

THE OSTEOPOROSIS REPORT

A QUARTERLY
NEWSLETTER
FROM THE
NATIONAL
OSTEOPOROSIS
FOUNDATION

2007 Osteoporosis Awareness & Prevention Month Campaign to Launch in May

The National Osteoporosis Foundation (NOF) is kicking off Osteoporosis Awareness and Prevention Month in May with a new campaign: "Osteoporosis. It's Beatable. It's Treatable." With 44 million Americans diagnosed with or at risk for osteoporosis, the goal of this month-long campaign is to increase awareness of the simple steps that all individuals can take to improve and protect their bone health.

NOF is producing a Public Service Announcement (PSA) campaign and a Bone Tool Kit that will focus on the risk and serious consequences of osteoporosis and encourage people to take action to protect their bone health and prevent osteoporosis. Starting in May and lasting throughout the year, the PSAs and the Bone Tool Kit will be available for download on NOF's Web site (www.nof.org).

PSAs

NOF is teaming up with Joan Rivers to help deliver the "It's Beatable. It's Treatable." message nationally, and is also producing a comprehensive campaign for Spanish-speaking audiences. The PSAs will be available in video, radio and print formats.

Bone Tool Kit

The Bone Tool Kit will offer general information on osteoporosis prevention, diagnosis, treatment and management for diverse audiences, and provide information on how to build and maintain strong bones. The kit will have several sections or fact sheets that address the following audiences and topics:

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BONE TOOL KIT

The "Osteoporosis.
It's Beatable. It's Treatable."
2007 Bone Tool Kit.



Standing Tall For You®

07 SPRING 2007

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2007 Osteoporosis Awareness & Prevention Month Campaign to Launch in May

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- *On Osteoporosis...For Asian Women*
- *On Osteoporosis...For Caucasian Women*
- *On Osteoporosis...For Latinas*
- *On Osteoporosis...For Men*
- *On Osteoporosis...For Women in Their 20s, 30s, and 40s*
- *On Osteoporosis...For Teens*

The Tool Kit will be produced in both English and Spanish and will be a great resource for healthcare professionals who are looking to provide individuals with basic, easy-to-read information on bone health. Each fact sheet or section of the Bone Tool Kit is a reproducible, stand alone piece with essential information for osteoporosis.

To learn more about these materials, Osteoporosis Awareness and Prevention Month and how you can get involved, visit www.nof.org or call (800) 223-9994. ■

Show Your Support for NOF during Osteoporosis Awareness and Prevention Month

It's easy for everyone to get involved and support NOF during Osteoporosis Awareness and Prevention Month in May. You can organize a community event to increase awareness of osteoporosis and bone health, sell Pearls of Strength™ bracelets as a fundraiser for NOF, participate in NOF's new Be BoneWise Wishbone campaign or make a purchase from NOF's new line of merchandise. NOF's merchandise includes something for everyone, from pens and tote bags to pedometers and fitness items. These products are great gifts for friends and family, for offices, staff, patients, and for you! Don't hesitate to order now so you can have materials on-hand to celebrate Osteoporosis Awareness and Prevention Month in May. Discounts are available for purchases of 11 or more of the same item. Go to the NOF Store at www.nof.org and browse through the items or call (847) 963-8100 for more information about NOF merchandise.

Throughout the year, many individuals and groups organize events on behalf of NOF. The week of June 23rd through the 28th Eileen Fisher, a high-end women's clothing retailer, has planned a Petite Appreciation event

at their New York City store locations. Representatives from NOF will be on hand to provide information about osteoporosis to customers during each store event. For more details about the Eileen Fisher Petite Appreciation Event and other events held throughout the year, visit the Community Corner events calendar at www.nof.org, or for more information about planning a community event, contact Kris House at (202) 223-2226. ■



ASK THE *expert*

I have been taking medication for gastroesophageal reflux disease (GERD), and I just read an article that said this medicine can result in bone loss and even fractures. How concerned should I be?

In December 2006, a study was featured in the Journal of the American Medical Association (JAMA) that showed a possible connection between certain acid suppression medications and an increased risk of hip fracture. Additional research is needed to confirm these findings. The medications in this study are in a class of drugs called proton pump inhibitors (PPI) that include Nexium®, Prevacid® and Prilosec®. They are used to treat conditions such as heartburn and acid reflux disease.

The association between the PPI drugs and hip fracture risk appears to be an issue only for those people who are on relatively high doses, equivalent to 40 mg or more a day, when they are used for a long period of time. Those patients who occasionally use over-the-counter or even prescription doses should not be concerned.

Talk to Your Doctor First Before Stopping Your Medication

Many people take these medications for serious medical conditions. These drugs are important for people with major health problems, but they are not for everyone. Patients should be prescribed the lowest effective dose available to treat their condition(s). People concerned about taking these medications should speak with their healthcare provider about whether they need to continue using the medications.

