

The Latest News on COVID and Osteoporosis

Hardly a day goes by without hearing something new about COVID-19. The global pandemic has had massive effects on our lifestyles and well-being. There are grave reports of death and suffering due to COVID-19. There are also many uplifting stories of people helping people, vaccines being distributed, and new treatments emerging. Despite the overwhelming concerns about COVID-19, other diseases still take their toll and must be considered. Here is an update on some of what we know and don't know about COVID-19 and osteoporosis.

Vitamin D. Anyone with osteoporosis knows that an adequate vitamin D intake is important for strong bones. Vitamin D also plays a role with immune function and our ability to fight infections. There are intriguing reports that COVID-19 infections are more common and more serious in countries with high rates of vitamin D deficiency. It is not clear whether vitamin D should be taken to prevent or treat COVID-19 infections, but it is certainly not good to be vitamin D deficient. For most of us, taking vitamin D3 2000 IU is probably a good idea. On rare occasions, a higher dose is needed. Take care not to overdo it with vitamin D. Too much may cause kidney stones or other medical problems.

Osteoporosis medications. Some injectable osteoporosis treatments must be given on time or they quickly lose their effectiveness. This is especially true with Prolia and Evenity. If you are on one of these medications, work with your healthcare provider to assure that you stay on schedule. There is no evidence that these medicines are harmful with fighting a COVID-19 infection.

Stress fractures. Many of us are staying home more, traveling less, and having more opportunities to hike or take long walks. While exercise is good for your bones and many other things, too much is not such a good thing. It has been reported that more of us are getting stress fractures in our feet and legs due to increasing our levels of exercise beyond the strength of our skeletons. Keep active but don't go to extremes. If you want to increase your level of exercise, do so in small increments.

Spine fractures. The most common type of fracture due to osteoporosis is in the spine. These may be extremely painful or cause no symptoms at all. A recent study from Italy found that patients with fractures in the spine who were hospitalized for COVID-19 infections were sicker and had a higher death rate than those without fractures in the spine. This may have been because of being older and having more heart disease, or because spine fractures compress the spine and can make breathing more difficult. This is a very big problem for those with severe chronic lung disease, such as COPD.

Staff

E. Michael Lewiecki, MD, FACP, CCD
Osteoporosis Director

Lance A. Rudolph, MD, CCD
Research Director

Julia R. Chavez, CNP
Adult Healthcare

Sarah Erb, CNP, CCD
Osteoporosis Nurse Practitioner

Yvonne Brusuelas
Management Director

Valerie Barton, CCRC
Research Manager/Coordinator

Devona Martinez
Research Executive Assistant

Mary Montano Niles, COT, CCRC
Drug Study Coordinator

Tanya Salazar, CRC
Drug Study Coordinator

Linda Weakland
Research Recruitment Specialist

Daniel Widholm, RT(R)(BD), CBDT
Bone Densitometry Technologist

Monica Tanny
Lead Medical Assistant

Renee Valdez
Medical Assistant

Sandra Watson
Medical Assistant

Carly Dobbins
Front Office Supervisor

Mickie Sanchez
Patient Coordinator

Jessica Mason
Centralized Scheduler

Arianna Pacheco
Osteoporosis Treatment Coordinator

Samantha Howard
Telemedicine Coordinator

Wendy Howard
Billing Specialist

Kim Fletcher
Billing/Payables Specialist

Rachel Bruch
Office Assistant



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 diagnostic testing. If you qualify for the study, you will receive reimbursement for your time and travel. Please take a few minutes to read the criteria for each study listed in our section titled “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 research 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.

Atopic Dermatitis / Eczema

This study is for male or female patients with moderate to severe Atopic Dermatitis. You may be eligible to participate if you are:

- 12 years or older
- Chronic Atopic dermatitis for at least 2 years

RD.06SPR.118161

Low Testosterone with Cardiovascular history

This study is for men with Low Testosterone symptoms or history. Patient must have a history of a cardiovascular event. You may be eligible to participate if you:

- Are 45 to 80 years old
- No testosterone therapy or androgenic steroid derivative in the last 6 months.

Abbvie M16-100

Postmenopausal Osteoporosis / Denosumab (prolia)

This is a study for women who have been diagnosed with Postmenopausal Osteoporosis. You may be eligible if you are:

- You are ≥ 60 and ≤ 90 years of age.
- Body weight ≥ 110 lbs and ≤ 198 lbs

TVB009-IMB-30085

Osteoporosis Fracture Study

This is a study for female patients who have experienced one osteoporotic fracture in either location: Hip, Spine, forearm, humerus, pelvis, proximal femur, tibia, fibula, ribs, clavicle, scapula, or ankle.

