

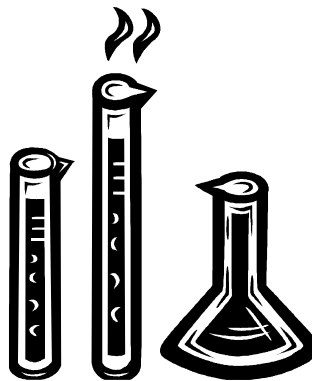
Local Osteoporosis Research Goes International

The physicians and staff of New Mexico Clinical Research & Osteoporosis Center are deeply committed to improving patient care through research and education in the fields of osteoporosis and bone density testing. We have worked many long hours in conducting our research and traveled extensively to meet with colleagues around the world. All of this has resulted in the presentation and publication of collaborative research findings. The list below gives the titles of some of our recent research studies, review articles and publications.

The 6th edition of "Mike's Manual" has been completed. While the first edition was only a few pages long, over the years it has grown to the size of a small book, with 142 pages. The manual provides healthcare providers with

helpful information on the management of osteoporosis, and also includes a section to assist with insurance coding for this important test, so that those who need it the most can be covered by their insurance.

"Mike's Manual" is the model for an online version on insurance information at www.iscd.org. Eventually the online version will provide this kind of information for all 50 states.



Scientific Presentations at International Medical Meetings

- ✓ Treatment of Fibrodysplasia Ossificans Progressiva: Case Report and Review of the Literature.
- ✓ Impact of Using the Ultradistal Radius Region of Interest on the Diagnosis of Osteoporosis.
- ✓ Precision Comparison of Two DXA Densitometers— Prodigy and Delphi.
- ✓ Changes in Healthcare Provider Attitudes and Behavior Concerning Estrogen Therapy for the Management of Osteoporosis.
- ✓ Changes in Patient Perceptions of Estrogen Therapy for the Management of Osteoporosis.

Articles Recently Accepted for Peer-Reviewed Medical Journals

- ✓ Non-Responders to Osteoporosis Therapy.
- ✓ Low Bone Mineral Density in Premenopausal Women.

New Publication

- ✓ Mike's Manual, 6th Edition.

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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, ask for Valerie White, the Research Manager, or call the Research Dept. at (505) 855-5505.

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. If there is nothing for you now, there may be next time.

Osteoarthritis Research Study

This is a clinical research study designed to evaluate the safety and effectiveness of an investigational medication in patients with osteoarthritis of the knee. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 12 weeks. Compensation for your time and travel expenses is available to qualified participants for study participation.

General Qualifications:

Male or female, 40-75 years of age.

Diagnosis of OA for at least 6 months.

Need to be on a stable dose of NSAIDs or COX-2 inhibitor agents.

No presence of tendonitis, bursitis, partial or complete joint replacement of Target Knee.

Cannot have Type I or Type II diabetes with peripheral neuropathies.

No anticipated need for surgery or other invasive procedure on the Target Knee or other part of the body during the course of the study.

No trauma or surgery to Target Knee within previous year.

Generally in good health.

Meet all other entry criteria.

Postmenopausal Osteoporosis

This is a clinical research study designed to compare two currently marketed drugs for the treatment of osteoporosis in postmenopausal women on the chance of experiencing fractures. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 5 years. Compensation up to \$300 is available to qualified participants.

Qualifications:

Females 50-80 years of age, and

At least 2 years postmenopausal, and

No spinal fractures, and

Have not used estrogen replacement therapy (hormones) within the last month, and

Have no history of cancer, and

Meet all study entry requirements.

Irritable Bowel Syndrome Research Study

This is a clinical research study designed to evaluate the clinical safety, tolerability, and efficacy of an investigational medication in outpatients with irritable bowel syndrome (IBS). If you meet all study entry criteria you may be eligible to participate. The study will last approximately 19 weeks. Compensation is available to qualified participants for study participation.

Qualifications:

Male or female, 18 to 65 years of

age.

IBS must be either diarrhea-predominant or alternating diarrhea and constipation.

No known or suspected allergies to any benzodiazepine or any multiple drug allergies.

No history or presence of significant head trauma, myocardial infarction, cerebrovascular accident, bipolar or any psychotic disorder.

Generally in good health.

Meet all other entry criteria.

High Cholesterol Research Study

This is a clinical research study designed to compare the efficacy and safety of an investigational medication that may help reduce cholesterol to two approved cholesterol-lowering medications to achieve the current nationally acceptable cholesterol levels in high-risk subjects with high cholesterol. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 18 weeks. Compensation is available to qualified

participants for study participation.
Qualifications:
Male or female, 18 years of age or older.
Willing to discontinue all cholesterol-lowering drugs.
No uncontrolled hypertension or hypothyroidism.
No cyclic hormone replacement therapy.
No active liver disease or hepatic dysfunction.
Meet all other criteria.