Ask Your Healthcare Provider if You Need a Bone Mineral Density Test

Long-term use of the PPI drugs may be a risk factor for osteoporosis and bone fractures. If you are on high doses of these drugs long-term, speak with your healthcare provider about whether you should have a bone mineral density test.

Calcium Needs

To maintain bone health, adults need a nutritionally balanced diet which includes calcium-rich foods. It is especially important for people on these medications to obtain a daily calcium intake of at least 1,200 mg. Additionally, some people taking PPI drugs may need a bit more calcium, but they should not exceed a daily intake of more than 1,500 mg a day. When people obtain some or all of their calcium needs by taking supplements, they need to make sure to take their calcium supplements with meals for good absorption. The exception is calcium citrate supplements, which are well-absorbed when taken with or without food.

Bone Healthy Behaviors

Experts recommend a daily intake of between 800 and 1,000 international units (IU) of vitamin D for most people age 50 and older. Some people will need even more. People under 50 should get a daily vitamin D intake of between 400 and 800 IU. Appropriate regular exercise helps maintain bone density. To protect your bones, it is important to avoid drinking excessive amounts of alcohol and smoking cigarettes.

Abstract of the Study

You may view the abstract of the study reported in JAMA by visiting this Web page: <http://jama.ama-assn.org/cgi/content/abstract/296/24/2947>. ■

How to Find a Doctor

For many people, finding a doctor who is knowledgeable about osteoporosis can be difficult. There is no physician specialty solely dedicated to osteoporosis, nor is there a certification program for health professionals who treat the disease.

Some doctors in various medical specialties have gained the knowledge and expertise to diagnose and treat people with osteoporosis. These specialties include endocrinology, family practice, geriatrics, gynecology, internal medicine, orthopedics, physical medicine and rehabilitation, and rheumatology. Orthopedic surgeons treat the consequences of osteoporosis such as hip, spine and wrist fractures. Not all doctors within a given specialty, however, have expertise in osteoporosis.

There are a number of ways to find a doctor who treats patients with osteoporosis. If you have a primary care physician or family doctor, discuss your concerns with him or her first. You may find that your doctor is quite knowledgeable about osteoporosis. If not, your doctor may be able to refer you to someone who specializes in osteoporosis.

If you do not have a personal physician or your doctor cannot help, you can contact your nearest community hospital or medical center and ask if there is a department or program that cares for those with osteoporosis. Some hospitals have a separate osteoporosis program or

women's health clinic that treat osteoporosis patients. Not all hospitals, however, have departments or programs that focus on osteoporosis.

To help you locate a doctor to treat your osteoporosis, the National Osteoporosis Foundation (NOF) has developed a Professional Partner's Network (PPN) directory. The PPN listing also includes other types of healthcare providers, such as physical therapists, nurse practitioners and dietitians.

Any healthcare provider can become a member of the PPN. Members pay an annual fee and provide a description of the services they offer. NOF makes no endorsements or guarantees about the qualifications or quality of care provided by any of the members listed in the directory. Consumers need to make appropriate local inquiries about the qualifications and reputations of PPN providers. Always ask whether a doctor has received specialized training in osteoporosis and how much of the medical practice is dedicated to osteoporosis.

For a listing of PPN healthcare providers in your state, visit the NOF Web site at www.nof.org. Click on *Find a Doctor* and use the pull-down menu for the list in your state. You can also contact NOF at (800) 231-4222 and ask for Patient Education.

Because many hospitals now have physician referral services, you may want to inquire whether your local hospital has such a service available. Let the referral service know that you are seeking a doctor who has specialized knowledge in treating patients with osteoporosis.

Another suggestion is to check the Web sites of your local hospitals. Many hospital Web sites list the physicians that are on staff. Often, additional information is provided such as the other clinical interests of the doctors or their sub-specialties. You may also see the term "metabolic bone disease specialist," which indicates that the physician treats osteoporosis.

For a free copy of our brochure, *Talking with Your Doctor about Osteoporosis*, you can call NOF toll free at (800) 231-4222 to request this brochure. ■



A doctor giving a patient consultation.

New Publications Address Secondary Osteoporosis Link With Diabetes and Prostate Cancer

Two common diseases, diabetes and prostate cancer, can be bad for bones. If you or someone you love has diabetes or is a prostate cancer survivor, you may be interested in the following new fact sheets from the NIH Osteoporosis and Related Bone Diseases ~ National Resource Center:

- *What People With Diabetes Need to Know About Osteoporosis*
- *What Prostate Cancer Survivors Need to Know About Osteoporosis.*

These fact sheets describe the links that research has identified between these diseases and osteoporosis. They also provide strategies that people with diabetes and prostate cancer survivors can use to help prevent and treat osteoporosis.

