

Crisis in Osteoporosis Treatment

The crisis in osteoporosis treatment was the theme of the 2016 annual meeting of the American Society for Bone and Mineral Research (ASBMR) and the subject of a national press release.

What is the crisis? The problem is that most patients who could benefit from highly effective treatments for osteoporosis are currently not being identified and treated. Even patients with hip fractures, who are at very high risk for more fractures, are commonly not being evaluated and treated to reduce the risk of having another fracture. Not treating osteoporosis after a hip fracture is a bit like not treating high blood pressure after a stroke, which is unimaginable to most of us. Osteoporotic fractures, especially in elderly patients, may have serious or deadly consequences. Undertreatment of osteoporosis is especially disturbing because of the aging of the population. With the baby boomers amongst us now entering their senior years, there are more patients than ever with osteoporosis. Fewer patients are being treated for osteoporosis when there should be more.

An analysis of Medicare claims data, recently presented by Dr. Lewiecki at the ASBMR meeting in Atlanta, found that annual hip fracture rates in the US have leveled off for the past 3 years after a steady decline each year for over a decade. This translates into many more patients having these fractures than had been projected. It also

means a lot of suffering for patients, their loved ones, as well as a large financial burden for individuals and society.

Why are patients who could benefit from treatment not receiving it? There are probably many reasons. Here are 3 of the top contenders:

1. DXA reimbursement. In 2007, Medicare reduced the reimbursement for DXA, the standard method for measuring bone density, to a level that was below the cost of providing the service at most office-based facilities. Since then, reimbursement has continued to decline. As a result, many physicians have stopped doing bone density testing. This limits access to needed diagnostic services and has been associated with fewer people being diagnosed with osteoporosis and fewer being treated. Legislation has been proposed to partially restore level of reimbursement.

2. Fear of drugs. Some people are more worried about having a side effect of medication than having a broken bone. Of course, there are possible side effects with any medication. However, when the benefit of taking medication (less chance of breaking bones) far outweighs the risk of a serious side effect, it is reasonable to consider starting treatment. You must be a well-informed patient to make wise healthcare decisions. Beware of misinformation and biased information in the news media and Internet. For reliable health . . .

Continued on back page

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Clinical Research

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**.

Current Available Studies May Include

Cardiovascular	GERD	Hypertension	Migraine	Osteoporosis
Constipation	Gout	IBS	Neuropathy	Overactive bladder
Diabetes	High Cholesterol	Insomnia	Obesity	Pain Syndrome
Fibromyalgia	Hot Flashes	Low Testosterone	Osteoarthritis	Vaginal Dryness

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 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 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.

Night Time Urination in Men with an Enlarged prostate

This is a trial for patients who have been diagnosed with an Enlarged prostate, and wake up 2 or more times per night, to urinate. You may be eligible to participate if you are:

- Are 18 years or older
- Being monitored or treated for an Enlarged prostate

Vantia483-013

Chronic Low Back Pain

This is a trial for patients who have experienced chronic low back pain for at least 3 months. If you have back pain below your ribs, you may be eligible to participate if you:

- Are 18 years or older
- If medication has not provided enough pain relief

Pfizer A4091059

Complex Regional Pain Syndrome

This is a study for patients who experience nerve pain in an upper or low limb after having a fracture, an orthopedic surgery or a crushing injury. You may be eligible to participate in this study if you:

- Are 18 years or older
- If you have experienced either a fracture orthopedic surgery or a crushing injury within the last 12 months

Axsome AXS02-301

Diabetic Kidney Disease

This is a study for patients with diabetic kidney disease. If you have elevated diabetic urine proteins or have been a diabetic for 10 or more years, you may be eligible to participate if you:

- Are 18 years or older
- Have a history of Type 2 Diabetes

Bayer 17530 16244 DKD

Type 2 Diabetes and High Cholesterol

This is a study for patients who have been diagnosed with Type 2 Diabetes Mellitus and have been on a Statin drug for their High cholesterol. If may qualify if you;

- Are 18 years or older
- Have a history of Type 2 Diabetes
- Taking a statin drug for High Cholesterol

AMG20130287

We are pleased to announce that **Rebecca L. Wittenburg, CNP**, has joined us at New Mexico Clinical Research & Osteoporosis Center. Becky, who has a bachelor of science in nursing and a master of science in nursing, is a certified family nurse practitioner. She has extensive experience in primary care internal medicine, with special expertise in diabetes education and care, including intensive management of insulin and insulin pumps.

Becky is **accepting new patients** for primary care adult medicine, diabetes education, and diabetes management. For referrals and appointments, call our scheduling coordinators.

