University of Wisconsin
Hospital and Clinics

OSTEOPOROSIS NEWSLETTER

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Editor

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Meet Your New Editor

Your Osteoporosis Newsletter is back. I am Neon Ringwood and I volunteered to become the editor after Sherree Drezner retired because I am retired and looking for activities that I have passion for. I am very enthusiastic about health education.
The newsletter is a way for me to help you to be as healthy as you can be. Since participating in the osteoporosis research program and attending B.O.N.E.S. meetings, I have learned so much that I want to share with others.

This is your newsletter and I would like to know what you like and don't like. What would you do differently?
I would also like to answer your questions in our column, "And Furthermore...". Please send me an email at bones@ringwoods.net or call me at (608) 442-3365. Thank you.

B.O.N.E.S. SUPPORT GROUP will meet on September 11th Oakwood Village West Auditorium 6209 Mineral Point Road Madison

1:30 p.m.-2:30 p.m.

Questions? Call 265-6410

Next B.O.N.E.S. Support Group Meeting

The September meeting will be an opportunity for us to learn from each other.
We will "eat a little and and talk a little" as we share ideas, concerns, thoughts, problems and successes. Come hungry and enjoy a catered lunch **at no cost to participants.**

Please call (608) 265-6410 to RSVP so that we have enough food for everyone.

Osteoporosis Newsletter Goes Online

This is the last issue that will be mailed to everyone. If you receive other newsletters, etc., you probably have already been asked to change to the Web. Our current mailing list requires we mail over 1,000 newsletters every other month. That's a lot of money that we could put to use in other beneficial ways. Consequently, starting October 1st, future issues will be available on line at www.uwosteoporosis.org. If you do not have Web access, call 608-263-2663 or toll free at 866-496-2663. Clearly state your name and address, then comment you would like to continue receiving the newsletter by mail.

What's New in Osteoporosis Diagnosis and Treatment

Dr. Neil Binkley, presented his annual report on July 10th to the B.O.N.E.S. support group. Because malnutrition is common in older adults, nutrition is where most of the new research is happening. Dr Binkley suggested focusing on eating a well balanced diet with special consideration of some important nutrients that we need daily:

Calcium Inadequate intake remains common. Dr. Binkley recommends a minimum of 1,000 mgs for adults. With this and all the following recommendations, it is a good idea to have blood tests to determine any deficiencies and have personalized recommendations. The choice of a calcium supplement depends on the individual. Calcium carbonate is usually inexpensive and provides the largest amount of elemental calcium (the actual amount of calcium provided in a supplement). It must be taken with a meal as it requires stomach acid to be absorbed. Calcium citrate is a good alternative. It is easily absorbed, can be taken with or without food and is less likely to cause constipation or intestinal upset. Calcium citrate is usually more expensive and requires that you take more pills to get an adequate amount of elemental calcium.

If you take a supplement, be sure to drink six to eight glasses of water each day. If you take more than one pill, divide them between breakfast and dinner or morning and evening. If your diet and multivitamin contain 1,000 mgs of calcium, it is not necessary to take a supplement.

Vitamin D is necessary for the absorption of calcium and is not readily available in food. Therefore, it is necessary to take a supplement. Dr. Binklley recommends a minimum of 1,000 IU. 2,000-3,000 IU are not toxic. If you have an extreme deficiency, your medical provider may prescribe as many as 50,000 IU for a limited time. That will not be toxic if you follow the directions. D3 (Cholecalciferol) is the recommended kind. If you have a prescription, it will not be for D3 because regulations to not allow a physician to write a prescription for D3.

Vitamin K deficiency is rare in adults. Foods rich in Vitamin K include green leafy vegetables such as spinich and broccoli, other vegetables, canola, meat, soybeans and dairy products. People who include these in a well balanced diet are likely ingesting enough vitamin K and do not need supplementation.

Magnesium deficiency is common. It increases calcium absorption and enhances protein synthesis and is available in green vegetables, fruit and multivitamins. Studies have not been done to determine the recommended amount.

Don't take calcium at the same time as bisphosphonates (Fosamax, Actonel, Boniva) because calcium supplements may interfere with your body's ability to absorb bisphosphonates.

The long term effects of taking bisphosphonates are unknown. No one knows if it is necessary to take a holiday after a certain number of years. In January 2008 there will be a generic bisphosphonate which Medicare may want you take.

Zoledronic Acid (Zometa), an intravenously administered bisphosphonate, may be on the market this fall. Osteoporosis studies have been completed showing a 70% decrease in fracture risk with an annual injection.

2MD (DP), a new class of drugs derived directly from vitamin D, will rebuild lost bone. It is in clinical trials which will take 6 to 8 years.