To order a copy of either or both fact sheets, contact the NIH National Resource Center at (800) 624-2663. Callers will be directed to leave their contact information in a voice mailbox specifically created for readers of *The Osteoporosis Report* so the Center can fulfill requests. Please be sure to indicate whether you are interested in diabetes, prostate cancer, or both when you place your order.

Readers are also invited to visit the Resource Center's Web site to view these fact sheets and other materials on osteoporosis and bone health. These publications can be found online at www.niams.nih.gov/bone. ■

Other links to secondary osteoporosis

- Alcoholism
- Anorexia Nervosa
- Arthritis
- Asthma
- Breast Cancer
- Celiac Disease
- Immobility and Bed Rest
- Inflammatory Bowel Disease
- Lactose Intolerance
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus

Blueberry Muffins

- 2 cups all-purpose flour
- 1 tablespoon baking powder
- ¼ teaspoon baking soda
- ½ teaspoon salt
- ½ cup sugar, divided
- 1 cup plain nonfat yogurt
- 2 tablespoons skim milk
- 1 tablespoon margarine, melted
- 1 egg, lightly beaten
- 1 teaspoon vanilla extract
- 1 ¼ cups fresh or frozen blueberries, thawed
- Vegetable cooking spray

1 Combine flour, baking powder, soda, salt, and ¼ cup plus 3 tablespoons sugar in a medium bowl, and make a well in the center of mixture. Combine yogurt and next 4 ingredients in a small bowl. Add to dry ingredients, stirring just until dry ingredients are moistened. (Batter will be thick.) Gently fold in blueberries.

2 Spoon batter into muffin pans coated with cooking spray, filling two-thirds full. Sprinkle evenly with remaining 1 tablespoon sugar.

3 Bake at 400 degrees for 23 to 25 minutes or until golden. Remove from pans immediately.

Released by permission from
Cooking Light Cookbook 1996.

YIELD 1 DOZEN | CALORIES 147 | PROTEIN 4.0 grams | FAT 1.9 grams (saturated fat 0.4 grams) | CARBOHYDRATE 28.6 grams
FIBER 1.3 grams | CHOLESTEROL 19 milligram | IRON 1.2 milligrams | SODIUM 158 milligrams | CALCIUM 158 milligrams

Researchers Note Link between Depression and Lowered Bone Mass

Studies have long associated depression with low bone mass and an increased risk of fracture, and have reported more symptoms of depression in women with osteoporosis. According to a study published in the October 17, 1996 issue of *The New England Journal of Medicine*, the bone density of people with depression is up to 15 percent lower than that of people without depression. Researchers have not been able to determine whether major depression causes low bone mass density and increased risk of fracture, or whether the depression is a result of the diminished quality of life and disability that occurs in many patients with osteoporosis.

New research findings offer more evidence about the relationship of depression to osteoporosis. A team led by researchers from Hebrew University of Jerusalem is providing clues to how depression reduces bone mineral density and discovering ways to prevent bone loss. After inducing depression in mice by exposing them to chronic stress, the study team gave the mice the antidepressant imipramine (Tofranil®). The drug improved both the behavior and the bones of the mice; some mice responded by a reversal in bone loss and also became less depressed. An earlier study conducted by researchers at the Forsyth Institute in Boston, Mass. found that the antidepressant drug, Prozac®, increased bone mass in adult mice. Both studies suggest that depression most likely affects the bone-forming cells, the osteoblasts, rather than the bone-degrading cells, the osteoclasts. Major depression is also associated with increased production of steroids in the body, which may affect function of those osteoblast cells.

The Forsyth Institute study was funded by the U.S. National Institute of Dental and Craniofacial Research, and is expected to be published in an upcoming issue of the *Journal of Cellular Biochemistry*. The Hebrew University of Jerusalem study, “Depression induces bone loss through stimulation of the sympathetic nervous system,” is published in the November 7, 2006 issue of the *Proceedings of the National Academies of Science*, volume 103, number 45.

Most Postmenopausal Women Can Discontinue Use of Osteoporosis Drug with No Risk

A recent study published in the *Journal of the American Medical Association* (“Effects of Continuing or Stopping Alendronate After Five Years of Treatment,” *JAMA*, December 27, 2006) suggests that women who discontinue taking alendronate after five years of treatment do not significantly increase their fracture risk for up to an additional five years. Women who discontinued the alendronate treatment had the same rate of non-spine fractures as women who continued using the drug. However, the study also finds that women at very high risk of spine fractures may benefit by continuing to take alendronate beyond the initial five years.

