Clinical Research & Osteoporosis Newsletter

A Publication of New Mexico Clinical Research & Osteoporosis Center

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Unproven Treatments for Osteoporosis: "Natural" May Not be Effective or Safe

Osteoporosis is a common medical disorder that results in weak bones that are at high risk of breaking under circumstances where healthy bones might not break. Broken bones or fractures, particularly in the elderly (that's you, if you are over age 65 years) may result in disability or death. Even worse than death for many of us is loss of independence. After a hip fracture, some patients may not be able to return home, drive a car, or maintain an active lifestyle. Fortunately, there are excellent treatments for osteoporosis that can strengthen bones and reduce the risk of fractures, helping you to enjoy your "golden years." Of course, there is a possibility of having a side effect with any medication. Fear of side effects may cause you to consider "natural" treatments for osteoporosis, which you might believe are superior to prescription products. Here is some information that you might find interesting about some of these.

Calcium: Calcium is an essential nutrient that should be ingested every day. It is a necessity of life and important for healthy bones. However, more is not necessarily better. We need enough but not too much, just like Goldilocks, ideally from diet rather than supplements. Too much calcium might increase the risk of kidney stones or perhaps (this is uncertain) contribute to heart disease. The "sweet spot" for daily calcium intake seems to be about 1000-1200 mg/day. If you take a multivitamin for seniors and have 2 servings of a dairy product every day, you probably have all you need. You only need calcium supplements if you have a calcium deficient diet that can't be corrected.

Vitamin D: This is necessary to help us efficiently absorb calcium. Unfortunately, there are few good dietary sources of vitamin D. Most of us need supplements to maintain an adequate blood level of vitamin D, but as with calcium too much is not helpful and may even be harmful. It is reasonable for anyone with osteoporosis to have the blood level tested to be sure it is right.

Strontium: This is a "natural" substance that we all have in our bodies right now. One form of strontium (called "strontium ranelate") is a proven prescription treatment for osteoporosis. It is available in some countries but not the US. There is a current fad of treating osteoporosis with other strontium products that are available in this country without a prescription. If you chose to do this, you must be aware that these products have not been proven to be effective or safe. Strontium ranelate has been associated with some serious side effects, including severe skin rashes and death.

For information about another "natural" treatment, whole body vibration, turn to the back page of this newsletter.

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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 or are interested in participating in a research study, call a study specialist 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. We do studies for high blood pressure, high cholesterol, osteoarthritis, osteoporosis, heartburn, GERD, irritable bowel syndrome and others. Please fell free to call and give your information to a study specialist for consideration for future studies. If there is nothing for you now, there may be next time.

Are you interested in participating in a research study?

By participating in a clinical research study you play a more active role in your healthcare. Please call today to see what studies we have available ***505-923-3232***.

Cardiovascular	GERD	Hypertension	Migraine	Osteoarthritis
Constipation	Gout	IBS	Neuropathy	Osteoporosis
Diabetes	High Cholesterol	Insomnia	Nocturia	Overactive bladder
Fibromyalgia	Hot Flashes	Low Testosterone	Obesity	RLS

Restless Leg Syndrome

A clinical trial to assess the safety and efficacy of an investigational medication for restless leg syndrome. You may be eligible to participate if you:

- Are 18 years or over
- Have restless legs 15 or more times per month.

GSK-RLS-RXP114025

Osteoporosis with Vertebral Fractures

A clinical trial of medications for postmenopausal women with osteoporosis and vertebral fracture(s). You may be eligible to participate if you:

- Are a postmenopausal and 45 years or older
- Have had 2 moderate or 1 severe vertebral fracture (fracture of the spine)

AMG 785-337

Severe Lower Back Pain and Constipation

A clinical trial of an investigational medication for patients with severe lower back pain and opioid induced constipation. You may be eligible to participate if you:

- Are 18 years or older
- Have moderate to severe chronic lower back pain

Purdue –OIC-ONU3704

Type 2 Diabetes with Heart Problems

A clinical trial of an investigational medication for patients with Type 2 Diabetes Mellitus. You may be eligible to participate if you:

- Are 18 years or older
- Do not have glycemic control with your current regimen

Tak-875_306

Gout with Heart Problems

A research study comparing two approved medications for those diagnosed with gout, who also have cardiac risk such as diabetes, previous heart attack or stroke. You may be eligible to participate if you are:

- Are between 45 and 85 years old
- Suffering from gout whether or not you are currently taking daily medication

Takeda TMX-67-301

Nocturia

This is a clinical trial to evaluate the safety and efficacy of an investigational medication to treat Nocturia. You may be eligible to participate if you get up two or more times per night to urinate. Please call today for more information.

All study-specific information is IRB approved. To learn more about any study, call 505.923.3232.

Woman to Woman

By

Julia Chavez, CNP

Migraine?

Do you get a headache that lasts 4-72 hours, is throbbing, is moderate to severe in intensity, is on one side, becomes worse with exertion, and is associated with nausea, vomiting, or sensitivity to light, sound, or smell?

