

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center, Inc.

300 Oak St. NE, Albuquerque, NM 87106

www.nmbonecare.com

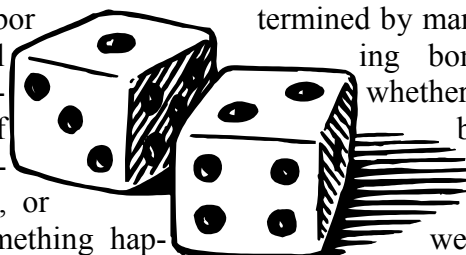
Tel. (505) 855-5525

Summer 2004

Vol. 7, No. 3

Gambling with Health: What are the odds of breaking a bone?

Almost everyone likes to gamble once in a while. It may be an office pool for an athletic event, a slot machine in a casino, or a friendly bet with your neighbor over who will grow the best tomatoes. Part of gambling is considering the risk, or the odds, of something happening or not happening.



We generally do not like to think about our health in the same way. However, there are some people who spend their entire professional lives trying to calculate the odds of something bad happening to us. This is done by actuaries in insurance companies to predict the likelihood of disease or death (yuck!) in order to set our insurance premiums (double yuck!). It is also done by all physicians, who informally figure your odds of developing a medical problem to decide when it makes sense to start medication to prevent the problem.

Our special interest at New Mexico Clinical Research & Osteoporosis Center is osteoporosis— a

disease that increases the risk, or odds, of a “fragility fracture” (breaking a bone with little or no trauma). The risk of a fracture sometime in the future is determined by many factors, including bone density, age, whether or not there has been a fracture in the past, family history, and body weight. If we had better ways of knowing who was most likely to fracture, we could do a better job of deciding who should be started on medication to strengthen the bones.

The topic of fracture risk was recently addressed by an international panel of osteoporosis experts at a meeting of the World Health Organization in Brussels, Belgium. Dr. Lewiecki participated in this meeting, the purpose of which was to develop a method for calculating the risk of fracture based on bone density and “clinical risk factors.” The conclusions of the meeting will be published next year, with the expected result to be a better way of calculating the odds of a fracture, and better selection of patients to receive osteoporosis therapy.

Would you like to receive this newsletter in electronic format?

We have had requests for distribution of our newsletters outside of the office. There are two ways to do this electronically: 1. Visit our website at www.nmbonecare.com to download the newsletter in PDF format, which you may then print on your home printer, or 2. To be placed on a list for automatic quarterly distribution of the newsletter as a PDF file attached to email, send your request to Yvonne Brusuelas at ybrusuelas@nmbonecare.com.

Staff

E. Michael Lewiecki, MD, FACP
*Osteoporosis Director
Internal Medicine*

Lance A. Rudolph, MD
*Research Director
Internal Medicine*

Julia R. Chavez, CNP
Adult Healthcare

Eric W. Best, MD
Internal Medicine

Yvonne Brusuelas
*Management Director
Osteoporosis Ed. Coordinator*

Valerie White, CCRC
*Research Manager
Drug Study Coordinator*

Jocelyn J. Harvey
Research Executive Assistant

Sheri Romero, LRV, CCRC
Drug Study Coordinator

Debra Hanrahan, BBA, CCRC
Drug Study Coordinator

Michele Dingman, BA, CCRC
Drug Study Coordinator

Aspen Montoya, CRC
Drug Study Coordinator

Holly King
Research Medical Assistant

Julie Montano, RT(R), CDT
Bone Densitometry Technologist

Isabel Torres, RT(R), CDT
*Drug Study Recruiter
Bone Densitometry Technologist*

Patricia Katz, LPN
Drug Study Recruiter

Janette Wiggins
Medical Assistant

Sindy Padilla
Medical Assistant

Jo Ann Chavez
Patient/Billing Supervisor

Stacy Escudero
Patient/Billing Coordinator

Rachel Varela
Patient/Billing Coordinator

Jeanie Gonzales
Billing Assistant/File Clerk

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

Low Bone Mass in Postmenopausal Women

This is a clinical research study designed to compare two currently marketed drugs for the treatment of low bone mass in postmenopausal women. If you meet all study 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,
At least 2 years postmenopausal,
No spinal fractures, Have not used estrogen replacement therapy within the last month, Have no history of cancer, Meet all study entry criteria.

Type II Diabetes

This is a clinical research study designed to compare the effects of an investigational medication to placebo as an add-on therapy to glimepiride in patients with type 2 diabetes inadequately controlled with sulfonylurea monotherapy. If you meet all study entry criteria you may be eligible to participate in this 24-week trial. Compensation is available to qualified participants.

80 years of age, No Pregnant or lactating women, HbA1c in the range of 7.5 to 11%, No malignancy including leukemia and lymphoma (not including basal cell skin cancer) within the last five years, No liver disease such as cirrhosis or chronic active hepatitis, No oral antidiabetic treatment other than a sulfonylurea (Amaryl, Diabeta, Diabinese, Glucator XL, Glynase, Pretab, Metaglip, Micro-nase) within last three months, Generally in good health.

