

# CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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## Osteoporosis Treatment Secrets *Things your doctor knows but won't tell you!*

OK, the headline is a bit of an exaggeration, but admit it..... it got you reading this far, right? Keep on reading and you might learn something on 3 important topics for preventing fractures-falling, calcium and vitamin D. These are the fundamentals of good bone health that often get forgotten in the midst of other concerns.

**Falling.** If you have been a patient here for a while, you have probably heard the first rule of osteoporosis- "Don't fall down." Of course, it is always an accident when we fall, but we can reduce the risk of falling by paying more attention to a few simple things. First, keep your leg muscles strong. Those muscles on the front of your thigh, called quadriceps, need to work quickly to keep you upright if you start to stumble. We all lose muscle strength with aging, but we can fight that by keeping physically active. Walking, running, jumping, and aerobics are all great ways to do this. Second, try to keep good balance. We lose balance skills with aging. Have you tried to walk along the top of a fence lately? You might have done it as a kid, but it is probably a risky activity now. Try yoga, Tai Chi, or Pilates. Or just work on putting your socks on every morning while standing instead of sitting. Third, avoid medications, if possible, that cause dizziness, excessive sleepiness, or low blood pressure that might make you more likely to

fall. Finally, keep your home safe. Consider a nightlight so you don't trip in the dark. Get rid of hazards like slippery throw rugs or loose electrical cords that might cause trouble. Be safe and stay upright.

**Calcium.** We lose calcium every day in our urine and stool. If not replaced with dietary calcium or supplements, if needed, it will come out of your bones and your bones will get weaker. Adults over age 50 should have about 1200 mg every day. The best way to get it is in the diet, but many of us have calcium deficient diets and need supplements. As with anything in life, you can overdo it. Too much calcium may increase your risk of kidney stones. Taking a lot of calcium without vitamin D may even increase the risk of heart attacks, according to a recent report. The bottom line- get enough but not too much, and be sure to get enough vitamin D as well. Ask for one of our handouts to help you calculate your dietary calcium intake.

**Vitamin D.** Low levels of vitamin D in the blood are very common. Vitamin D deficiency may cause osteoporosis or another problem with painful bones called osteomalacia. There are very few good dietary sources of vitamin D, so most of us need supplements. About 1000 IU per day is a good dose for most of us, and for some people, more is needed. To find out more about vitamin D, turn to the letter on 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 feel 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.*

### Nerve Pain Due to Shingles or Trauma

A research study of an investigational medication for chronic neuropathy due to shingles or trauma. You may be eligible to participate if you are:

- Are between 18 and 80 years old
- Suffering from chronic pain due to shingles or trauma for at least 6 months and are not satisfied with current treatments

JNJ-NP2001

### Diabetes

A research study of an investigational medication for diabetes. You may be eligible to participate if you are:

- Are a diabetic age over the age of 18
- Your diabetes is not adequately controlled on your current regimen
- Your current regimen does not include Insulin, Januvia or Byetta

Lilly-GBDN

### Diabetes

A research study of an investigational medication for diabetes. You may be eligible to participate if you are:

- Are a diabetic age 55-85 years old
- Your diabetes is not adequately controlled on your current regimen
- Do not have osteoporosis

JNJ-3010

### Male Osteoporosis

This is a research study of an investigational medication for osteoporosis. You may be eligible to participate if you are:

- A man over age 45-85
- Have osteoporosis that has not been treated

MK053

### Healthy Women Osteoporosis Study

This is a research study to study the effect of a medication on bones. You may be eligible to participate if you are:

- A postmenopausal women 50 to 75 years old
- Have not been diagnosed with osteoporosis
- Are at least 5 years post menopausal

Takeda 390104

### COPD

This is a clinical trial to assess the safety and efficacy of an investigational inhaler. Study may last up to 4 years. Study related medication is provided at no charge and time and travel expenses are available for qualified participants. You may be eligible to participate if you:

- Are age 40 or over
- Are a current or ex smoker
- Have a diagnosis of COPD

BIPI 205452



**Woman  
To  
Woman  
By  
Julia Chavez, CNP**

**SEASONAL INFLUENZA VACCINE**

Influenza is an acute respiratory illness caused by influenza A or B viruses, which occurs in outbreaks and epidemics worldwide nearly every year, mainly in the winter season.

