



OSTEOPOROSIS NEWSLETTER

Neon K Ringwood, MS

Editor

Volume 7, Issue 5
October 2008

World Osteoporosis Day October 20, 2008

Inside this issue:	
Coping with Osteoporosis	2
Drug Interactions	2
Study Flyer	3
Nutrition for Your Bones	4
Recipe File	5

On October 20, the of osteoporosis on World Osteoporosis National Osteoporosis and prevent the Day. Foundation (NOF) consequences of will be joining bone osteoporotic fracture. Additionally, NOF health organizations The goal of the summit will be hosting some from across the globe was to create a national fundraising activities to celebrate World action plan, establish in October. Steps for Osteoporosis Day. This priorities for policies Strong Bones is a year's campaign theme and programs for health program that promotes is "Stand Tall - Speak professionals and health bone health through out for your bones. systems and initiate a weight bearing activity

In June, NOF, implementation and running. It also provides together with the evaluation timeline for a way to track your daily National Coalition for promoting bone health. activities on-line. Osteoporosis and To ensure these Related Bone Diseases, proposed initiatives are For more information, held a Summit for a met, a planning group See NOF.org. Search National Action Plan will coordinate a follow- will get you to Summit or for Bone Health in up reporting phase for Steps for Strong Bones. Washington, D.C. to the Summit to assess the (Steps same as 2007.) develop strategies to recommendations. The increase awareness report will be released

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

Tuesday, October 14 - Fashion Show - Styles for women with osteoporosis.

Tuesday, November 11 - Elaine Rosenblatt NP, a travel nurse with University Station, will discuss "Travel Issues - Tips on Getting Around with Osteoporosis or Arthritis."

Tuesday, December 9 - The annual B.O.N.E.S. planning meeting and cookie exchange. Come and share ideas for next year and enjoy some holiday treats!

**B.O.N.E.S.
SUPPORT
GROUP**
will meet on
**October 14th at
Oakwood
Auditorium
6209 Mineral
Point Road
Madison**

1:30-2:30 p.m.

**Questions? Call
265-6410
for information.**

Coping with Osteoporosis

Our August B.O.N.E.S. meeting featured a panel discussion with audience participation with questions and comments. The panel members were Sheree Drezner, retired social worker; Kathy Phillips, Nurse Practitioner; Jeanne Findley, patient and Ruth Heins, patient.

The first question was: "Is there a limit on the number of years to take bisphosphonates (Fosamax, etc.)? Kathy Phillips explained that they inhibit bone cell breakdown which is why some physicians may suggest a holiday from bisphosphonates. Another reason may be because the effects stay in the body for at least 10 years.

There was a question about changing to a bisphosphonate that can be injected. Kathy Phillips suggested that if the

medication that a person is taking is producing satisfactory results, it may be good to stay with it. If the drug is injected, it is more absorbable than tablets. Another reason to change might be the convenience of taking it annually.

Kathy Phillips and the patients suggested some ways to decrease pain:

- Release endorphins with laughter
- Guided imagery and meditation
- Yoga
- Warm water aerobics
- Pain medications

The patients were very enthusiastic about the benefits of yoga and water aerobics as ways to relax and increase and maintain muscle, flexibility and balance.

Both the patients and members of the audience stressed the importance of early testing for osteoporosis. The patients clearly illustrated that with their stories. One was tested and treated early. She doesn't have fractures or pain. The other one did not have early intervention and has many fractures and much pain. She does have a medical condition that may contribute to the pain

Both Kathy Phillips and members of the audience stressed that people need to be proactive about their bodies and health. This includes asking for a bone density measurement if the person thinks it may be appropriate. If the health care provider says it is not necessary, explore this further with the provider and consider obtaining a second opinion.

Drug Interactions

Sean Gerke, Phar D, Pharmacist at UW Health gave us some useful information about drug interactions at our September B.O.N.E.S. meeting.

There are three types of interactions.

1. Liver enzymes break down a drug which increases or decreases activity. The liver breaks down a second drug with the same results. The liver also breaks down alcohol which may interact with the drug(s).

2. Some medications bind to protein. That is usually not a problem.

3. Calcium sticks to some drugs and the body does not benefit from the drug. This can be avoided by taking calcium and the drug(s) at different times. Multivitamins can be taken with calcium.

Bisphosphonates (Fosamax, etc.) should not be taken with food because less of the drug will be absorbed.

Taking a bisphosphonate vacation depends on a person's risk factors - bone density, fractures, family history, etc. Your medical provider may suggest a vacation when you have been taking the

drug for 8 or more years and going off the vacation in about 10 years. Bisphosphonates stay in the body about 10 years.

Grapefruit and grapefruit juice affect the liver and may affect drugs.

It is a good idea to have your vitamin D level checked when you have other bloodwork done. Vitamin D helps with calcium absorption and aids in the biochemical process by which calcium turns into bone.



University of Wisconsin –Madison
Medical School

High Resolution MRI For Identification of Bone Structure

Women age 50 years or older may qualify for a research study. The UW Osteoporosis Clinical Research Program is currently looking for women volunteers who are:

- **Age 50 or older**
- **Willing to have bone mineral density measurements of their spine, hip and wrist performed**
- **Willing to have a MRI of their wrist performed**

Investigators at the University of Wisconsin are recruiting women to participate in a research study to investigate the potential ability of MRI imaging to evaluate bone structure. Qualified volunteers will receive blood tests, measurement of bone mineral density of their spine, hip and wrist and have a MRI of the wrist performed.