ISCD
The International Society For Clinical Densitometry

A Crisis in Osteoporosis Care

Osteoporosis; Scope of the Problem

Osteoporosis, a common bone weakening disease, causes half of women and one in four men to sustain a broken bone. The consequences of these fractures are sobering:

- Over 20% of hip fracture patients die in the year following their fracture
- Osteoporosis disproportionately affects women who account for 71% of fractures and 75% of costs
- A women's risk of hip fracture is equivalent to her combined risk of developing breast, uterine and ovarian cancer

Fortunately, these debilitating fractures can be prevented by early diagnosis and treatment.

Unfortunately, even though osteoporosis is a highly manageable disease, only approximately 20% of eligible Medicare beneficiaries currently receive osteoporosis testing. With the increasing numbers of older adults, improved osteoporosis screening efforts are necessary, as emphasized in the recent Surgeon General's report. In fact, assuming no change in current osteoporosis care, it is projected that there will be a 48% increase in osteoporotic fractures from 2005 to 2025 (to over 3 million/year) at an economic cost of over $25 billion annually.

The Crisis; Regulatory and Legislative Changes Threaten Access to Care

Despite the above, Medicare reimbursement rates for DXA, a low-cost, low radiation exposure test and the current gold standard for osteoporosis diagnosis and monitoring, have been cut from a national average of ~$140 in 2006 to ~$82 in 2007 due to the Deficit Reduction Act of 2005. Even more devastating, due to changes in the Medicare Physician Fee Schedule, reductions which will fully implemented over a four-year period will cause DXA reimbursement to have decreased approximately 75%, (to ~$36), by 2010. As this reimbursement is far below operating costs, physicians are already discontinuing performance of DXA testing. Since 2/3 of all DXA procedures are currently performed in the physician's office setting, access to DXA will be significantly reduced, prevention efforts undermined and quality of care compromised.

The Consequences

Currently, osteoporosis is an under-diagnosed and under-treated disease. The 75% reimbursement cut for DXA will reduce convenient access to testing which will exacerbate the underutilization of this critical preventive benefit. **Women at risk will not be tested, diagnosed or treated resulting in more fractures, with their attendant pain, reduction in quality of life, morbidity and mortality.** The additional costs of fracture care and subsequent nursing home admission will further burden Medicare and Medicaid budgets.

Federal initiatives over the past decade to increase screening for osteoporosis are being undermined by these short sighted policies which are penny wise and pound foolish; DXA testing costs ~$140 compared to the ~$40,000 in direct costs from a hip fracture.

The reimbursement cuts are already taking their toll on the delivery system, and consequently on patients. Osteoporosis testing in the office setting, where 2/3 of all DXA's are now performed and where women are more likely to get tested, will disappear. A recent survey of 757 physicians who perform DXA in the office setting found that 36% plan to stop providing DXA to Medicare beneficiaries based on the 2007 reimbursement rate. By 2010, 93% of the responding physicians indicated they would stop performing DXA studies.

The Need for a Legislative Remedy

A coalition of those at the forefront of osteoporosis prevention efforts have pursued every available avenue with CMS (Centers for Medicare Services) and the AMA's Relative Value Update Committee (RUC) which makes recommendations to CMS on procedural code values. Given the minimal success we have had in reversing the cuts as a result of these activities, it is clear that a legislative solution is the only available recourse left to pursue.

What Can be Done?

Join us in the fight to preserve quality osteoporosis care.

Call the U.S. Capitol (202-225-3121) and ask to be transferred to your Member of Congress. Identify yourself as a constituent and request that your representative reverse Medicare cuts for osteoporosis testing by signing H.R. 1293 or S. 1338.

For more information, and to send an electronic message to Congress, please go to http://www.iscd.org and click on the red button "Saving DXA – How Can I Help?"

Submitted by Neil Binkley, M.D.

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RECIPE FILE

Two cool ways to enjoy fruit and add calcium to your diet

Berry Smoothie

1 cup lowfat cottage cheese
1 cup skim milk
4 tbsp. sugar or honey
2 tsp. vanilla extract
1 cup frozen unsweetened raspberries
or strawberries

Put cottage cheese, milk, sugar, vanilla, and frozen berries in a blender. Process until smooth. Makes 2 servings.

Unleash your imagination! These two receipes can be changed in many ways. Try various varieties of fruit and combinations.

Crenshaw Smoothie with Berries

1 cup cubed crenshaw melon
½ cup blueberries, fresh or frozen or thawed
½ cup strawberries, fresh or frozen or thawed
1 cup lowfat vanilla yogurt

In a blender or food processor, combine all ingredients and puree until smooth.

Makes 4 servings. Per serving: 81 calories,
1 g total fat (<1 g saturated fat),
15 g carbohydrates, 4 g protein,
1 g dietary fiber, 45 mg sodium.