Hypertensive Diabetics

This is a clinical research study designed to evaluate the safety and efficacy of the addition of amlodipine to quinapril or losartan in the treatment of diabetic hypertensive subjects. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 22 weeks. Compensation is available to qualified participants.

Qualifications:
Male or female, age 35 to 80 years
Diagnosed with Type 2 Diabetes,

on stable treatment for at least 3 months.
HbA1C \leq 9.0.
Have hypertension and not on OR must be willing to wash out of antihypertensive medication.
No heart attack, coronary artery bypass, or intra-coronary interventions within 6 months.
No donation of blood / blood products for transfusion 30 days before, during, or 30 days after treatment.
Meet all other criteria.

Severe Diarrhea-Predominant Irritable Bowel Syndrome

This is a clinical research study for female subjects with severe diarrhea-predominant irritable bowel syndrome who have failed conventional therapy. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 19 weeks. Compensation is available to qualified participants for study participation.

Qualifications:
Females 18 years of age or older.

Non-childbearing potential or on an acceptable method of contraception.
Diagnosis of severe d-IBS for at least 6 months and failed to respond to conventional IBS therapy.
No current evidence or history of chronic or severe constipation.
No evidence of a biochemical or structural abnormality of the digestive tract.
Meet all other entry criteria.

Calendar of Events

Osteoporosis Foundation of New Mexico
Albuquerque

Osteoporosis Support Group

Free Educational Presentations

Second Thursday of every month

Rehabilitation Hospital of New Mexico

(formerly St. Joseph's Rehabilitation Hospital)

505 Elm St NE



Albuquerque, NM 87102
1:30 PM - 3:30 PM

► **Thursday, October 9, 2003**
Rehabilitation Hospital of New Mexico
Balance and Fall Prevention—Part I



► **Thursday, November 13, 2003**
Rehabilitation Hospital of New Mexico
Balance and Fall Prevention—Part II

► **Thursday, December 11, 2003**
To be determined

The support group's are open to the public. It is a great

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki— My father fell and broke his hip last year at the age of 77. He had surgery and is now doing better. Do you think he has osteoporosis? Should he be taking any medicine? I am worried about him falling again. *Suzanne R., Tucumcari, NM.*

Dear Suzanne— Any broken bone that occurs after a fall from the standing position is classified as a “fragility fracture.” These are most often due to osteoporosis, especially in the elderly. Your father probably has osteoporosis, but should have a bone density test for at least two reasons: 1. To know for sure that bone density is low, and 2. To have a baseline for comparison to monitor the effects of treatment.

He should also have some simple laboratory tests done to see if he has any other problem that could be contributing to low bone density. Sometimes low bone density and fractures happen because of problems such as multiple myeloma, malabsorption, or overactive thyroid— all diseases that require very specific

treatment.

You are right to be thinking about treatment to avoid future fractures. Anyone with one fragility fracture is at very high risk for another. His basic program should consist of an adequate daily intake of calcium and vitamin D, weight-bearing exercise as tolerated, fall prevention, and fall protection. Falls are always accidents, but the risk of falling can be reduced by muscle strengthening, balance training, and other activities, such as Tai-Chi. Wearing hip protectors, underpants with protective padding over the hip, can cushion the hip from the impact of a fall and greatly reduce the risk of another hip fracture, if worn at the time of a fall.

Finally, there are medications that can strengthen the bones and reduce the risk of future fractures. With the right care, there is a good chance that your father can avoid another fracture.

Dr. Mike Lewiecki

SHOULD MEN HAVE A BONE DENSITY TEST?

Osteoporosis is not just a disease of women. About 20% of osteoporosis cases are in men. Unfortunately, many men are unwilling to consider the possibility of having osteoporosis, and doctors often do not order a bone density test to find out. In the past, part of the problem has been the lack of practice guidelines to help physicians select patients at risk for osteoporosis who should be tested. The International Society for Clinical Densitometry (ISCD) is trying to correct this situation.

The ISCD has just released its latest recommendations for bone density testing. These state that all men over the age of 70 should have a bone density test. In addition, younger adult men who are at high risk for osteoporosis should be tested. This includes men with a low trauma fracture, those with any disease associated with low bone mass, and those taking medication known to cause osteoporosis.

OSTEOPOROSIS FOUNDATION OF NEW MEXICO

The Osteoporosis Foundation of New Mexico needs your support! This is a local non-profit 501(c)(3) foundation established to benefit osteoporosis research and education. Please consider making 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) 338-6333. Visit the foundation website at:

www.osteoporosisfoundationnm.org

By Maya Angelou

When I was in my younger days, I weighed a few pounds less, I needn't hold my tummy in to wear a belted dress.

But now that I am older, I've set my body free; There's the comfort of elastic where once my waist would be.

Inventor of those high-heeled shoes my feet have not forgiven; I have to wear a nine now, but used to wear a seven.

And how about those pantyhose-they're sized by weight, you see, so how come when I put them on, the crotch is at my knee?

