CLINICAL RESEARCH & OSTEOPOROSIS NEWSLETTER

A Publication of New Mexico Clinical Research & Osteoporosis Center

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When it looks like you have osteoporosis, but you really have something else

You may have come to us because of an abnormal bone density test or breaking (fracturing) a bone. It is likely that you have osteoporosis, which is the most common skeletal disease. However, it is possible that you have a disease different than osteoporosis or that you have unrecognized underlying conditions causing osteoporosis that need to be corrected. It is also possible that you have broken bones you don't know about, as commonly occurs in the spine. For reasons such as these, it is important to have a thorough medical evaluation before starting treatment for osteoporosis. Here are a few examples of people who turned out to have bone diseases other than osteoporosis.

A woman was referred by her orthopedist for treatment of severe osteoporosis with low bone density, multiple poorly healing fractures, chronic pain, and fatigue over many years. Her evaluation included blood testing that showed a low level of alkaline phosphatase. This was a clue that she might have a rare genetic disease called hypophosphatasia. This was confirmed by genetic testing. Treatment for this disease, which is different than treatment for osteoporosis, was started, with her having an excellent response.

Another woman was seen because of having a poor response to treatment for osteoporosis, with bone density getting worse instead of better. A 24-hour urine collection showed low calcium, which can be caused by poor intestinal absorption of calcium. Genetic testing showed that she had celiac disease, despite having none of the typical symptoms, such as diarrhea, bloating, and weight loss. Treatment with a gluten-free diet was followed by improvement in bone density, even without medication.

A man in his 40s had progressively severe weakness and bone pain. He had several broken bones. He was seen by many specialists and prescribed many medications but kept getting worse. Finally, he fell and broke his hip. While in the hospital, a blood phosphorus was measured for the first time. His phosphorus was very low, which turned out to be the cause of his trouble from the beginning. His diagnosis was tumor induced osteomalacia, a rare, acquired disease caused by small benign tumor that produces a hormone resulting in the kidneys leaking phosphorus. He was cured by finding and removing the tumor.

Staff

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.

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

Postmenopausal Osteoporosis

We are looking for women diagnosed with Postmenopausal Osteoporosis. You may qualify if you:

- Are a healthy, postmenopausal woman, between 55 to 80 years.
- Are not currently treated with osteoporosis medication
- Have qualifying T-scores at the lumbar spine, total hip/femoral neck.

Sjögren's Syndrome

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

- Are a woman between 18 to 65 years of age.
- Diagnosed with Sjögren's Syndrome within the last 30 years.

Chronic Low Back Pain

We are looking for men or women who have suffered from chronic low back pain in the last 3 months. You may qualify if you:

- Are 18 years of age or older.
- Have low back pain for at least 3 months

Diabetes with hypertension and established cardiovascular disease

We are looking for men or women diagnosed with Type 2 diabetes, high blood pressure and cardiovascular disease. You may qualify if you:

- Are 18 years of age or older.
- Actively treated for type 2 diabetes
- Actively treated for hypertension
- Actively treated for cardiovascular disease

**Additional criteria will apply.*

Carrie Thompson, CNP, CCD

Carrie Thompson, a certified nurse practitioner, joined our clinical team in April 2025 as our newest clinician. She attended UNM for her master's degree in nursing, and has also studied anthropology, foreign languages, and flamenco. She happens to speak both Spanish and Portugese! She has 15 years of experience in the medical field as a home health aide, a registered nurse, and an advanced practice nurse. Carrie appreciates the opportunity to help people make informed decisions about their health and well-being. A lifelong learner, she strives to learn something new every day. In her spare time, Carrie loves to be outdoors on a walk in the bosque or a hike in the foothills.

Carrie just passed her densitometry certification for NM Clinical Research & Osteoporosis Center in June 2025 and is now a Certified Clinical Densitometrist (CCD) in addition to Nurse Practitioner. This certification means that she is skilled in interpreting bone density scans, a credential that indicates proficiency in the bone densitometry field. With that said, she is now a Bone Health Specialist for NM Clinical Osteoporosis Center, and we couldn't be more proud of her accomplishment!

CONGRATS CARRIE!

Osteoporosis Foundation of New Mexico (OFNM)

We are excited to announce our collaboration with OsteoBoston to participate in their monthly support group meetings!

