



OSTEOPOROSIS NEWSLETTER

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Editor

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June is Dairy Month

Eat Local, Eat Dairy

This year the Wisconsin Milk Marketing Board (WMMB) is spotlighting the delicious flavors of Wisconsin during June Dairy Month with an *Eat Local, Eat Dairy* campaign. WMMB's June Dairy Month promotion is designed to showcase REAL dairy products and pay tribute to the dairy industry through various activities, recipes and sweepstakes.

Eating locally puts eatlocaldairy.com income back into the Wisconsin economy. This website also and supports Wisconsin farmers. features links to farmers markets, restaurants that feature local ingredients on their menus and grocers who offer a variety of local products.

As a traditional part of the June Dairy Month promotion, the site showcases new recipes using REAL dairy products. This year's assortment of 12 new recipes features summery dishes made and served with seasonal produce and other locally produced foods. The recipes are available in a free recipe brochure at www.danecountydairy.com/dairybreakfast.

Local events:

June 7: Cows on the Concourse
June 13: Breakfast on the Farm in Cambridge
www.danecountydairy.com/dairybreakfast

Next B.O.N.E.S. Meetings

Tuesday, June 2 (Note date change from 2nd Tuesday) - Bjoern Buehring, MD - Falls - Why Do We Fall and What Can We Do to Prevent Falling?
Tuesday, July 14 - Beth Elliot, PhD, Associate of Pharmacy - Osteoporosis Medications and How They Work
Tuesday, August 11 - Ken Bowman, Senior Clinical Research Associate with Merck K Force Alliance - Osteoporosis Medications - From the Lab Bench to the Pharmacy
Tuesday, September 8 - A Panel Discussion on Everything You Wanted to Know about Being in an Osteoporosis Study, but were Afraid to Ask

B.O.N.E.S. SUPPORT GROUP
will meet on
June 2nd at Oakwood Auditorium
6209 Mineral Point Road
Madison

1:30-2:30 p.m.

Questions? Call 265-6410 for information.

Back Pain and Stress

Is stress contributing to your back pain?

The potential causes of back pain include genetic predisposition, congenital malformations, traumatic injuries, osteoporosis, arthritis and the way a person lifts, sits and stands. A growing number of studies affirm that the mind-body connection also plays a role in back pain, both in setting off an initial “back pain attack” and in contributing to ongoing chronic back pain.

In several recent studies, psychological distress proved to increase the risk of developing back pain and of experiencing a slow recovery. In a Swedish study, anxiety and the practice of assuming the worst in any given situation were found to increase the risk of developing back pain. In the United States, a study found that people who reported higher levels of anger and psychological distress also reported higher levels of chronic back pain. These and other findings show a need for a multidimensional view of back pain.

The connection between stress and your back

When confronted by a threat – whether physical or emotional, concrete or imagined – the hypothalamus releases noradrenaline and adrenaline. These and other related hormones trigger a complex cascade of actions, leading to a state of physiological and psychological hyper-alertness.

The difficulty comes when this state of hyper-alertness becomes our default setting. Stress is an inescapable fact of modern life. If we are hyperaware of the multitude of stressors we face on a daily level, we are predisposed not only to back and other pain but also diseases including depression and heart disease.

On the musculoskeletal level, the fight-or-flight response causes muscles to tense in preparation for action. If this response is not deactivated, muscles can go into painful spasms and severe back pain can result.

Relieving back pain

Stress relaxation techniques can't make a stressful situation disappear, but they can help you consciously release any muscle tension you may have accumulated in anticipation of or response to the situation. Here are some techniques to consider to help relieve your back pain.

• Breathing exercise.

Breathe in deeply through your nose. Breathe out slowly through your mouth. If you put your hand on your abdomen, you will feel it inflate like a balloon and as you breathe in and deflate as you breathe out. See how big you can make the balloon!

• Exercise.

Exercise – particularly meditative exercise such as yoga, walking, or swimming – is a potent stress reducer. Check with your physician regarding appropriate exercise for you. If you do yoga, skip moves that may be harmful to a person with osteoporosis. Walking has the added benefit of being a weight bearing exercise.

johnhopkinshealthalerts.com

Bone Density

Dr Binkley shared some information about bone density at our May B.O.N.E.S. Support Group program. Some of it was also included in the April program.

The risk factors (female, small bones, etc.) do not allow the prediction of osteoporosis. Studies have shown that not all the people with the risk factors have osteoporosis. Not all the people who have osteoporosis have the risk factors. This why we need to

measure bone density.

The purpose of osteoporosis medication is to prevent fractures. It does this by making the bones stronger by filling in the weak places. Stable bone density is good because it indicates reduced fracture risk. If there is a large change it probably means that the test is being done on a different machine or there is some other change.