I need to wear these glasses as the print's been getting smaller; and it wasn't very long ago I know that I was taller.

Though my hair has turned to gray and my skin no longer fits, on the inside, I'm the same old me, It's the outsides changed a bit.

But, on a positive note . . .
I've learned that no matter what happens, or how bad it seems today, life goes on, and it will be better tomorrow.

I've learned that you can tell a lot about a person by the way he/she handles these three things: a rainy day, lost luggage, and tangled Christmas tree lights.

I've learned that regardless of your relationship with your parents, you'll miss them when they're gone from your life.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.
I've learned that I still have a lot to learn.

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Woman to Woman

by
Julia Chavez, CNP

Colds, Flu's, Allergies, Viruses, Bronchitis: Sorting It All Out

This is the time of year when it may become difficult to sort out your symptoms and decide whether to see your provider or wait it out.

The flu (or influenza) will not appear until January or February, but you need to be protected at least two-weeks before it does appear. Late October or November is a good time to get your flu shots.

There are over 200 different viruses. Influenza is one of them. The most common virus is the rhinovirus which we call the "common cold." This is not caused by a bacteria so antibiotics will not help. You can treat the symptoms of a common cold but you will still need to let it run its course. This will usually take 7-10 days. You will usually get a little bit of increased cough with thick phlegm for about one day before it ends. If it runs longer than 10 days and the sputum gets thicker and colored, then it may need an antibiotic.

If you have any respiratory problems, fever, or experience shortness of breath, you need to be seen by your provider.

If you have a runny nose with clear mucous, itching in the eyes, ears or nose, and no fever it may be allergies. Allergies are never accompanied by a fever.

Viruses including colds may cause fever. Sinus infections, bronchitis, and pneumonia may also cause fever. If in doubt, call your provider.

On The Light Side

NEWLYEWDS

Jacob, age 92, and Rebecca, age 89, are all excited about their decision to get married. They go for a stroll to discuss the wedding and on the way they pass a drugstore. Jacob suggests they go in. Jacob addresses the man behind the counter: "Are you the owner?" The pharmacist answers, "Yes"

Jacob says, "We're about to get married. Do you sell heart medication?"

Pharmacist: "Of course we do."

Jacob: "How about medicine for circulation?"

Pharmacist: "All Kinds."

Jacob: "Medicine for rheumatism, scoliosis?"

Pharmacist: "Definitely."

Jacob: "How about Viagra?"

Pharmacist: "Of course."

Jacob: "Medicine for memory problems, arthritis, jaundice?"

Pharmacist: "Yes, a large variety. The works."

Jacob: "What about vitamins, sleeping pills, antidotes for Parkinson's disease?"

Pharmacist: "Absolutely."

Jacob: "You sell wheelchairs and walkers?"

Pharmacist: "All speeds and sizes."

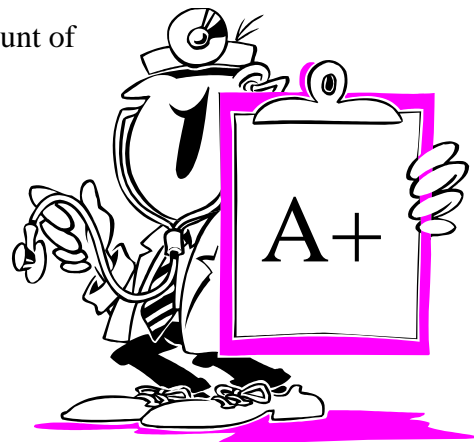
Jacob smiles broadly and says to the pharmacist, "We'd like to use this store as our Bridal Registry."



HOW MUCH DO YOU KNOW ABOUT OSTEOPOROSIS?

TEST YOUR KNOWLEDGE

1. What is the recommended amount of calcium per day for all adults?
 - a. 600 mg
 - b. 300 mg
 - c. 1200 mg
2. About 20% of osteoporosis cases are in men.
True / False
3. Osteoporosis is a disease that causes your bones to become weak and brittle.
True / False
4. Individuals at risk for vitamin D deficiency should have 400-800 I.U. vitamin D per day.
True / False
5. Which of the following are considered risk factors for osteoporosis:
 - a. Lack of exercise
 - b. Low calcium intake
 - c. Vitamin D deficiency
 - d. All of the above



Answers:
1. 1200 mg per day. Since the typical American diet contains less than 600 mg calcium per day, supplements are often necessary.
2. True. Today, 2 million men in the United States have osteoporosis, and another 12 million are at risk.
3. True. Osteoporosis is often called a "silent disease" because there are no symptoms, so you can't feel your bones becoming weak. Sometimes, you will not know you have thinning bones until a bone breaks.
4. True. All adults should consider taking a daily multivitamin containing vitamin D. Vitamin D deficiency can impair calcium metabolism enough to cause osteoporosis.
5. All of the above. Because bone loss usually occurs without symptoms, it's important to understand the factors that can contribute to thinning bones. Talk to your doctor or healthcare professional.