If you have three or four of the above criteria, then you are probably experiencing a migraine. Migraines are more common in women than in men and the cause is unknown, but several triggers are recognized. Cycling estrogen, a significant trigger, may explain why there are three times as many women with migraines as men. Other triggers include insomnia, barometric pressure change, and hunger.

Migraines may be preceded by a short period of depression, irritability, restlessness, or anorexia, and may be associated with an aura. An aura is a passing, reversible, neurological deficit which can be visual, sensory, muscular, or language related. The migraine may be daily or once every several months. It is more probable when there is a family history of migraines.

There are no useful diagnostic tests. If you think you are experiencing migraines, you should discuss this with your provider.

If you enjoyed this newsletter and would like to be placed on an electronic mailing list, email ybrusuelas@nmbonecare.com. The newsletter is produced on a quarterly basis.

Osteoporosis Foundation of New Mexico Educational Presentations

Manzano Mesa Multigenerational Center
501 Elizabeth SE
Albuquerque, NM 87123
(505) 275-8731

1:30-3:00 PM

2013 Meetings

February 14, 2013
Dr. Keith Harvie
Topic: "Description of Pain with Osteoporosis"

May 9, 2013
Daniel Widholm, RT
Topic: "Bone Density Testing: A Survivors Guide to Getting You Through the Process"

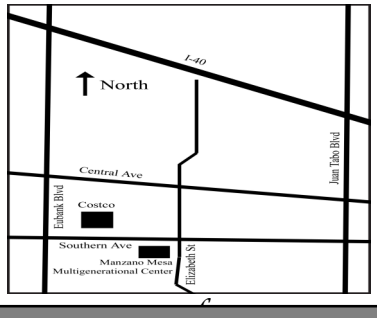
August 8, 2013
Gloria Dryer
Topic: "Yoga for Osteoporosis"

November 14, 2013
Dr. E. Michael Lewiecki
Topic: "New Treatments in Osteoporosis"

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 275-8731 in order to attend. A $1 fee is collected in order to cover the cost of educational material.

Consider attending if:

- **You have osteoporosis,**
- **You have a loved one with osteoporosis, or**
- **You are interested in learning more about osteoporosis.**



Ask Dr. Mike Lewiecki about . . . . OSTEOPOROSIS

Dear Dr. Lewiecki – My doctor has prescribed medicine for my osteoporosis but I am afraid to take it. I have side effects from every medicine I take for anything. Even if it is a very rare side effect, I am always the one who gets it. I read about treating osteoporosis with vibration. I like the idea because it is not medicine. Should I try it?
Elizabeth V., Santa Fe, NM.

Dear Elizabeth – The short answer is: No, at least not yet. Let me tell you more about this and why I answered this way.

Some research studies, but certainly not all, have suggested that exposing bones to vibration stimulates bone cells to produce more bone, potentially resulting in higher bone density and perhaps reducing the risk of facture. Sounds like an attractive drug-free way to treat osteoporosis, right? I agree. It might be especially useful as a substitute for weight-bearing exercise in people with physical limitations due to problems such as stroke, post-polio syndrome, and multiple sclerosis.

Whole body vibration (WBV) involves standing on a platform or plate that vibrates. There are many devices that do this, some of them very expensive and heavily advertised, with claims of numerous benefits. They come in various sizes and shapes. The vibrations differ in amplitude (amount of up and down motion), frequency (number of vibrations per second), and gravitational force (the speed of the up and down motion). Does this really help with the treatment of osteoporosis, or is it just a modern form of snake oil? If it does work, which device is best, and what is the best amplitude, frequency, and gravitational force? How often should it be used, and for how long each time?

The way to answer these questions is through research. The studies that have been done so far have yielded conflicting results. The most recent and perhaps best study (**see panel to the right**) showed no benefit. Until there is good evidence that this works, I recommend not using it.

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 by email to mllewiecki@nmbonecare.com. It is not possible to respond to all questions submitted, but those that are of general interest will be considered for publication with an answer in future issues of this newsletter.

WHOLE BODY VIBRATION

The long-awaited results of a study called "Vibration to Improve Bone in Elderly Subjects" (VIBES) were recently presented at a meeting in Lisbon, Portugal. To the great disappointment of many, no benefit to bones was seen.

This was a Harvard University study involving 174 men and women (average age 82) in the Boston area. They were divided into 2 groups, receiving either whole body vibration (WBV) or no vibration for 10 minutes per day for as long as 3 years. The vibration was imperceptible, so the subjects did not know whether they were getting WBV or not.

Bone density was measured at the spine and hip, and laboratory tests were used to estimate the effects of WBV on the activity of bone cells. There was no significant difference between the 2 groups. The leader of the study, Dr. Douglas Kiel, concluded that "larger studies will be needed" to determine whether or not WBV is an effective treatment for osteoporosis.

What can we learn from this study? In people like the ones in this study, exposed to the particular device used in the study for 10 minutes per day, WBV does not seem to provide any benefit to bones. Is it possible that another device used in a different way might be effective? Yes, it is possible. But until WBV is proven to be effective, other osteoporosis treatments that are proven effective and safe are preferred.