already collected from the scan of the spine, even on tests done in the past. This is processed through a complex computer software program that has been evaluated and cleared by the FDA. The modest cost of TBS is not yet covered by Medicare or commercial health insurance plans.

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Clinical Research

Are you interested in participating in a research study?

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 you qualify. If this interests you, please take a few minutes to read the major criteria listed under **Clinical Research**.

If you think you may qualify for a study or have questions about participating in research. Please call a study specialist for more information at: (505) 923-3232.

Feel free to pass this newsletter to a friend or relative who may be interested. The drug study information is updated often, since we are continually starting new studies and closing existing studies. Call and give your information to a study specialist for consideration for future studies. If there is nothing for you now, there may be one soon.

Low Testosterone Replacement

This study is for men diagnosed with Low Testosterone and increased risk for cardiovascular disease. You may be eligible to participate if you:

- Are 45 to 80 years old
- Currently not being treated with testosterone in the last 6 months.

Abbvie M16-100

Male Osteoporosis Study

This is a study for male patients not currently being treated for their Osteoporosis or Osteopenia. You may qualify if:

- You are between the age of 40 to 85
- No kidney stones in the last 5 years

Radius BA058-05-019

Upcoming Studies

2019

Sarcopenia- muscle loss and strength.

Eczema- inflamed, dry, itchy patches of skin.

Comparison Study- Ultra sound compared to DXA scan. Early detection of osteoporosis in a clinical setting.

**Please call today to pre-register and be put on a waitlist.
Call 505-923-3232**



Nurse's Nook
by Sarah Erb, CNP, CCD

Now Available: Advanced Testing of Bone Strength with TBS

TBS means **T**rabecular **B**one **S**core. This is a newly developed test of your bone structure that is complementary to standard bone density testing.

When TBS is combined with bone density testing, we learn more about your bone health than with bone density testing alone. TBS is important because about one-half of people who break bones do not have bone density that is classified as osteoporosis. TBS can help recognize these people and allow for more personalized care to prevent broken bones.

TBS does not require any additional scanning. It uses advanced software cleared by the FDA to measure your bone structure with the same scan that measures your bone density. It is not covered by insurance at this time. The cost to you for TBS is \$50 (far less than the cost of having a broken bone).

Let us know if you would like to have TBS included with your bone density test. See the front page of this newsletter to learn more.

Osteoporosis Foundation of New Mexico (OFNM)

Educational Presentations

Coronado Villa Resort Lifestyle Retirement Community
6900 San Vicente Ave. NE
Albuquerque, NM 87109

(This is two streets north of San Antonio west from Louisiana)

RSVP to 505-857-3956

2019 Meetings
(1:30-3:00 PM)

Thursday, May 9th, 2019
Molly Grady

"The Benefits of T'ai Chi Chih that relates to Osteoporosis & Balance"

Thursday, August 8th, 2019
George Frasier

"Osteoporosis Do's & Don'ts"

Thursday, November 7th, 2019
Barbara Goldberg, RN

Feldenkrais "Awareness of Movement"

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want. There is limited space, so please sign up by calling 857-3956 in order to attend. A \$1 contribution is requested in order to cover the cost of educational material. You may donate more if you wish.

Directions to facility:
From San Antonio, go north on Louisiana. Turn west on the second street. Coronado Villa is behind Grace Church.



If you enjoyed this newsletter and would like to be placed on an electronic mailing list, email ybrusuelas@nmbonecare.com.

Ask Dr. Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I recently broke my wrist when I fell while raking leaves. I had to have surgery and I am still not fully recovered 2 months later. I had a hard fall and think that anyone who fell the same way would have broken a bone. I am 65 years old and generally very healthy. However, I am worried about my bones, at least a little, because of my mother. She broke her hip from a fall when she was 76 years old, then broke a bone in her spine, and is now in a nursing home. I don't like having her in a nursing home and certainly don't want to end up there myself. My doctor says not to worry, since I am healthy and only had a wrist fracture. What do you think?

Maria G., Belen, NM.

Dear Maria – I share your concern about the health of your bones. It is true that any bone will break if subjected to enough force, but weak bones are more likely to break than strong bones. A wrist fracture from a fall at your age is due to osteoporosis until proven otherwise.

The first step in evaluating your bone health is to have a bone density test. This is recommended by the National Osteoporosis Foundation for all women age 65 years and older, and for younger postmenopausal women with risk factors for fracture. You have mentioned two risk factors that are important for you – your mother with a hip fracture and your own wrist fracture. For good or for bad, daughters tend to be like their mothers. Having any kind of fracture at the age of 65 years can be called a “bone attack,” just as serious in some ways as a heart attack. It could be the first sign of weak bones due to osteoporosis. The next fracture could be far more serious.

For you, I suggest a bone density test now, as well as some simple lab tests (including measurement of your calcium and vitamin D) to find out more about your bones. With that knowledge in hand, and with the help of your doctor, you can make a more informed decision about what to do next.

Mike Lewiecki

From the editor: If you have a question for Dr. Lewiecki, please send it by mail to the address on the front page of this newsletter or drop off at the office. It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.

WELCOME, SARAH!

We are very pleased to announce that we have a new member of our “bone team.” Sarah Erb, CNP, CCD, is an osteoporosis nurse specialist who has received specialty training in the care of osteoporosis. She is a highly experienced nurse practitioner who is certified by the International Society for Clinical Densitometry for the interpretation of bone density testing.

Sarah will be working closely with Drs. Lewiecki and Rudolph in the evaluation and treatment of patients with osteoporosis and other bone diseases. She will be interpreting bone density tests and administering injectable osteoporosis treatments such as zoledronic acid (Reclast) and denosumab (Prolia). You may visit with Sarah to review the results of a bone density test, vertebral fracture assessment (VFA), or trabecular bone score (TBS). She can answer your questions about calcium, vitamin D, physical activity, and fall prevention. She can talk with you about starting or changing your treatment, and which of the many available treatments might be best for you.

Other members of the bone team include Michelle Garcia PA-C, CCD, Daniel Widholm, RT(R)(BD), CBDT, our DXA technologist; Monica Tanny, osteoporosis treatment coordinator, and many others who help with bone education and research.



Support osteoporosis education in New Mexico. Help to reduce the burden of osteoporotic fractures. 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 4600 B Montgomery Blvd NE, Suite B-200, Albuquerque, NM 87109. For more information, go www.ofnm.org or call 505.857.3956.