

CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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Osteoporosis and Rare Bone Diseases

Metabolic bone diseases can be defined as a diverse group of acquired and inherited skeletal disorders involving abnormalities of bone density, bone strength, and bone structure, often leading to fractures (broken bones) or bone deformities. The most common metabolic bone disease is osteoporosis, but there are many others. These include osteomalacia (called rickets in children), a softening of the bones which can have many causes; Paget's disease of bone; osteogenesis imperfecta; hypophosphatasia; X-linked hypophosphatemia (XLH); renal osteodystrophy and more.

At New Mexico Clinical Research & Osteoporosis Center, we are focused on evaluating patients with concerns about bone health and developing long-term strategies to prevent fractures and optimize quality of life. We are also committed to clinical research to find new and better ways to assess bone health and prevent the consequences of skeletal diseases.

Patients are often referred to us because of having low bone density, fractures that may not be healing well, poor response to treatment, side effects of treatment, or unusual results with lab tests. We typically order bone-related tests to determine whether the underlying problem is osteoporosis or one of the other metabolic bone diseases. Treatment is then individualized according to what is found, with consideration of all available information, including patient preference.

Here are a few examples of patients with rare bone diseases masquerading as osteoporosis, requiring treatments that are different than for osteoporosis.

- ◆ A woman with very low bone density, muscle weakness, and bone pain is found to have osteomalacia due to low phosphorus. This was caused by a medication she was taking. The offending drug was stopped, phosphorus supplements were given, and symptoms resolved.
- ◆ Another woman with chronic pain and weakness had multiple poorly healing fractures. Testing showed that she had a disease called hypophosphatasia, which is treated by replacement of an enzyme that is missing
- ◆ A man with localized bone pain is diagnosed with Paget's disease. He is treated with a medication that relieved the pain and stopped progression of the disease.

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NEW MEXICO
Clinical Research &
Osteoporosis Center, Inc.

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 and 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](tel:5059233232).

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

High Cholesterol

We are looking for men and women diagnosed with high “bad” cholesterol and are currently treated with statin therapy. You may qualify if you:

- Are 18 years of age or older
- Have a history of a major cardiovascular event or have 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/bladder pain syndrome. You may qualify if you:

- Are between 18 to 75 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.
- Diagnosed with Sjögren’s Syndrome within the last 10 years.

COMING SOON

**OSTEOPOROSIS TRIAL FOR POSTMENOPAUSAL
WOMEN 55 TO 80 YEARS OF AGE. CALL TODAY
TO BE ADDED TO OUR CONTACT LIST.**

MEET DANNY!

Daniel Widholm is our Certified Densitometry Technologist. Danny is responsible for administering all of the bone density scans performed in the clinic.

Danny has been performing bone density exams in Albuquerque since 2006. Prior to bone density, he performed MRI scans, and prior to that, he was a courier for an x-ray facility in town. When an opportunity arose here in our clinic more than 10 years ago, Danny realized his degree and skillset were ideal for providing compassionate and competent densitometry exams to the good people that patron our facility.

Danny has been an active member of the American Society of Radiologic Technologists (ASRT) and the International Society for Clinical Densitometry (ISCD). The ISCD certifies densitometrists by means of an examination which allows technicians to achieve additional credentials. Danny has been on several committees helping to write test questions for these exams, and has also been on a cut-score committee with 9 other technologists from around the United States to help determine the passing scores.

Danny has a wonderful rapport with his patients and finds the work to be very gratifying. When considering all aspects of his career, he says that interaction with patients is his favorite element. He feels that rendering passionate patient care is essential and has proven to be very satisfying and fulfilling for him. He has learned the most about life - and about himself - from interacting with a wide variety of people from many diverse populations.

In his spare time, Danny can be found hiking, mountain biking, or spending time with his two cattle dogs. An avid outdoorsman, he loves wandering the Sandia mountains or the bosque! He is also a big fan of all things Disney and NFL!

He likes to joke that the profession of radiology 'chose him.' We are all the better for it, Danny! You have found your calling!

To view current and previous newsletters, visit our website at 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

February 15, 2024

July 11, 2024

November 14, 2024

If you missed participating in previous Support Group meetings, you can view select recordings by visiting our website at 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. 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 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 for more information.



www.ofnm.org

Ask Dr. Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki – I have osteoporosis that has been treated with Prolia for the past 7 years. I was started on it after having a fracture in my spine from lifting my grandson and bone density that was very low. I am doing fine with it, but now my dentist tells me I need to stop because I need a tooth extraction. She says that I will not heal well if I continue taking it. I am worried about my bones. What should I do? I am 77 years old.
Evangelina B., Santa Fe, NM

Dear Evangelina – You are not alone. The concern of the dentist is the possibility of osteonecrosis of the jaw (ONJ), also called medication-related osteonecrosis of the jaw (MRONJ). This is a rare occurrence where there is exposed bone in the jaw that has not healed after 8 weeks. It can occur in patients treated with some osteoporosis medications after a tooth extraction, but also sometimes happens in people never treated for osteoporosis. The American Association of Oral and Maxillofacial Surgeons (AAOMS) and the American Dental Association (ADA) reviewed what is known about this on published guidelines to address the concerns. The Bone Health & Osteoporosis Foundation (BHOFF) has also provided information about all of this.

The bottom line with all of these organizations is that there is insufficient evidence that stopping osteoporosis treatment before a tooth extraction reduces the risk of ONJ. On the other hand, there is a great deal of evidence that stopping Prolia will result in a rapid loss of bone density and increase in the risk of some fractures. Therefore, this is what is usually recommended, and what I suggest for patients on Prolia: If dental surgery is urgent, such as with a dental abscess, surgery should be done right away. If it is elective dental surgery, we like to have it done at the end of the Prolia dosing period (about 5 months after the last dose) and stay on schedule with the next dose. It should never be delayed by more than 1 month.

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. It is not possible to respond to all questions submitted. Those that are of general interest will be considered for publication.

KIDNEY DISEASE AND BONE

Kidney disease can be classified according to a blood test measuring the glomerular filtration rate (GFR). A number of 60 or higher is normal, 30 to 59 is stage 3 chronic kidney disease (CKD), and 15 to 29 is stage 4. Below 15 may require dialysis to treat. What does this have to do with bones? A lot, actually. Read on.

When the GFR is less than 30 to 35, we typically do not treat with the bisphosphonates, such as alendronate, risedronate, ibandronate, and zoledronic acid, although exceptions may be made in special situations.

When GFR is very low, certain tests that we use to evaluate bone health. These include parathyroid hormone level and P1NP. Also, there is a greater risk of having a low blood calcium after treatment with denosumab in patients with very low GFR.

Perhaps most importantly, patients with very low GFR often have a complex mix of cardiovascular disease and bone diseases other than osteoporosis. This is called CKD-Mineral and Bone Disorder (CKD-MBD). The bone component is called renal osteodystrophy, which includes adynamic bone disease, osteomalacia, parathyroid bone disease, or a mix of these. Each of these may require special evaluation and attention to developing a treatment plan that is effective and safe.



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 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.