Bone density is measured in the lower spine and hip. If there is arthritis in the lower spine, bone density is measured in the forearm.

Because some osteoporosis medications stay in the bones for years, a holiday may be recommended. Whether to take a holiday is controversial and should be discussed with a physician.

rhythm

Osteoporosis Medications and Vitamin D 3

For our April B.O.N.E.S. Support Group program, Dr. Neil Binkley brought us up to date on Vitamin D and osteoporosis medications. During the rest of the meeting he answered questions from the audience. Dr. Binkley is director of the UW Osteoporosis Clinical Research Program.

Summary

The goal of osteoporosis treatment is to prevent fractures. An osteoporotic fracture should be thought of as a bone attack. If a person has a heart attack, he/she makes lifestyle changes to prevent another one. People tend not to take action to prevent another fracture.

FRAX is a tool developed by the World Health Organization to forecast the likelihood of a bone attack in ten years. It helps medical providers know who should be treated. The provider needs to consider all aspects of the individual's health and adjust the FRAX result as appropriate.

It has been reported that bisphosphonates (Fosamax, etc.) may cause heart rhythm problems. Studies have shown that it is not true.

All medications have side effects. A person has to consider the risks and the benefits and decide if the benefits outweigh the risks.

Dr. Binkley said that there is very little difference how the various bisphosphonates work. Some people have changed to generic Fosamax to reduce the expense.

Individuals taking Boniva are paying for the convenience of taking the medication once a month.

In a recent study in Madison, two thirds of study participants were vitamin D deficient. Wild fish is a good source of vitamin D as well omega 3 fatty acids. The only other substantial dietary source is fortified foods which include dairy products. The recommended amount of vitamin D is 1000–2000 IU daily. Higher amounts will not be harmful and may be beneficial. All people do not process Vitamin D the same, so the need varies. A blood test can show a person's vitamin D level. It is important to take vitamin D3 because that is the kind made by the sun. Vitamin D2, which is manufactured, also works but is less effective. Vitamin D has other benefits which include preventing cancer and falls. Vitamin D and calcium do not have to be taken at the same time.

The recommended amount of calcium is 1000 mg daily which may be consumed in food. Because the body can only absorb 500-600 mg at a time, take a calcium supplement if necessary when the dietary intake is low.

Vitamin K was claimed to be important for bone health, but studies in North America found that it did not increase bone mass.

Questions

Should people take a bisphosphonate holiday?

One expert recently suggested

that a holiday might do more harm than continuing to take the medication. There is no one answer. It depends on the individual's bone density and response to the medication. How long should a holiday be? It depends on the individual. One year after the start of the holiday, Dr Binkley measures bone density and has a blood test done to check bone markers which provide additional information about bone formation and reabsorption. The results will show if a person needs to go back on the medication. Depending on the results, the process may be repeated every other year.

How often should a person have a bone density measurement?

There is no "one size fits all" answer. It is usually done one year after starting therapy, but it depends on the medical provider's assessment of the need as well as how often Medicare and the insurance company will pay for it.

Why do people have an increased risk of death after hip fractures?

Underlying medical conditions such as heart disease may be the cause. Other contributing factors include muscle weakness, lack of physical activity, low bone density and history of smoking.



OSTEOPOROSIS RESEARCH STUDY

If you are a woman over age 45 and older and have, or think you might have, low bone mass or osteoporosis, you may qualify for a research study. The UW Osteoporosis Clinical Research Program is currently looking for women who are:

- Willing to participate in a study looking a new way to dose an osteoporosis medication
- Not using hormone therapy or other medicine to treat low bone density or osteoporosis
- Willing to come to the study office for up to 7 visits over 13 months

Investigators at the University of Wisconsin are recruiting women who have low bone density to participate in a research study involving an investigational form of the osteoporosis medicine calcitonin, given as a daily tablet compared to a nasal spray. Qualified volunteers will receive bone density measurement, laboratory tests, calcium and vitamin D supplements and study medicine or placebo at no charge. Participants will receive \$20 compensation at each completed visit.

If interested, please call the UW Osteoporosis Clinical Research Program at 608-265-2663 and mention the CALCITONIN study.