Prior to this study, it had not been known whether treatment of osteoporosis should be continued indefinitely. These findings are especially welcome for older post-menopausal women taking multiple drugs for a variety of conditions.

Alendronate — the most widely used osteoporosis drug — reduces bone loss, increases bone density, and reduces the risk of spine, wrist and hip fractures, and is approved by the FDA for both prevention and treatment of osteoporosis in postmenopausal women and for the treatment of osteoporosis in men. Alendronate belongs to a class of drugs called bisphosphonates, all of which are antiresorptive medications. Antiresorptives slow the part of the bone remodeling cycle in which old bone is removed (bone resorption).

The long-term study on the use of alendronate among postmenopausal women in 10 clinical centers around the U.S. was led by researchers from the University of California, San Francisco. The new findings are from a follow-up study to the initial trial that examined the effect of a daily dose of alendronate on bone mineral density and fracture risk in postmenopausal women with low bone mineral density for up to 3.8 years. ■

NOF's Public Policy Update

Federal Funding for Osteoporosis Research

Federal funding for osteoporosis research is a major legislative priority for the National Osteoporosis Foundation (NOF). Throughout the year, NOF leadership meets with members of Congress, serves on coalitions and activates its grassroots coalitions in support of osteoporosis research. This year NOF played a leading role in advocating for funding of osteoporosis and bone research at the National Institutes of Health (NIH), fighting proposed NIH funding cuts, and obtaining congressional funding for the Department of Defense bone research programs.

Fiscal Year (FY) 2007 appropriations for many agencies, including the NIH, were completed in mid-February. Congress grouped all remaining spending bills into one large, all-encompassing federal appropriations resolution. NOF and many other organizations joined to push Congress to provide a last-minute boost to NIH funding in January. NOF and other NIH supporters succeeded because this resolution will provide NIH a \$28.9 billion budget, an increase of \$619 million over FY 2006. NIH estimates that \$189 million of this increased funding will be spent on research specific to osteoporosis.

The White House is expected to sign the legislation finalizing all 2007 appropriations just as the FY 2008 budget negotiations begin.

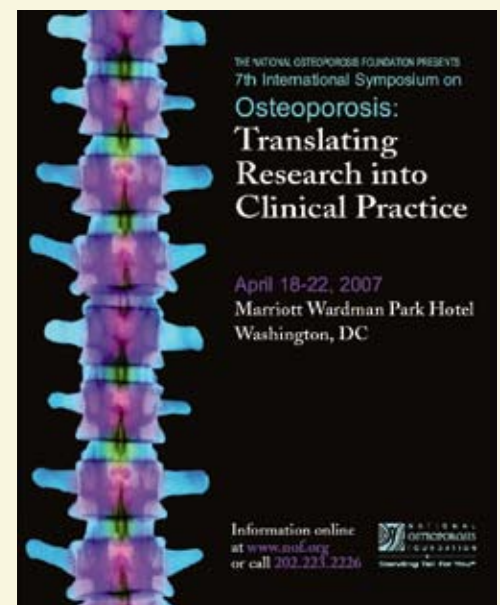
NOF Success with Medicare Prescription Drug Benefit Draft Model Guidelines

The United States Pharmacopeia (USP) has responded to NOF comments on the revised USP *Medicare Prescription Drug Benefit Draft Model Guidelines*. These guidelines serve as a framework for all Medicare Part D prescription drug formularies and directly impact patient access to therapies in their Medicare Part D plans.

NOF submitted comments to USP that strongly supported keeping the guidelines current to ensure that the full range of FDA-approved osteoporosis treatments be readily available to patients. NOF's major concern was that patient access to therapies could be limited as a result of the proposed collapse of two bisphosphonate drug categories into one. Combining oral osteoporosis therapies with other types of therapies for osteoporosis into one category would reduce the likelihood of Medicare coverage since only one drug must be covered in a specific category. USP responded to NOF's concerns, and the revised USP guidelines include both drug categories.

Stay tuned to www.nof.org for more news on NOF's advocacy efforts throughout the year. ■

Don't miss the upcoming
Symposium on Osteoporosis.





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RESOURCES

Mother's Day Tribute

In recognition of Mother's Day in May, celebrate the important woman in your life with a personal tribute gift to NOF. With your donation, NOF will honor someone special on a dedicated page on its Web site. You can visit www.nof.org to view and share this page with family and friends.

You may submit a name, a photo, and up to 200 words of text per donation to honor or memorialize all the wonderful mothers you know! NOF reserves the right to review and edit any information submitted.

Your donation not only recognizes your loved one but also supports the mission and programs of the National Osteoporosis Foundation and helps the lives of those with the disease. Write NOF or email Bob Bennett (bob@nof.org) with your submissions for the Mother's Day Web page.



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