New Mexico Clinical Research & Osteoporosis Center continues its dedication to adult medical care, with a focus on clinical research and the management of osteoporosis, metabolic bone diseases, and rare inherited bone diseases. Consultations for your patients are available upon request. Treatment with injectable osteoporosis medications is provided when indicated.

We provide high quality assessment of skeletal health with systems from the two leading DXA manufacturers (GE Lunar and Hologic). Our DXA technologists and interpreters are certified by the International Society for Clinical Densitometry (ISCD) and our facility is the only one in New Mexico that is accredited by the ISCD. In addition to bone density testing, the DXA systems can measure bone composition (total and regional bone mass, fat mass, and lean mass). Vertebral fracture assessment (VFA) by DXA can be used to diagnose previously unrecognized vertebral fractures, which may change diagnostic classification, assessment of fracture risk, and treatment strategies.

With warm regards,

E. Michael Lewiecki, MD

Lance A. Rudolph, MD

Osteoporosis Foundation of New Mexico (OFNM)

Educational Presentations (NEW LOCATION)

**Coronado Villa Resort Lifestyle
Retirement Community
6900 San Vicente Ave., NE
Albuquerque, NM 87109**

**(This is two streets north of San
Antonio west from Louisiana)**

RSVP to 505.854.3956

2017 Meetings

(All are 1:30-3:00 PM)

Thursday, Feb. 2, 2017

Janet Popp, PT

“Fall Prevention for Osteoporosis”

Thursday, May 4, 2017 –

George Fraser

“Exercise With Osteoporosis”

Thursday, August 3, 2017

Sara Robbins, RD

“Proper Diet for Osteoporosis”

Thursday, November 2, 2017 –

E. Michael Lewiecki, MD

“New Treatments for 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 contribution is requested in order to cover the cost of educational material. You may donate more if you wish.

Directions to facility:

From San Antonio, go north on Louisiana. Turn west on the second street. Coronado Villa is behind Grace Church.



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

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I have osteoporosis and have horses. I have ridden since I was a child. I am a good rider and rarely fall, but I know I am not as strong as I used to be and my balance is not as good. Over the years, I have had several broken bones, once when I was thrown by my horse and another time when I was kicked. I want to keep riding but I don't want to be foolish about my health. What should I do?

Rebecca Z., Edgewood, NM.

Dear Rebecca – This is a question that comes up frequently. In New Mexico, we have many wonderful opportunities for equestrian activities. Some of us have horses we care for and ride. The decision to continue doing this as we age and develop medical problems, such as osteoporosis, is a very personal one. I can't tell you what to do, but I can suggest a few points for you to consider.

There is an inherent risk that goes along with horses. These are very large and strong animals with behavior that is sometimes unpredictable, even for those who are well trained

and reliable. Anyone who works with horses soon becomes aware of this. Anyone, no matter how healthy, can be injured by a horse or have a bone broken. You must be willing to accept this risk if you decide to keep working with your horses and riding.

How important are horses to your quality of life? I would guess very important, but think about this long and hard. Your risk of breaking a bone is higher than it used to be, and it could happen when you least expect it. Are you willing to accept that risk?

If you decide to continue with your horses, try to find ways to minimize the risk. For example, you might want to limit your grooming and riding to the gentlest horse in the barn, use a saddle that provides the greatest stability and control when riding, and ride only on trails and locations that are familiar to you and your horse. With care, you may be able to find the right balance for you between enjoying your horses and protecting you safety.

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 mlewiecki@nmbonecare.com. It is not possible to respond to all questions submitted, but those that are of general interest will be considered for publication.

CRISIS (CONTINUED)

Continued from front page

information, consult with a knowledgeable healthcare professional who is familiar with osteoporosis and the drugs used to treat it. For Internet information, go to websites from academic institutions, foundations, or familiar healthcare systems. Beware of any website that is selling a product.

3. Limited time. It is an unfortunate fact of modern medicine that the time spent at an office visit is often too short to address all your needs. Your questions may not be fully answered; there may not be time to get to your questions; or you may not even know the right questions to ask. It helps to be prepared. Be sure you have provided the office (in advance, if possible) with any medical information that might be helpful, such as prior bone density reports, X-ray reports, lab tests, details about previous fractures, and all medications and supplements you are taking. Make a list of questions and concerns you would like to cover. If there is still not enough time, keep those questions for the next office visit. When you have all the information you need, then you can make the best decisions for your healthcare.



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 4600 B Montgomery Blvd NE, Suite B-200, Albuquerque, NM 87109. www.ofnm.org For more information, call Teresa Deras at 505-857-3956.