

## Activities for People with Osteoporosis

You have been diagnosed with osteoporosis. Yuck! You may have broken a bone or you may be feeling fine and discovered this on a routine bone density test. Either way, you are not happy about it. You probably have many questions about what comes next. One of them might be, “Should I limit my activities now that I know I have osteoporosis?” This question takes many forms. Is it safe to play golf? Play pickleball? Ski? Ride a bicycle? Hike? Backpack? Pick up my grandchild? Do yoga? Lift weights? Run? Bend and twist? Have sex? And so forth. Depending on whom you ask, you are likely to get different answers.

Here at New Mexico Clinical Research & Osteoporosis Center, we think about this a lot. We believe, and the evidence supports it, that you can live a full and active life, even with osteoporosis. Having osteoporosis actually makes it more important than ever to be physically active. The very worst thing you can do is become a couch potato.

We suggest you continue to do, and learn to do, what is important for your quality of life, with appropriate care not to be reckless and consideration of the balance and benefits and risk with whatever you do.

Let’s take skiing as an example. If you are an experienced skier who greatly enjoys getting out on the slopes on fine winter days, you may not want to give it up, yet are worried that you might break a bone if you have an unlucky fall. What to do? You might choose to continue skiing, while taking extra care to do it when the conditions are good, go when you are feeling strong, skiing carefully and conservatively, and quitting before you get tired. Yes, anyone could break a bone skiing, and you, with osteoporosis, are more likely than many other people to break a bone. However, you may be willing to accept that risk as a small price to pay for the joy of skiing. On the other hand, if skiing is not so important for you and you are not willing to accept the risk of a broken bone, you may prefer to give it up and switch to another activity that is within your level of comfort. The same way of thinking can be applied to other activities as well.

For lifting, it is probably lifting technique that is more important than the amount of weight. Work with a good trainer or physical therapist to help. Technique is also important for yoga. Doing yoga the right way can help with core strength and balance. Doing it the wrong way can cause trouble. Bicycling is great fun, but crashing your bike can be devastating. Does the joy of biking exceed the risk of crashing? This is an individual decision that only you can make. another day.

What about sex? Let’s save that discussion for another day.

### Staff

**E. Michael Lewiecki, MD, FACP, CCD**

*Osteoporosis Director*

**Lance A. Rudolph, MD, CCD**

*Research Director*

**Desiree Sanchez, MCN-CNP-C**

*Osteoporosis Nurse Practitioner*

**Jammie Ross**

*Practice Administrator*

**Mary Montano Niles, CCRC**

*Research Manager/Coordinator*

**Devona Martinez**

*Research Assistant Manager*

**Tanya Salazar MA, CRC**

*Clinical Research Coordinator*

**Linda Weakland**

*Lead Recruitment Specialist*

**Daniel Widholm, RT(R)(BD), CBDT**

*Bone Densitometry Technologist*

**Monica Tanny**

*Medical Assistant Supervisor*

**Andrea Salas**

*Medical Assistant*

**Arely Barraza**

*Medical Assistant*

**Dorothy Becenti**

*Administrative Medical Assistant*

**Arianna Campos**

*Treatment Coordinator*

**Christina Wallace**

*Centralized Scheduling*

**Samantha Howard**

*Front Desk Supervisor*

**Wendy Howard**

*Billing Supervisor*

**Mickie Sanchez**

*Patient Account Representative*

**Rachel Bruch**

*Medical Assistant*

**Brooklyn Maestas**

*Patient Service Representative*

**Faith Sandoval**

*Patient Service Representative*



## Are you interested in participating in a research trial?

Our clinical research program is recruiting patients to participate in trials to test new medications and evaluate new uses for currently available drugs. By participating in a trial, you will have the opportunity to use one of these medications, have examinations and diagnostic testing at no cost to you. If you qualify for the trial, you may be compensated for your time and travel. Please take a few minutes to read the criteria for each trial listed in our section titled **“Clinical Research News.”**

*If you think you may qualify for a trial or have questions about participating in clinical research trials, please call for more information at: (505) 923-3232.*

Feel free to pass this newsletter to a friend or relative who may be interested. The research trial information is updated often since we are continually starting new trials and closing existing trials. Call and give your information to our recruitment specialist for consideration for future trials.

## Clinical Research News

### Chronic Kidney Disease

We are looking for Men and Women with Chronic Kidney Disease with or without Type 2 Diabetes Mellitus. You may qualify if you:

- Are 18 years of age or older
- Are on a stable dose of blood pressure lowering medication for at least 4 weeks

### Eosinophilic Esophagitis

This trial is for men and women diagnosed with Eosinophilic Esophagitis by endoscopy and biopsy. You may be eligible to participate if you:

- Are between 12 to 75 years of age.
- Weigh 88.5 lbs. or more
- Previously diagnosed with Eosinophilic Esophagitis by endoscopy and biopsy.

### High Cholesterol

We are looking for Men and Women who have been diagnosed with High cholesterol. You may qualify if you:

- Are between 18 to 80 years of age.
- Patients on cholesterol medication must be on a stable dose for at least 30 days.