Qualifications: Male or female, 18-

Osteoarthritis

This is a clinical research study designed to evaluate the safety of an investigational medication, taken once daily for the relief of signs and symptoms of osteoarthritis of the knees or hip. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 54 weeks. Compensation is available to qualified participants.

Qualifications:

Male or female, 45 years or older.
Primary OA of the hip or knee, present for at least one year.
No history of acute gout or pseudo-gout in the past year.
No history of open surgery or arthroscopy to the study joint within the last year.
No sensitivity to acetaminophen, tramadol, or opioid use.
Generally in good health.

Hypertensive Diabetics

This is a clinical research study designed to look at the ability of several different drugs, alone or in combination, to lower blood pressure in people with diabetes. 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 30-75 years,

Diagnosed with Type 2 Diabetes, on stable treatment for at least 2 months, HbA1c \leq 9.0%, Have high blood pressure, 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 entry 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 biochemical or structural abnormality of the digestive tract.

Postmenopausal Osteoporosis

This is a clinical research study designed to evaluate the effects of calcium supplementation on the efficacy and safety of an investigational medication in postmenopausal women with osteoporosis. If you meet all study entry criteria you may be eligible to participate in this six-month trial. Compensation is available to qualified participants.

Qualifications:
Women 45 and older, postmenopausal for at least 1 year. Must meet specific BMD and vertebral-fracture criteria Cannot have five or more vertebral (thoracic or lumbar) fractures. No history of a lumbar laminectomy or vertebroplasty. Generally in good health.

**Osteoporosis Foundation
of New Mexico
Osteoporosis Support
Group's**

**Educational
Presentations**

2nd Thursday of every month:
Downtown Osteoporosis
Support Group
Rehabilitation Hospital of New Mexico
(formerly St. Joseph's Rehabilitation
Hospital)
505 Elm St NE
Albuquerque, NM 87102
1:30 - 3:00PM
For information call 338-6333



Quarterly:

Northeast Osteoporosis
Support Group
HealthSouth Rehabilitation Hospital
7000 Jefferson NE
Albuquerque, NM 87109
1:00- 2:00PM
For information call 563-4039

Westside Osteoporosis
Support Group
Meadowlark Senior Center
4330 Meadowlark Lane
Rio Rancho, NM 87124
1:15- 2:15 PM
For information call 891-5018



The support group is open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want.

Consider attending if:
You have osteoporosis,
You have a loved one with
osteoporosis, or
You are interested in learning
more about osteoporosis.

Postmenopausal Osteoporosis

This is an open label research study of the effect of an investigational medicine on bone turnover markers in postmenopausal women with osteoporosis treated previously with risendronate or alendronate. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 12 months. Reimbursement for time and travel is available to qualified participants.

Qualifications:

Women, at least ten years postmenopausal (natural menopause). Have been using either resendronate or alendronate (daily or weekly) uninterrupted for a minimum of 24 months. Must be able to self-inject or have a person to perform daily injections. Take at least 1000 mg of calcium (from all sources). Generally in good health. Meet all other entry criteria.

Postmenopausal Osteoporosis or Low Bone Mass

This is a clinical research study designed to assess the efficacy of an investigational medication to reduce the risk of new vertebral fractures and to reduce the risk of invasive breast cancer in postmenopausal women with osteoporosis or low bone mass. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 5 years. Compensation is available to qualified participants.

Qualifications:

Females 60-85 years of age, At least 2 years postmenopausal, No current metabolic bone disorders other than osteoporosis or low bone mass (e.g., hyperparathyroidism, renal osteodystrophy, or osteomalacia), Generally in good health. Meet all study entry criteria.

Postmenopausal Osteoporosis

This is a clinical research study designed to evaluate an investigational medication in the treatment of postmenopausal osteoporosis. If you meet all study criteria you may be eligible to participate. The study will last approximately 3 years. Compensation is available to qualified participants.

Qualifications:

Postmenopausal females, between 60 and 90 years old, Have osteoporosis, No use of bisphosphonate treatment for osteoporosis for three or more years cumulatively, Generally in good health, Meet all other criteria.

On The Light Side

Anger Management

A small elderly lady was laying on her death bed with her elderly husband right by her side. She says to him, "Honey, I have to confess something to you. If you'll climb up in my closet you'll see a blue box. Would you bring it to me?"

He brings her the box and she opens it. Inside are two crocheted doilies and \$25,000 cash. He is shocked! He asks her to explain. She says, "When we first got married, my mother told me there would be times when you would make me angry or say something stupid. She told me to crochet a doily each time so I wouldn't take out my anger or frustration on you."

So he looks inside the box and sees the doilies and the money and is confused. He says "I see the two doilies but what about all this money?"

