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Research
in Oakland

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Medical Director Update

Making the Most of May... It's Osteoporosis Awareness Month!

Risa Kagan, MD

Osteoporosis is a systemic disease of the skeleton that greatly increases one's risk of fracture. As our life expectancy has increased, the incidence of osteoporosis has also increased. Although low bone mass (quantity) leads to the increased risk of fracture, it is now known that alterations in bone micro-architecture (bone quality) also impact fracture risk. There are over 20 million women and 10 million men in the U.S. who currently have, or are at risk for, osteoporosis and have not been diagnosed or treated. One in two women and one in eight men over the age of fifty years will ultimately suffer an osteoporotic fracture. In a recent study, it was estimated that there are at least 250,000 hip and 500,000 vertebral fractures in female patients in the U.S. annually. Because of the impact of osteoporosis on women, May, the month of Mother's Day, is the perfect time to remind people of all ages to address the prevention, diagnosis, and treatment of osteoporosis.

Some risk factors for osteoporosis, like genetics, cannot be changed. Fortunately, there are many things one can do to throughout life to decrease the risk of osteoporosis. Children and

adolescents can acquire a better peak bone mass by eating a diet rich in calcium and vitamin D or taking adequate supplements. Regular weight-bearing and muscle-strengthening exercise throughout childhood and teenage years further enhance one's bone mass. By age 25, most young adults have reached their peak bone mass. Thereafter, adequate exercise, calcium and vitamin D are essential throughout adult life to maintain this bone mass. As one ages, exercise is of prime importance in reducing the risk of falls and fractures. Avoiding tobacco and limiting alcohol intake can also assure better skeletal health. Addressing risk factors, avoiding drugs such as steroids, and being aware of certain diseases can help prevent osteoporosis.

For women, maintaining adequate estrogen is also essential in preserving bone health. During the menopausal years, women experience accelerated bone loss due to a decline in estrogen production. This is a perfect time to obtain a baseline bone density test (BMD) to help one decide whether or not to take estrogen or other alternative therapies for the prevention or

(Continued on page 2)

Making the Most of May

(Continued from page 1)

treatment of osteoporosis. Many women take estrogen for menopausal symptoms but gradually discontinue its use due to annoying side effects or fear of cancer. Fortunately, over the last few years there have been many new medications approved for the prevention and treatment of osteoporosis. Bisphosphonates such as Fosamax® and Actonel® have been shown in excellent studies to prevent and treat this disease. The first Selective Estrogen Receptor Modulator (SERM), Evista®, has been approved for the treatment and prevention of osteoporosis. Salmon calcitonin, Miacalcin®, is also available for older postmenopausal women with severe vertebral disease.

As we welcome the new millennium we look forward to innovative research leading to the approval of new agents that work on building bone mass and improving the quality of bone. In the U.S. we currently spend \$14 billion per year for the treatment of fractures. This is expected to exceed \$50 billion by the year 2040.

Now is the time to remind and educate all of our family and friends about prevention, diagnosis, and treatment options for this chronic, debilitating disease. Please visit our website www.fore.org for more information about osteoporosis and a schedule of upcoming educational events in May. *Happy Mother's Day!*

Tribute Giving Honors Others

FORE is increasingly turning to philanthropy to help meet its important mission. A Tribute gift is a special way to contribute to the work of FORE while giving tribute to another person. You can honor a dear friend, a favorite doctor, a caring neighbor or a departed loved one. When the gift is received you (the donor) receive an acknowledgement. In addition, we will also inform the person honored or the bereaved (as appropriate) of your thoughtfulness.

Osteoporosis Research in Oakland?

Recently our research department was described as the "best kept secret in Northern California". It is surely not our intention to be a secret!!

FORE has been conducting trials since 1993.

Today we are conducting 14 different drug trials in the field of osteoporosis and woman's health. These trials include all of the currently available osteoporosis treatments, hormone replacement therapies and several treatments not yet available in the marketplace.

**Post menopausal women interested in participating in osteoporosis or women's health research studies should call:
(510) 832-2663 ext. 55
or visit our website at www.fore.org**

This work is a true fulfillment of our mission. We are proud to partner with all of the major pharmaceuticals to develop new treatments for this problem that is having a greater and greater impact around the world. Osteoporosis represents a major human, sociologic and financial concern for the 21st century.

The success of research depends largely on having volunteers to be part of the studies. Our studies include excellent health care and often include mammograms, ECG's, bone density tests and complete blood work. Please consider being a part of this valuable program.

