

## Metatarsal Fractures and Osteoporosis

**Stress fractures** are commonly defined as fractures that occur with abnormal and repetitive loading on normal bone. Examples are fractures in the feet and lower legs that may occur in military recruits during basic training, competitive athletes, and ballet dancers.

**Insufficiency fractures** are something different. These are fractures that occur from normal loading with everyday activities in weakened bone. This type of fracture can occur in patients with osteoporosis or metabolic bone diseases such as osteomalacia. The pelvis is a common location for this type of fracture.

**Osteoporotic fractures**, sometimes called low-trauma fractures, occur in people with weakened bones from minimal trauma, such as a fall from a standing position. “Major osteoporotic fractures” have been defined as those in the spine, hip, wrist, or humerus.

For someone with osteoporosis who has a fracture (broken bone), there is sometimes uncertainty with classifying the type of fracture and how to treat it. For example, a metatarsal fracture (a fracture in one of the small bones of the foot) may develop in a person with osteoporosis, with no obvious injury. Is the fracture due to weakened bones from osteoporosis that should be treated with osteoporosis medication? Or is it a fracture due to mechanical instability of the foot that should be treated with modification of physical activity and a change of footwear? It is especially perplexing when there are recurrent stress fractures. Some research studies have shown that people with metatarsal fractures are no more likely to have osteoporosis than anyone else, and that they are not at high risk of having osteoporotic fractures in the future. Sometimes metatarsal fractures are difficult to diagnose. They are not always visible on standard X-rays and may require an MRI or bone scan to be certain.

Treatment typically includes non-weight bearing with crutches or immobilization with a walking boot. Adequate intake of calcium and vitamin D are important. Depending on the results of lab tests, other treatments might be tried. Some patients with recurrent metatarsal fractures have been treated with teriparatide, a bone building medication, in the hope of accelerating fracture healing.

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## Are you interested in participating in a research trial?

Our clinical research program is recruiting patients to participate in trials to test new medications and evaluate new uses for currently available drugs. By participating in a trial, you will have the opportunity to use one of these medications, have examinations and diagnostic testing at no cost to you. If you qualify for the trial, you may be compensated for your time and travel. Please take a few minutes to read the criteria for each trial listed in our section titled **“Clinical Research News.”**

*If you think you may qualify for a trial or have questions about participating in clinical research trials, please call for more information at: (505) 923-3232.*

Feel free to pass this newsletter to a friend or relative who may be interested. The research trial information is updated often since we are continually starting new trials and closing existing trials. Call and give your information to our recruitment specialist for consideration for future trials.

## Clinical Research News

### Eosinophilic Esophagitis

We are looking for men and women diagnosed with or suspect eosinophilic esophagitis. You may be eligible to participate if you:

- Are 18 years of age or older.
- Have trouble swallowing food or liquid, food gets stuck in throat after swallowing, and/or have regurgitation of food without vomiting.

### High Cholesterol

We are looking for men and women diagnosed with high cholesterol. You may qualify if you:

- Are 18 years of age or older
- Has a history of a major cardiovascular event or has moderate to high risk for development of a first major cardiovascular event.

### Interstitial Cystitis

We are looking for men and women diagnosed with interstitial cystitis. You may qualify if you:

- Are between 18 to 70 years of age.
- Have been diagnosed by a specialist.
- Have either nighttime urination, overactive bladder and/or urinary urgency.

### Sjögren's Syndrome

We are looking for men and women diagnosed with Sjögren's Syndrome. You may qualify if you:

- Are 18 years of age or older.
- Are diagnosed with Sjögren's Syndrome

### Osteogenesis Imperfecta

We are looking for males and females diagnosed with Osteogenesis Imperfecta type I, III, or IV. You may qualify if you:

- Are between 5 to 26 years of age
- Experienced at least 1 fracture in the past year or at least 2 fractures in the past 2 years.

\*Genetic testing available to those who qualify.

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## Commonly Asked Questions

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Answered by Desiree Sanchez, CNP, CCD

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### EVENTITY DE-MYSTIFIED

Evenity, known less commonly as romosozumab, is a monoclonal antibody used to treat osteoporosis in post-menopausal women who have a high fracture risk. Evenity is unique in that it works in two ways. Evenity stimulates bone building while slightly decreasing bone loss. It is a 12-treatment course, with two injections given about every 30 days. It begins working with the first dose. Evenity was approved by the FDA in 2019. Evenity is not approved for use in males.

Evenity may increase the risk of heart attack or stroke. The most common side effects include joint pain, headache, and injection site irritation. A less common but more serious side effect includes low blood calcium. Patients that have low blood calcium should not begin treatment with Evenity until they achieve a normal and stable blood calcium level. Patients with a history of heart attack or stroke in the past year should not start Evenity.