### Osteogenesis Imperfecta

We have 3 upcoming trials for patients with Osteogenesis Imperfecta. You may be eligible if you are:

- Are between 5 to 65 years of age
- Have a history of fractures.

\*Criteria will vary by trial, call 505-923-3232 for more information.



## Staff Spotlight: NMCROC Supervisors

**Monica Tanny** has been with NMCROC in the role of Medical Assistant for the past 10 years. She was promoted to Clinical Supervisor within the last few years based on her dedication to our patients and providers, as well as the merit of her work. Monica is very personable, exercises good judgment and is thorough in her patient outreach. She is definitely adored by our patients and staff alike!

**Wendy Howard, CPC, COC**, is NMCROC's Billing Supervisor. Wendy has been handling our billing-related matters since 2017 and does a commendable job. She is a certified professional coder and is well-versed in CPT and ICD-10 coding, as well as all aspects of the revenue cycle. What's more, she is a delight to work with and a lovely person, overall. If you have questions about a statement you've received, Wendy is always more than happy to assist. And, if your claim is denied incorrectly, Wendy has generally already notified your insurance company before you even find out. We find her to be very thorough, conscientious, and a wealth of knowledge!

**Samantha Howard** is our Front Desk Supervisor. Samantha just so happens to be Wendy's daughter, and they are very like-minded in terms of their work ethic, professionalism and interpersonal relations. Samantha has been with NMCROC since 2018. She started out in the position of medical secretary at the front desk, then branched off as our telemedicine coordinator. In addition to her position of leadership in the practice, Samantha also handles referral and incoming document processing. She has played an integral role in accommodating more expedient appointments for our new patients seeking osteoporosis treatment.

## Osteoporosis Foundation of New Mexico (OFNM)

Invites you to attend virtual educational presentations and participate in interactive discussions. This is an ongoing activity of the OFNM Osteoporosis Support Group. Ask all the questions you want. Learn from experts and friends.

**1:30 PM – 2:30 PM Mountain Time  
on the following dates**

**October 13, 2022**

*Presenter: TBD*

If you missed the last Support Group meeting, you can view the recordings by visiting our website at **www.ofnm.org**.

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want. 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@pmplanners.net**. Once registered an email confirmation will be sent along with instructions to join the meeting.

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



*www.ofnm.org*

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 osteoporosis diagnosed with a bone density test but have never broken a bone. I was treated with generic Fosamax but developed severe heartburn and had to stop it. My doctor told me that that I should now get an injectable medicine that lasts for a year with one dose. I am nervous about it because I might have side effect that lasts all year. What should I do?**

*Amy S., Placitas, NM.*

Dear Amy – I can't tell you what to do but I can give you some background information that might be helpful. Alendronate is the generic term for Fosamax. It is commonly used to treat osteoporosis. The most common side effect, if there is one, is upset stomach or heartburn, which unfortunately happened to you. The good news is that there are convenient injectable medications that can take its place.

It sounds like your doctor has recommended Reclast (generic term is zoledronic acid). This might be a good choice for you. It is given as an intravenous infusion over at least 15 minutes.

Since it does not go to the stomach, there are no concerns about upset stomach or heartburn. It is generic and inexpensive, and works well for most people. Although it is effective for at least one year, you do not need to worry about side effects lasting that long. It is only circulating in your blood stream for a few days after the infusion. The rest attaches to your bones and becomes buried in the bones, not affecting other organs in your body.

The most common side effect is to feel achy or feverish for a few days after the first infusion. This is called an acute phase reaction (APR). There is a silver lining to this. A recent study found that people who have an APR actually have fewer fractures than those who don't.

### *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 [jross@nmbonecare.com](mailto:jross@nmbonecare.com). It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.*

## OSTEOPOROSIS MEDICATIONS

All osteoporosis medications can increase bone density and reduce the risk of breaking bones, but there are differences in how they act on your bones, how they are administered, and the side effects they might have. Below is a brief summary of ones that are commonly used and how they are taken. They are identified with familiar brand names, although many are now generic. The balance of benefits and risks should be discussed with your healthcare provider.

### **Antiresorptive medications**

These are the bisphosphonates (Fosamax, Actonel, and Boniva pills, and Reclast IV infusion), Prolia, Evista, and estrogen. They act by reducing the activity of your bone cells, which are typically overactive and out of balance, with more bone being removed than can be replaced. These medicines are a bit like a road crew replacing potholes in a damaged road.

### **Bone-building medications**

There are 3 of these – Forteo, Tymlos, and Evenity. These are used for patients at very high risk of fracture because they improve the structure of osteoporotic bones as well as increasing the bone density. Using the road crew analogy, these do more than fill in the potholes. They overfill the potholes and can rebuild the road in places where there were no potholes in the first place. It is more than a repair job – it is repaving the road. However, this effect does not go on forever. The treatment is finished, then an antiresorptive drug must be started.



**Support osteoporosis awareness and 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 conveniently submitted by credit card online at [www.ofnm.org](http://www.ofnm.org) or by check mailed to Osteoporosis Foundation of New Mexico at 300 Oak St NE, Albuquerque, NM 87106. For more information, call 505.857.3956.**