If interested, please call the UW Osteoporosis Clinical Research Program at 608-265-6410 and mention the High Resolution MRI study.



University of Wisconsin - Madison

**osteoporosis Clinical Center
& Research Program**

Nutrition for Your Bones – The Power of Fruits and Vegetables

By Kristina Penniston,
Clinical Nutritionist, M.S. R.D., C.D.

In addition to consuming adequate calcium and vitamin D recent research suggests **fruits and vegetables** help maintain bone mineral density. While likely due to potassium and magnesium, other bone-friendly nutrients and compounds in fruits and veggies may contribute to this effect. In a study published in the American Journal of Clinical Nutrition, researchers found that those who consumed the most fruits and veggies had higher bone mineral density than those who consumed the least. How much does it take? The good news is there's no upper limit. The other good news is that the best effects were observed in those consuming 8 or more fruits and veggies daily.

Following are some of the most common questions I hear when recommending this to patients:

Q: “How can I work that many fruits and vegetables into my day?”

A: It does take commitment. But with a few modifications to your current meal and snack pattern (see below) it isn't that difficult.

Q: “Won't I be shopping for produce all the time?”

A. Depending on your available refrigerator storage space, one or two quick trips per week to the produce aisle of your local grocery store or farmer's market should be all that's required.

Q: “Won't I gain weight if I eat that many fruits and vegetables?”

A. Most veggies, except for the starchy ones (e.g., squash, potatoes, corn, peas, beans) actually contain few calories. Fruits, especially juices, contain more calories. To avoid weight gain, it may be necessary to cut back A LITTLE on your intake of other foods. Best things to cut are: snack foods, breads, bagels, crackers, baked goods, sweets, candy, soda, ice cream, cream cheese, cheese and sugary beverages. Also, by reducing portion sizes of other foods, such as pasta, rice and meat, you can cut enough calories to offset the added fruits and veggies.

Q: “What about all the fiber in fruits and vegetables?” Won't I feel bloated or gassy?”

A. Most Americans eat too little fiber. The recommended fiber intake for adults is 25-35 grams/day. Most of us get about 12 grams. A high fiber intake is linked with a reduction in blood cholesterol, reduced incidence of certain cancers and diverticulosis, and healthy gastrointestinal tract functioning. Yes, you may feel full after consuming high-fiber fruits and vegetables (which may actually cause you to eat less and lose a few pounds). IMPORTANT SUGGESTIONS: (1.) Increase your fluid intake as you increase fiber. This will keep things moving through your intestines and soften the increased fecal mass (making it easier to eliminate). (2.) You may experience more gas and flatulence as you increase your fiber intake. While this is perfectly normal, we have been socialized to feel embarrassed about it. Many have experienced relief with over-the-counter enzyme preparations, such as Beano®, taken shortly before eating a high fiber meal.

Q: “How do I know what a serving is?”

A: Generally, one piece of fruit is a serving. For canned fruit, ½ cup is considered a serving. For veggies, ½ cup cooked or 1 cup raw is considered a serving. For leafy greens (e.g., spinach, kale, lettuce), 2-3 cups may be considered one serving.

Working 8 or more fruits and veggies into your day isn't difficult. Here's a template for a whopping “12-a-day” that you can modify to your preferences and eating patterns. Aim to eat at least 2 fruits and/or veggies at every meal. If you miss one, try to load up at supper or whenever your biggest meal is. That'll give you a total of 6. Adding 2 more additional fruits and veggies to reach the “gold standard” of 8 servings, shouldn't be difficult.

FRUIT OR VEGETABLE NUMBER OF SERVINGS

Breakfast

6 ounces calcium-fortified orange juice 1
1 kiwi, half grapefruit, or ½ cup berries 1

Mid-morning snack

1 orange, 1 nectarine, or 15-20 grapes 1

Lunch

“Veggies-in-a-baggie” (5 baby carrots, half a small cucumber (sliced)) 2

1 small box of raisins, 4 prunes, or 2 plums 1

Afternoon snack

1 apple, pear or peach 1

Supper

1 cup cooked beans, peas, corn, squash or potatoes 1

1 cup cooked broccoli, cauliflower, cabbage or brussel sprouts 2

Small salad (mixed greens) 1

Bedtime snack

1 banana 1



University of Wisconsin
Hospital and Clinics
Suite 100
2870 University Ave.
Madison WI 53705

RECIPE FILE

Easy Italian Vegetable Pasta Bake

Makes 6 servings
Prep Time: 10 min
Cook Time: 20 min

Ingredients

- 3 cups mostaccioli, cooked, drained
- 1 jar (27-1/2 oz.) light pasta sauce
- 1 pkg. (8 oz.) Kraft 2% Milk Shredded Reduced Fat Mozzarella cheese, divided
- 2 cups thinly sliced mushrooms
- 2 cups sliced halved yellow squash
- 2 cups sliced halved zucchini

Mix mostaccioli, sauce, 1 cup of the cheese and vegetables. Spoon into 13x9-inch baking dish; sprinkle with remaining cheese. Bake at 375° for 20 to 25 minutes or until thoroughly heated.

* Great Substitute: Substitute 1 cup each thinly sliced red and green peppers for 1 cup each of squash and zucchini.

Recipe created by Kraft Kitchens

Nutritional facts per serving:

Calories: 370	Sodium: 690 mg
Fat: 7 g	Calcium: 35% Daily Value
Saturated Fat: 4 g	Protein: 21 gm
Cholesterol: 20 mg	Carbohydrates: 56 g