The wife says, "That's the money I made selling doilies."



Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki— My father, who is 82 years old, fell at home and broke his hip. He had surgery to fix his hip, and then spent a few weeks in a rehab hospital getting physical therapy. Now he is back home again. My question is— Do you think he could have osteoporosis? I know that women can get it, but can it happen to men as well? Should he be taking any medicine?
Janice B., Rio Rancho, NM.

Dear Janice— You are right to be concerned about your father. It is very likely that he has osteoporosis. His risk of having another fracture is very high. He should have a thorough evaluation and aggressive treatment.

It is unfortunate that most men with osteoporosis are not diagnosed, and even fewer are treated. The vast majority of elderly men with hip fractures have osteoporosis, yet very few are told about this or tested for it. I recommend that any man with a fracture of the hip, or fracture anywhere else, occurring after a fall from the standing position, be considered

for bone density testing with dual-energy X-ray absorptiometry (DXA). This can confirm the diagnosis of osteoporosis and serve as a baseline for comparison when evaluating the effects of treatment. In addition, blood and urine tests may be necessary to evaluate for contributing diseases or conditions.

The foundation of treatment for osteoporosis in men is to get an adequate daily intake of calcium and vitamin D. Most of us have poor dietary intake of calcium, and vitamin D deficiency is common. Supplements of both may be necessary. Regular weight-bearing exercise, muscle strengthening, and balance training can be helpful. Since most hip fractures are the result of a fall, preventing falls may prevent fractures. Finally, he may need to be started on medication to help prevent future fractures.

Good luck to you and your dad. He should be grateful for your concern, and I hope he gets the medical attention that he deserves.

Sincerely,

Mike Lewiecki

LOW BONE DENSITY IN MEN

The National Osteoporosis Foundation estimates that about 20% of osteoporosis occurs in men. The International Society for Bone Densitometry recommends that all men age 70 and older have a bone density test to see if they may be at risk for fracture.

Fractures in men can be painful, disabling, and even result in death. In fact, the risk of complications from fractures is higher in men than in women of the same age. Medications are available that can effectively treat men with osteoporosis, thereby reducing the risk of fractures and avoiding the resulting pain, disability, and possibility of death.

So why is it that more men are not receiving attention for this? There are a number of reasons. Bone density tests may not be covered by insurance as well as for women. Doctors may be too busy managing other problems to think about osteoporosis. And men sometimes are not willing believe they have osteoporosis— a “woman’s disease.”

The answer? Education. The more you know the better you can manage your healthcare.



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) 855-5627, or visit the web site at www.osteoporosisfoundationnm.org.



Meet Your Medical Assistants

Janette Wiggins

Janette has been part of our team for almost 6-years. In 1998 she attended Pima Medical Institute and became a registered medical assistant. Prior to school, she worked in retail sales for 20-years and raised 3 daughters. She has been with her husband Clark for 20 years and has been a resident of Albuquerque since 1965.

Sindy Padilla

Sindy became part of our team in February 2004. Sindy obtained her training at the National Education Center for Medical Assistants in sunny California. Prior to school, Sindy worked for a primary care provider until he passed away in 1998, and then went on to become a certified phlebotomist. After living in California for over 30-years, Sindy returned to her native New Mexico.

A message from you medical assistants:

Hello everyone! We hope this finds you in good health. Just a short note to tell you a **few** things we, your medical assistants do on a daily basis. Between the doctors and Julia Chavez, our nurse practitioner, we care for approximately 6000 active patients. The office sees about 50 to 60 patients a day. We have an extremely busy job but we love take care of each and every one of you.

Besides rooming each of you, taking a brief history and doing vital signs, we also phone each and every one of you with your results on every test we order. If you haven't heard from someone in our office within 2 weeks after a test, please don't hesitate to call.

When you aren't feeling well and you call to be seen by one of our providers, we determine how serious your problem is and whether or not it is an emergency. Rest assured we will bring you in as quickly as possible. If your problem is a true emergency (severe chest pains, etc.) you will be advised to go to the Emergency Room. Please don't feel we are trying to "pass the buck." If you come in to the office with a truly serious problem, we will more than likely send you to the ER anyway! We're just trying to save you time and get the medical help you need.

Prescription refills also take up a big part of our days. Unfortunately, because we have to prioritize the patient care, we are no longer able to fax your mail order prescriptions due to the increased volume of mail order companies. Each company has many different departments for different insurance companies and we can't keep track of all the different fax numbers. There just isn't enough time in the day. Our apologies

We try to bring you back for your exam as quickly as we can but sometimes we do get backed up. There are times we have to work patients in with serious symptoms ahead of you. We know how important your time is and we apologize for any delays. Please bear with us on those busy days!

We want you to know that whenever you need us, you are more than welcome to call us. It is our job and our privilege to care for you.

Sincerely,

Janette

Sindy

