

Why You Should Not Fall Down

Rule #1 at New Mexico Clinical Research & Osteoporosis Center is “Don’t fall down.” Most people laugh when they hear this, probably because it seems so obvious. But it is also serious business. It hurts to fall down. It is a common cause of injuries in older adults, and the older we are, the more serious it becomes.

The CDC – Centers for Disease Control and Prevention – reports that millions of older people (age 65 years and older), more than one out of four, fall each year. The CDC gives us other disturbing statistics:

- One out of five falls causes a serious injury, including broken bones and head injuries.
- Three million emergency room visits each year are for treatment of fall-related injuries.
- Over 800,000 people are hospitalized each year due to fall-related injuries, often hip fracture or head injury.
- 95% of hip fractures are due to a fall
- Total medical costs of falls are over \$50 billion each year

Falling causes problems even when there is no injury. It may result in fear of falling, with cause us to limit our daily physical activities, which in turn can make us weaker and actually increase the risk of falling. Other risk factors for falls include poor balance, poor vision, and medications such as tranquilizers, sedatives, opioids, and antidepressants. Disease(s) such as Parkinson’s disease, multiple sclerosis, stroke, and dementia also increase the risk of falling. With advancing age we all lose muscle strength and balance, making falls more likely to happen.

How can you tell if are at high risk for falling? You can ask your healthcare provider for a risk assessment. Some simple office tests of muscle strength and balance can tell you a lot. You can check yourself at home with “One Leg Standing Time” test. A recent research study from Sweden found that older women who were unable to stand on one leg for at least 10 seconds were 3 times more likely to have a hip fracture in the next few years.

Some people need the help of a physical therapist to improve muscle strength and balance, but there are things you can do on your own. Remove fall hazards from your home, such as loose rugs and wires. Use grab bars and nightlights. Get those cataracts fixed. Avoid problem drugs. Try yoga, Pilates, or tai chi. For more helpful information about preventing falls, visit the New Mexico Department of Health website on Older Adults Falls Prevention at:

<https://www.nmhealth.org/about/erd/ibeb/oafp/>

Staff

E. Michael Lewiecki, MD, FACP, CCD

Osteoporosis Director

Lance A. Rudolph, MD, CCD

Research Director

Crystal Lewis-Hicks, CNP

Adult Healthcare

Desiree Sanchez, MCN-CNP-C

Osteoporosis Nurse Practitioner

Jammie Ross

Practice Manager

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

Christina Wallace

Medical Assistant

Arianna Campos

Front Office Supervisor

Ivette Nunez

Patient Services Coordinator

Jessica Mason

Centralized Scheduler

Samantha Howard

Telemedicine Coordinator

Wendy Howard

Billing Supervisor

Mickie Sanchez

Billing Associate

Rachel Bruch

Medical Assistant

Brooklyn Maestas

Office Assistant



NEW MEXICO
Clinical Research &
Osteoporosis Center, Inc.

Clinical Research News

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.

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.

More to come in 2022.....

We are always adding new trials. If you, or someone you know, may be interested in future trials, please call 505-923-3232 to be added to our patient database and we will contact you when a trial becomes available.

Announcement: Crystal Lewis-Hicks, CNP

We are pleased to announce that **Crystal Lewis-Hicks** has joined New Mexico Clinical Research & Osteoporosis Center. Crystal, who has a Master of Science in nursing and a Master of Nursing in Nursing, is a certified nurse practitioner.

Crystal is accepting new patients for primary care adult medicine and is receiving advanced training for the care of patients with osteoporosis.

New Mexico Clinical Research & Osteoporosis Center continues its dedication to adult medical care, with a focus on clinical research and the management of patients with osteoporosis, metabolic bone diseases, and rare inherited bone diseases. Consultations are available upon request. We administer injectable osteoporosis medications when needed, so that our patients do not have to go to a hospital infusion center.

We provide high quality assessment of skeletal health with dual-energy X-ray absorptiometry (DXA). Our DXA technologists and interpreters are certified by the International Society for Clinical Densitometry (ISCD). Our facility is the only one in New Mexico that is accredited by the ISCD, assuring you of highly accurate and precise measurements of bone density. In addition to bone density testing, our DXA system can measure bone composition (total and regional bone mass, fat mass, and lean mass). Vertebral fracture assessment (VFA) by DXA can diagnose previously unrecognized vertebral fractures, which may change diagnostic classification, assessment of fracture risk, and treatment strategies. Trabecular bone score (TBS) with DXA gives a measure of the quality of your bones by assessing the internal microstructure of bones in the spine. Knowing TBS may influence treatment decisions.

Please welcome Crystal to our team of healthcare providers and tell your family and friends that we are all here to serve them.

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

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

February 10, 2022

Presenter: Brookes McIntyre, Peer Educator with American Bone Health

June 9, 2022

Presenter: TBD

October 13, 2022

Presenter: TBD

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.



Ask Dr. Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – A recent bone density test showed that I have osteoporosis. My doctor told me that this should not make me feel bad, but I am tired, sore everywhere, and can't do the physical activities I used to. Is this from old age or could it be the osteoporosis? I am 58 and don't think this should be happening at my age. Can you help? I am worried.
Emily P., Albuquerque, NM.

Dear Emily – I agree with your doctor that osteoporosis causes no symptoms – except, of course, when you break a bone. Many things might be causing your pain, fatigue, and weakness, such as low thyroid or fibromyalgia. These disorders unrelated to osteoporosis but can certainly occur in someone who also happens to have osteoporosis.

However, there is more to the story! We normally diagnose osteoporosis when the T-score is -2.5 or less, such as -3.0. But sometimes conditions other than osteoporosis can cause a T-score to be this low. And the treatment for some of these conditions may be different than for osteoporosis. Let me give you a few examples of this and how it could be important for you.

Severe vitamin D deficiency can cause rickets in children and osteomalacia in adults. Symptoms of osteomalacia include bone pain, muscle weakness, and poor balance, similar to what you are experiencing. This is why a blood level of vitamin D is often measured before starting medication for osteoporosis. Correcting the vitamin D deficiency may cause these symptoms to resolve, and should be done before starting osteoporosis medication.

Low blood phosphorus levels from rare diseases such as tumor induced osteomalacia, X-linked hypophosphatemia, and some medications can cause low bone density and symptoms like yours. It is always a good idea to measure a phosphorus level at least once before starting treatment for osteoporosis.

I have not listed all the possibilities here, so be sure to check with your physician for more

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. It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.

OSTEOPOROSIS MEDICATIONS

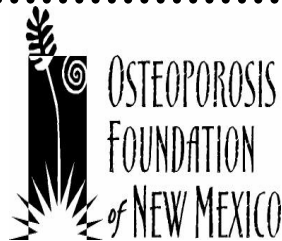
All osteoporosis medications can increase bone density and reduce the risk of breaking bones, but there are differences in how they act on your bones, how they are administered, and the side effects they might have. Here is a brief summary of ones that are commonly used and how they are taken. They are 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. Fosamax is usually taken once weekly, Actonel and Boniva once monthly, and Reclast once a year. Prolia is an injection in the arm once every 6 months. Evista is a daily pill. Estrogen is usually given as a pill or skin patch.

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. They are not used for everyone because of cost and inconvenience. Forteo and Tymlos are daily self-administered injections for about 2 years. Evenity is given as 2 injections by a healthcare provider once monthly for 12 months.



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 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.