University of Wisconsin - Madison

**osteoporosis Clinical Center
& Research Program**



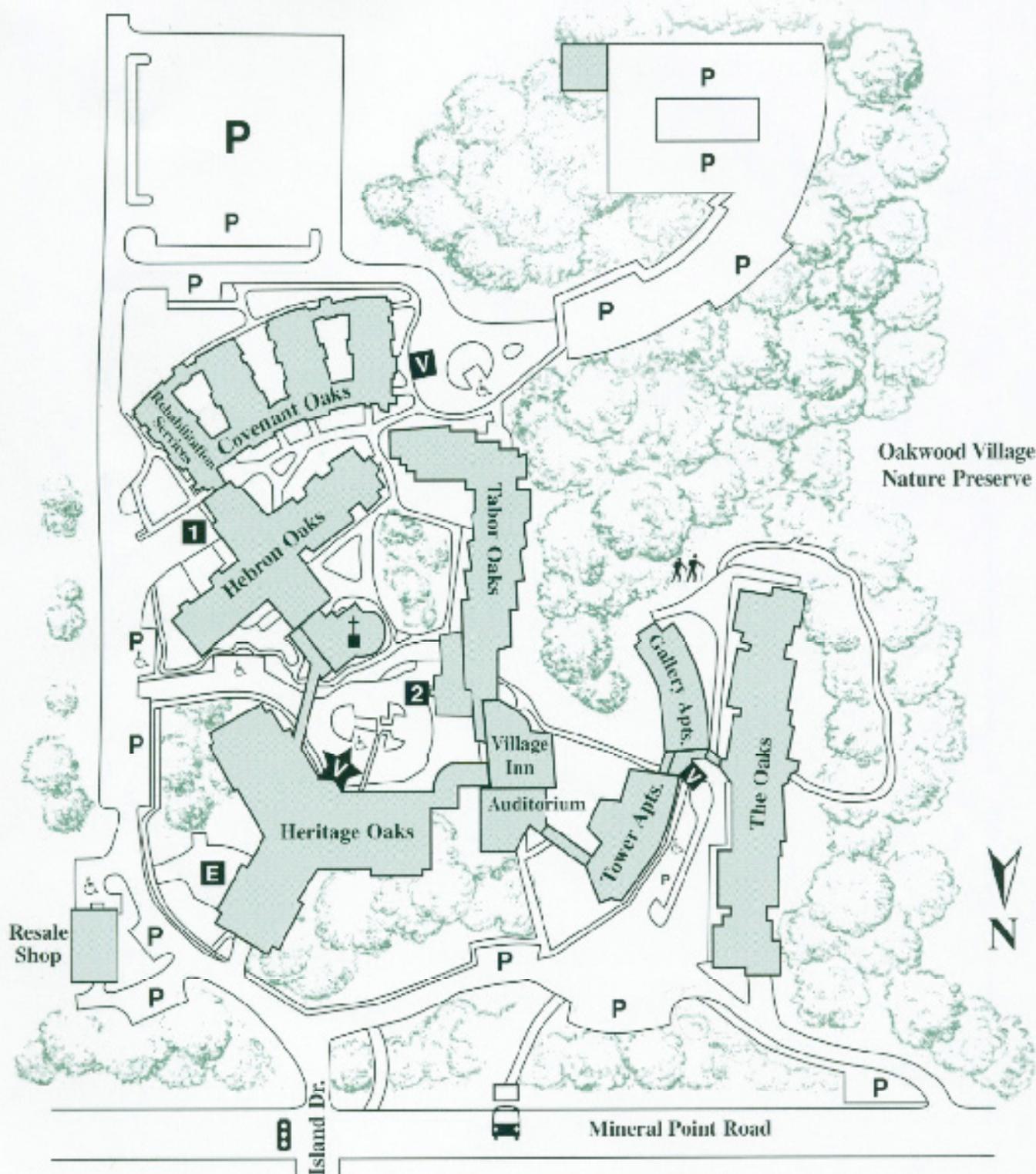
Oakwood Village West

6201-6225 Mineral Point Road

Madison, WI 53705

(608) 230-4699 • www.oakwoodvillage.net

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|-------------------------|---|--------------------------------------|
| ★ Main Visitor Entrance | 2 Loading Dock #2 | Bus Stop |
| V Visitor Entrance | † Resurrection Chapel | P Parking |
| 1 Loading Dock #1 | E Entrance to Underground Visitor Parking | ♿ Handicap Parking |
| | | 🚶 Public Entrance to Nature Preserve |





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RECIPE FILE

Wisconsin Cheddar Country Twist Salad

Ingredients:

4 cups cooked tri-colored rotini pasta
1 can (15 ounces) kidney beans, drained
1½ cups fresh cut green beans, cooked drained and chilled
2 cups (8 ounces) Wisconsin Cheddar cheese, cubed
2 hard-boiled eggs, chopped
¼ cup chopped parsley
1 bottle (8 ounces) ranch-style dressing

Cooking Directions:

Combine ingredients, mix lightly. Chill.

Tip: Wisconsin Baby Swiss Cheese may be substituted for Cheddar cheese for a mild, buttery, nutty flavor.