To view current and previous newsletters, visit our website at [www.nmbonecare.com](http://www.nmbonecare.com) and look under the News tab.

## Osteoporosis Foundation of New Mexico (OFNM)

Invites you to attend virtual educational presentations and participate in interactive discussions. This is an ongoing activity of the OFNM Osteoporosis Support Group. Ask all the questions you want. Learn from experts and friends.

**1:30 PM – 2:30 PM Mountain Time on the following dates**

**July 6, 2023**

**November 9, 2023**

If you missed participating in previous Support Group meetings, you can view select recordings by visiting our website at [www.ofnm.org](http://www.ofnm.org).

These meetings are open to the public. It is a great opportunity to talk to osteoporosis experts for as long as you want.

To register for the meeting, please email Carly Dobbins at [cdobbins@pmplanners.net](mailto:cdobbins@pmplanners.net). Once registered an email confirmation will be sent along with instructions to join the meeting.

If you wish to donate to the Osteoporosis Foundation of New Mexico, please visit our website at [www.ofnm.org](http://www.ofnm.org) and click on the blue donate button on the top right of the page. We are also in need of volunteers. Please contact us at [info@ofnm.org](mailto:info@ofnm.org) for more information.



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

## Ask Dr. Lewiecki about . . . OSTEOPOROSIS

**Dear Dr. Lewiecki – I broke my wrist last year from a fall while playing pickleball. A bone density test shows that I have osteoporosis. My doctor started me on an injection that I get every 6 months. She told me I should take it for 5 years and then stop, because osteoporosis medications can make me worse rather than better after 5 years. Can you explain?**

*Bonnie C., Albuquerque, NM.*

Dear Bonnie – I am guessing that you had a bone density test with DXA (dual-energy X-ray absorptiometry) that showed a T-score that was -2.5 or below, which is at a level that is called osteoporosis. With that T-score a recent fracture, the official diagnosis is “severe osteoporosis.” It is called severe because your risk of a future fracture is high. After having an evaluation for things that might cause bone problems, treatment with a medication is a good idea. The medicine that is given as an injection every 6 months is denosumab (Prolia). It is very effective at increasing bone density, making bones stronger, and reducing the risk of breaking bone. In research reports of women treated with it continuously for up to 10 years, bone density has progressively improved and the risk of breaking

bones remained low, all with good safety reports. There are a few important things for you to know.

First, osteoporosis is a lifelong disease. It can be treated but not cured, much the same as with other chronic medical conditions, such as hypertension, high cholesterol, and diabetes. There is no temporary treatment for a chronic disease.

Second, the medication you are taking works well for 6 months, but the effects wear off soon after that if you don’t get the next dose. You must stick to the schedule.

Finally, there is no time limit to taking this medication. If you ever stop taking it, it is very important to get on another medication to replace it. If you don’t, your bone density will get worse over the following year and you will end up where you started.

*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, drop it off at the office, or email to [jross@nmbonecare.com](mailto:jross@nmbonecare.com). It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.*

### DENTAL HEALTH AND OSTEOPOROSIS

Dental health is important for all of us. Good dental hygiene with regular visits to the dentist is especially important for anyone with osteoporosis. Periodontitis, tooth loosening, and tooth loss are associated with aging and chronic inflammation, as is osteoporosis. Treating osteoporosis may have dental benefits from strengthening bone in the jaw, and good dental hygiene may help you to keep your teeth as you age.

Dentists are sometimes concerned that osteoporosis medications might cause a problem called osteonecrosis of the jaw (ONJ) to develop after invasive oral surgery, such as a tooth extraction. Here are some facts about this that might put your mind at ease.

1. ONJ is a very rare condition with osteoporosis patients, occurring in perhaps 1 in 100,000 patients.

2. About 95% of people with ONJ are cancer patients receiving medications at more than 10 times the dose used to treat osteoporosis.

3. Having ONJ is not the end of the world. It means that bone is slower than normal to heal, but it almost always heals with conservative care, such as mouth washes, that your dentist may prescribe.

4. The risk of ONJ is close to zero with non-invasive dental care, such as tooth cleaning, cavity fillings, crowns, and root canals.

If you are in need of emergency oral surgery, as might happen with a tooth abscess, it should be done without delay. For elective invasive oral surgery, scheduling it at the end of your dosing period might be helpful – about 5 months after the last dose of Prolia or 12 months after the last dose of Reclast.



Support osteoporosis awareness and education in New Mexico. Help to reduce the burden of osteoporotic fractures. The Osteoporosis Foundation of New Mexico is a local non-profit 501(c)(3) foundation. Consider a tax-deductible donation or bequest. Donations may be conveniently submitted by credit card online at [www.ofnm.org](http://www.ofnm.org) or by check mailed to Osteoporosis Foundation of New Mexico at 300 Oak St NE, Albuquerque, NM 87106. For more information, call 505.857.3956.