These meetings will typically take place on the first Tuesday of each month at 5:00 PM Mountain Time (MT) ***(4:00 pm PT; 6:00 pm CT; 7:00 pm ET)***

You are warmly invited to join us for virtual educational presentations and engaging interactive discussions as part of this ongoing activity. Ask all the questions you have, learn from both experts and peers, and connect with a community of support.

These meetings are open to the public and offer an excellent opportunity to consult osteoporosis experts in a welcoming environment.

To begin receiving invitations for these meetings, please email cdobbins@pmplanners.net.

Please note that this support group is intended for patients.

If you'd like to support the Osteoporosis Foundation of New Mexico, donations can be made by visiting www.ofnm.org and clicking the blue "Donate" button at the top right. We are also looking for volunteers—please reach out to us at info@ofnm.org for more information.

We look forward to seeing you there!

Osteoporosis Foundation of New Mexico
A non-profit foundation dedicated to osteoporosis education and research

www.ofnm.org

All trial-specific information is IRB approved. To learn more about any trial call 505.923.3232.

OSTEOPOROSIS CORNER

Ask Dr. Lewiecki about . . . O S T E O P O R O S I S

Dear Dr. Lewiecki – I have osteoporosis. My doctor tells me I need to start treatment with alendronate. My concern is that I also have pain in my jaw joint and wear a mouth guard at night to help. I have read that osteoporosis drugs are bad for the jaw, and don't want to make my jaw pain worse. What should I do?

Amelia C., Rio Rancho, NM

Dear Amelia – Thank you for the question. This is a common concern, since many people have TMJ (temporomandibular joint) syndrome. This is a problem with the jaw joint that can cause pain, headache, and difficulty chewing.

Fortunately for you, there seems to be no connection between TMJ syndrome and osteoporosis, or the medications used to treat osteoporosis. So, if your doctor thinks that alendronate is the right medicine for you, then it is probably fine to take it. The most common side effect, if there is one, is heartburn or indigestion. If that happens, then you may need to switch to another medication.

Since you mentioned concern about the health of your jaw, I would like to take this opportunity to explain some of what we know and do not know about connections among osteoporosis, osteoporosis treatments, and the jaw.

There are now many research studies showing an association of osteoporosis with bone loss in the jaw, tooth loosening, tooth loss, and periodontal disease. This fits with our understanding of osteoporosis as a systemic disease that affects all our bones, not just the ones we measure with a bone density test (usually the spine and hip). Therefore, we can think of osteoporosis as being bad for the jaw, although it seems to not have effects on the teeth themselves.

We also know that treatments for osteoporosis, such as alendronate, have effects on the jaw. Orthodontists tell us that teeth are slower to move with their treatments when receiving medication for osteoporosis. This may be good or bad, depending on your point of view. Some studies have shown an increase in bone density in the jaw with osteoporosis treatment. See panel on the right for information on osteonecrosis of the jaw.

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, but those that are of general interest will be considered for publication

Update on Osteonecrosis of the Jaw (ONJ)

ONJ, sometimes called MRONJ (medication-related ONJ) has been defined as having exposed one in the jaw that has persisted for at least 8 weeks in someone taking certain medications who has not had radiation therapy to the jaw or metastatic disease in the jaw. This is clearly not the same as having a sore jaw joint from TMJ syndrome, or a toothache, or a dental abscess, or osteomyelitis, or many other conditions that can affect the jaw.

ONJ is rarely seen in patients treated for osteoporosis with medications such as alendronate, zoledronic acid, and denosumab. The risk is about 0.02% to 0.05% according to an organization or oral surgeons (AAOMS), and more common in patients with cancer who receive some of these same drugs in much higher doses.

There is no evidence that a "drug holiday) before having a tooth extraction alters the risk o ONJ, and some harm that might be caused by stopping osteoporosis therapy with denosumab. A recent report by a group of experts found that there is no increase in the risk of ONJ with placement of a dental implant.

The best way to prevent ONJ is to have good oral hygiene, limit dental surgery to the least invasive approach possible, and have meticulous local oral care after a procedure. It is often advised to schedule elective oral surgery about 1 year after the last dose of zoledronic acid or 5 months after the last dose of denosumab, and to have emergency whenever it is needed.