Starting with the 2010 flu season, the trivalent influenza vaccine includes antigen from the H1N1 influenza A virus. Protection is maintained for at least four months after vaccination in persons over 60 years of age. Influenza vaccination does not reduce the risk of pneumonia.

It is advisable that everyone including household contacts and healthcare workers of high risk individuals obtain vaccinations as high priority.



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

4<sup>th</sup> Quarter 2010:

Thursday

November 18, 2010

Emil Faithe, MD

“Treating Osteoporosis Naturally”

2011 Meetings:

February 10, 2011

May 12, 2011

August 11, 2011

November 10, 2011

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.



[www.ofnm.org](http://www.ofnm.org)

**Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS**

**More on Vitamin D**

**Dear Dr. Lewiecki— I have osteoporosis treated with a pill once a month. I know I need to also take calcium and vitamin D, but I am confused about the vitamin D. Is it as good as I hear about on the news? What kind should I get and how much do I really need? Can I get too much? Please help.**

*Evelyn B., Albuquerque, NM.*

Dear Evelyn – Nutritional fads come and go faster than flash floods from rain in the Sandias. Is vitamin D another one of those, or is there more to it than that? Only time will tell, but there does seem to be some substance here along with all the hype. We just need to separate what we really know from what we think we know.

It has been known for many years that severe vitamin D deficiency causes rickets in children. This is a problem with bowed legs, slow growth, and broken bones in kids. More recently, it was recognized that adults with severe vitamin D deficiency develop a condition called osteomalacia, with

painful bones that may break and weak muscles that can cause difficulty walking. Finally, the concept emerged that mild vitamin D deficiency can contribute to osteoporosis and perhaps increase the risk of many other diseases, such as hypertension, diabetes, multiple sclerosis, heart disease, tuberculosis, and some kinds of cancer. Much still needs to be learned about this, but it is likely that many of us do not get as much vitamin D as we need.

Vitamin D is certainly not a miracle drug, but like other vitamins, we need to get enough without getting too much. The general target is to take enough vitamin D to have a blood level of 25-hydroxyvitamin D ranging from 30 to 60 ng/ml. For some of us, a modest amount of time in the sun can accomplish this. However, since many of us take care to avoid excess sun exposure and use sunblock to protect against wrinkles and skin cancer, it is often wise to take supplements. About 1000 IU vitamin D3 per day is often a good dose, but you may need more. If there is any question, checking your blood level can help.

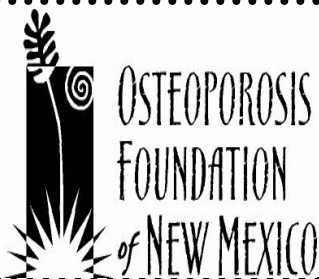
*Mike Lewiecki*

**SIDE EFFECTS**

Every doctor who prescribes a drug and every patient who takes one is concerned about the potential risk of side effects as well as the benefit. No one should take a drug unless the benefits outweigh the possibility of serious side effects. In the case of drugs for osteoporosis, the benefit is a reduction in the risk of breaking a bone. Since a broken bone at the hip or spine can result in pain, disability, and sometimes death, treatment of high risk patients can be very beneficial. There is always a risk of side effects with any medication, including those for osteoporosis. Depending on the drug, this may be something as mild as an upset stomach, as with a drug like Fosamax, to stroke, that may occur in some patients on estrogen.

Sometimes the risk of a side effect is greatly exaggerated by the news media, resulting in frightened patients who stop medications that are helping them. For example, osteonecrosis of the jaw is a very rare problem that has been reported in a few patients taking some types of drugs for osteoporosis. The risk of this non-fatal condition is estimated to be about the same as death by lightning strike from living in New Mexico and far less than the risk of dying in a car accident.

What to do? Talk to your doctor about the balance of benefit and risk with your medicine. When you have a good understanding of this, you can make an informed decision on what is best for you.



**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 300 Oak St. NE, Albuquerque, NM 87106. For more information, call Yvonne Brusuelas at 505-855-5627.**