- You are ≥ 50 years of age or older.
- Have experienced one fracture in the last 12 months.

Evenity 20190476

Coming soon.....

We have an upcoming Osteoporosis study for men and postmenopausal women. The study medication is Tymlos. If you, or someone you know, may be interested please call 505-923-3232 to be put on the waiting list.



Nurse Practitioner’s Nook
by Sarah

Common Questions due to
COVID-19

“I am uncomfortable going to the lab for bloodwork.” If your previous laboratory studies were deferred, they are required for the next visit. Laboratory studies are required at least once a year and the risk of exposure to COVID-19 is very low.

“Why can’t I get my injection outside?” Initially, we did administer injections outside. However, in the winter months that is not feasible for our staff and the summer is much too hot. All injections will be given inside the building; however, you are welcome to wait in your car until you are called, or an exam room is available.

“I just got my COVID vaccine.” We are requesting a week in-between the COVID vaccine and Prolia or Evenity injections. This is to prevent any potential injection reaction confusion. If you have the injections within several days of each other and have a reaction, we have no way of knowing which medication caused your reaction. At this time, we are prioritizing the vaccine administration and can easily adjust your Prolia or Evenity appointment to a different day.

Osteoporosis Foundation
of New Mexico (OFNM)

Educational Presentations

Until further notice, the Osteoporosis Support Group meetings will be held virtually on the Zoom platform.

To register for the meeting, please email Carly Dobbins at **cdobbins@nmbonecare.com**. Once registered an email confirmation will be sent along with instructions to join the meeting.

2021 Meetings
(1:30-3:00 PM)

Speakers and topics TBD

Thursday, April 8, 2021

Thursday, July 8, 2021

Thursday, November 11, 2021

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want.

If you wish to donate to the Osteoporosis Foundation of New Mexico, please visit our website at **www.ofnm.org** and click on the purple donate button on the top right of the page.



To view current and previous newsletters, visit our website at **www.nmbonecare.com** and look under the News tab.

Ask Dr. Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I have had osteoporosis for many years. I know it is important to get enough calcium in my diet and to take vitamin D supplements. Recently I have been hearing that vitamin D can prevent coronavirus infections, or at least reduce the risk. I am very worried about getting infected, so I started taking vitamin D3 15,000 IU per day. I feel OK, but my doctor told me I shouldn't take so much vitamin D. What should I do?
Elizabeth N., Bernalillo, NM.

Dear Elizabeth – Much is still unknown about vitamin D and the risk of COVID-19 infections. *Observational* studies have shown that people with higher vitamin D levels seem to do better than those with low levels; they get infected less often and do not get as sick when they are infected. However, it is not clear whether do better because of the higher vitamin D levels or vitamin D is simply an indicator of good health in the first place. For example, it is possible that people with higher vitamin D levels have healthier diets, get

more exercise, and have fewer underlying medical problems than people with low vitamin D levels. At the present time, it is a *hypothesis* that vitamin D reduces the risk of COVID-19. The hypothesis must be proven or disproven by more vigorous clinical trials, which are currently underway. Meanwhile, what should we do?

We measure vitamin D adequacy by the blood level, with a typical target range for good bone health being between 30 and 50 ng/mL. Levels below 20 are usually considered deficient and may cause bone to weaken. Levels over 100 may be toxic. Too much vitamin D can cause high calcium levels and result in kidney stones.

To help with bones and have vigilant immune system to fight off COVID-19, some experts are now suggesting a vitamin D3 dose of about 2000 IU per day, or enough to keep the blood level around 50. Your dose of 15,000 IU per is quite high and potentially harmful. I suggest you lower the dose to avoid excessively high blood levels.

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, drop off at the office, or email to ybrusuelas@nmbonecare.com. It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.

TEAMWORK FOR HEALTHY BONES

Good health begins with healthy lifestyle and good nutrition. Some us do this pretty well on our own, while others need help from others, such as friends, trainers, and nutritionists.

When we have health problems, we may seek the help a healthcare professional. Often that person can provide for all your needs. However, our health can sometimes get complicated very quickly. That is where teamwork is most important. At New Mexico Clinical Research & Osteoporosis Center, we see many patients with multiple complicated conditions. We are vigilant in keeping up with the latest advances in medical care, consult with colleagues when necessary, and freely seek outside opinions. We may order laboratory tests and imaging studies to learn more. We may refer you to another medical specialist. We are your advocates in a complex healthcare system and will do our best to see that you get the care you need.



Support osteoporosis awareness and 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 300 Oak St NE, Albuquerque, NM 87106. For more information, go www.ofnm.org or call 505.857.3956.