Ask the Doctor

Elliott N. Schwartz, MD

Q. *What's new in osteoporosis treatment?*

A. *Drug:* A study just published (New England Journal of Medicine, 2/1/01) showed that risedronate (Actonel®) prevents hip fractures in women with low bone density. Actonel®, a bisphosphonate drug, was recently approved for the prevention and treatment of postmenopausal osteoporosis and steroid induced osteoporosis. This unique, large study is the first to look at hip fracture reduction as the primary outcome measure. Earlier studies of another bisphosphonate (Fosamax®) measured vertebral fracture reduction and looked at hip fracture reduction as a secondary measure.

The study involved two groups: 5,445 women aged 70-79 with low bone density (T-score worse than -4) and 3,880 women aged over 80 with fall related risk factors (difficulty standing, poor gait or falling). All of the women were given 5 mg risedronate and 1000 mg of calcium, plus 500 units of vitamin D if needed. After three years, risedronate reduced the risk of hip fracture by 40% in the low bone density group. Among women with osteoporosis and one spine fracture, there was a 30% reduction in other non-spine fractures. There was no significant effect on the group with fall related risk factors, who might benefit more from interventions aimed at reducing the risk or severity of falls and, perhaps, hip protectors.

The study shows two important results. First, risedronate can prevent hip fractures in women with osteoporosis. Second, it is not appropriate to determine treatment for osteoporosis based on fall related risk factors alone. A bone density test is the best way to determine patient treatment plans.

Two **surgical procedures** are also showing promise for spine fractures. Also known as vertebral compression fractures, this collapse of a backbone is the most common fracture caused by osteoporosis. In the U.S., close to three-quarters of a million compression fractures occur yearly. Only one-third of these are actually treated as an acute fracture, while the rest are “silent”—undiagnosed and untreated. These silent fractures may only be diagnosed later because of symptoms like chronic back pain, height loss and spine curvature. New studies have measured the severity of the pain, disability, medical deterioration and even increased mortality they cause.

Many medications have been shown to prevent spine fractures, including Fosamax®, Actonel®, Evista® and Miacalcin®. While they may prevent fractures, drugs could not “repair” these fractures. The two new surgical procedures—vertebroplasty and kyphoplasty—can. Vertebroplasty was originally developed in Europe in the 1980's. Bone cement was pushed into the collapsed vertebra to strengthen it.

Kyphoplasty is a new, more technologically advanced procedure. Conducted on an outpatient basis with anesthesia, a specially trained surgeon uses fluoroscopy to see the area and create a space in the collapsed vertebra with a balloon. The space is then filled with bone cement. This procedure can relieve pain and restore lost height. Best performed within three months of the fracture, it can also be performed on vertebrae that collapse because of cancer. Medicare covers the procedure, but other insurance plans may or may not. Long-term outcome studies are underway.

Book Review

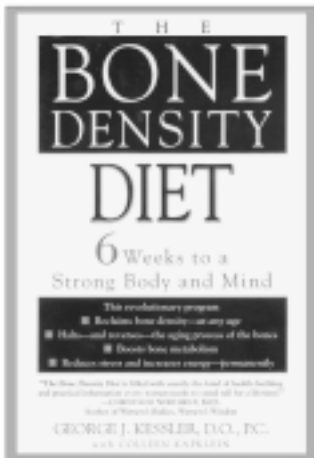
The Bone Density Diet – 6 Weeks to a Strong Body and Mind (Ballantine Books; 2000; \$25.00)

This book provides a clear discussion of osteoporosis, risk factors, testing, and treatment options. The authors are George J. Kessler, D.O., P.C., an attending physician at New York Presbyterian Hospital, and Colleen Kapklein, an editor and freelance writer. They highlight the importance of diet and exercise in bone health. The book reinforces that taking steps early to prevent osteoporosis is the best way to avoid future pain and fractures. It includes calcium rich recipes, components of an exercise plan, and recommended exercises.

Unlike many texts, this one includes a discussion of alternative therapies. Dr. Kessler states in the introduction: "We still need much more information about the various alternatives prevented here before we can know for certain how well they work compared to 'conventional' therapies." This should be kept in mind when reading this text. Very little research has been done on many of the alternative therapies described and the recommendations should be fully discussed with your health care provider.

This book can help individuals with good bone density adopt exercise and eating habits that, if maintained, will improve bone health for a lifetime. It can also be a valuable addition to a comprehensive treatment plan for someone with osteopenia or osteoporosis but should not be used as a sole source of treatment. While the content of the book offers good recommendations, the cover may promote promises that the book cannot keep. Implementing the diet and exercise recom-

mendations for six weeks will not impact bone health for a lifetime or cure osteoporosis. In addition, some of the exercises recommended in this book may not be safe for individuals with low bone density. Consult your physician before beginning any new exercise program or changing your osteoporosis treatment plan.



Bone Density Screening Program

This year, FORE celebrates the fifth anniversary of our community based bone density testing program. With portable testing machines, we do bone density screening in Longs Drug Stores, worksites, assisted living facilities, and other sites throughout Northern California. Our hardworking technologists and registrars have been integral in the success of this program. The program began in 1996 with one machine. Today we have four machines working simultaneously throughout the area. Over the past five years we have scanned over 45,000 individuals. Preliminary analysis shows that about 42% of them have low bone density! If you have not had a bone density test, please clip the coupon below and visit one of our Longs testing sites soon!



FORE's dynamic team of pDXA techs and registrars.

FORE

300 27th Street—Suite 103
Oakland, CA 94612 • (519) 832-2663

This certificate entitles you to a **\$5 Discount** for a peripheral bone density (**pDXA**) test of the forearm at any participating Longs Drug Store. This program is sponsored by the Foundation for Osteoporosis Research and Education.

To receive this discount, please sign this card and present it to a FORE representative at the time of testing.

Spring/Summer 2001 Newsletter

Use before 6/30/01

FORE People Page

FORE is proud to announce that we are growing! Three new staff members have joined our team.

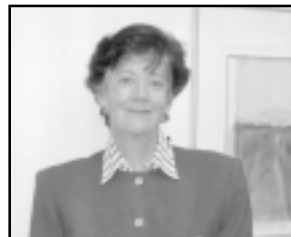
Dee Steinberg Bone Density Testing Manager

Dee now coordinates logistics for both our peripheral and central bone density testing programs. She comes to us with almost 20 years experience in the health care field. Dee's experiences managing a large cardiology office and working previously for our Co-Medical Director, Elliott Schwartz, MD, make her a valuable addition to the FORE staff.



Cecilia Tonsing Chief Development Officer

Cecilia joins us with an impressive history as a philanthropy professional. Most recently, Cecilia was the Vice President of the Valleycare Health System and the President and CEO of the Valleycare Foundation. Cecilia provides invaluable expertise during an exciting time in FORE's development.



Diane Schwarz, RN, NP Research Coordinator

We welcome Diane as a wonderful addition to FORE's research department. She brings considerable skills as a Gynecological Nurse Practitioner and three years of osteoporosis experience in the office of our Co-Medical Director, Elliott Schwartz, MD. She provides much needed flexibility when scheduling our patients.



Albert P. Rowe Memorial Fund

FORE appreciates the continuing contributions in memory of the esteemed Dr. Albert P. Rowe who died last July after many years of work in the field of osteoporosis. As of the date of this publication, the following donors contributed to the Albert P. Rowe, M.D. Memorial Fund. This memorial will provide an annual award to a clinical researcher whose work directly benefits osteoporosis patients and fund a special lecture on clinical research. A special dinner and lecture honoring this researcher will be held in October 2001. Ongoing gifts will be gratefully accepted.

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FORE extends a heartfelt thank you to the following people who contributed in 2000. Your donations help continue education, research and testing programs aimed at the promotion of bone health and the prevention and treatment of osteoporosis. Please contact FORE if you notice an omission or error in the listing. We are very interested in ensuring our records are accurate.

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2001 Provider Education Events

March 7

Northern California Bone And Mineral Club
Exercise And Osteoporosis

Robert Marcus, M.D., F.A.C.P.

April 20

Center of Excellence
*Osteoporosis Diagnosis and Treatment
(DXA Focus)*

Elliott N. Schwartz, M.D.

June 13

Case Studies ~ Dinner and Seminar
Managing Osteoporosis

Risa Kagan, M.D. & Elliott N. Schwartz, M.D.

September 14

Center of Excellence
*Osteoporosis Diagnosis and Treatment
(Primary Care Provider Focus)*

Risa Kagan, M.D. & Elliott N. Schwartz, M.D.

October

Northern California Bone and Mineral Club
*Albert P. Rowe, M.D Memorial Award Event
Honored Osteoporosis Researcher TBA*

November 16

Center of Excellence
*Osteoporosis Diagnosis and Treatment
(OBGYN Focus)*

Risa Kagan, M.D. & Elliott N. Schwartz, M.D.

What's New in Education

- ◆ We are pleased to announce the publication of **What You Should Know About Osteoporosis Treatment**. This guide, geared towards the general public, covers the essentials of osteoporosis detection and treatment. It is available from FORE for \$10 or is included with any FORE membership. If you have been diagnosed with osteoporosis, this in-depth guide will help you understand the disease and the available treatment options. Please contact FORE to purchase a copy.
- ◆ Thanks to a generous grant from the California Osteoporosis Prevention and Education (COPE) program we will continue distributing free osteoporosis education materials to California-based agencies. If you would like a catalogue or order form, please call the COPE hotline at 888-266-3015 ext. 444 or visit our website at www.fore.org.
- ◆ We are starting a speakers bureau program to expand the number of presentations we can conduct annually. If you belong to a group interested in having someone speak about osteoporosis, please contact the Education Department at 510-832-2663 • ext. 14.

FORE's Backbone

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