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Medical Director Update

Osteoporosis in Men

Elliott Schwartz, MD

Men *do* get osteoporosis! This is a frequent but under-recognized medical problem. While one in two women will break a bone from osteoporosis, one in five men will also have the same problem. Unfortunately, men and their medical providers are not paying enough attention to osteoporosis. This can cause osteoporosis to go undetected.

Risks: Studies in the United States, Sweden and Australia have assessed the frequency of osteoporosis in men. Osteoporosis is a serious health problem because it can lead to painful fractures. A 50 year-old man has a 13% risk of an osteoporosis related fracture in his lifetime. Of these fractures, hip fractures are the most serious. Men make up one-third of all hip fractures. While 20% of women will die within one year following a hip fracture, 30% of men with a hip fracture will die from related complications. This may be due to the fact that older men are more frail than older women. As men live longer, the number of hip fractures they suffer will increase. Today, about 300,000 women have hip fractures each year. By the year 2030, men will be suffering the same number of hip fractures annually.

While osteoporosis in both men and women results from low bone density, the risk factors to consider vary. A low level of the male hormone (testosterone) is the best recognized risk factor for osteoporosis in men. Other important risk factors include high alcohol intake, heavy smoking and a family history of osteoporosis. Additional risk factors include low hip bone density, leg weakness, falls and a history of previous fractures, low body weight, and short height. Disorders of the thyroid, intestines, kidneys and liver, and treatment with certain drugs such as steroids, immunosuppressives and anti-seizure drugs may also weaken the bones.

Diagnosis: Bone density tests can tell which men have low bone mineral density and are at increased risk of fracture. Men with the above risk factors should be considered for bone density testing. Additional tests may be required to determine the severity or causes of osteoporosis including laboratory tests of calcium and vitamin D metabolism and special lab tests that measure bone

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Osteoporosis in Men *(Con't. from pg.1)*

Treatment advances in the last year are encouraging. Until this year, calcium (1000–1200 mg per day) and vitamin D (400-800 units) were among the few treatments recommended for prevention and treatment of osteoporosis. Recently, studies have been done using Fosamax®, and a new drug called Actonel®, to prevent and treat osteoporosis in men taking steroids. The FDA is expected to approve the use of Fosamax® soon for treatment of men with osteoporosis based on the results of a well-designed study showing it works as well in men as in women.

As mentioned above, low testosterone is a primary risk factor for men for osteoporosis. About one-third of men with osteoporosis have low testosterone levels. For years, replacing the testosterone required injections every one to two weeks. Several types of patches are now available for treatment instead. Another advance — a testosterone gel called AndroGel®—will make this treatment much simpler.

Now we have a much better understanding of the frequency and effects of osteoporosis in men. With new, more effective treatments available, it is more important than ever to recognize men at risk and get them tested and treated.

Bone Mineral Density Testing Terms

Bone Density, or Bone Mineral Density: Measurement of the amount of bone mineral, mainly calcium, in parts of the skeleton. Results are reported as gm/cm² (grams per centimeter squared) and as T-score and Z-scores.

DEXA or pDEXA: Two types of Bone Density testing. Both use a low-dose form of radiation, called dual-energy x-ray absorptiometry. A DEXA is a scan of the hip, spine, or sometimes the forearm. A pDEXA scan is a scan of a part of the skeleton that is peripheral to the spine, such as a forearm.

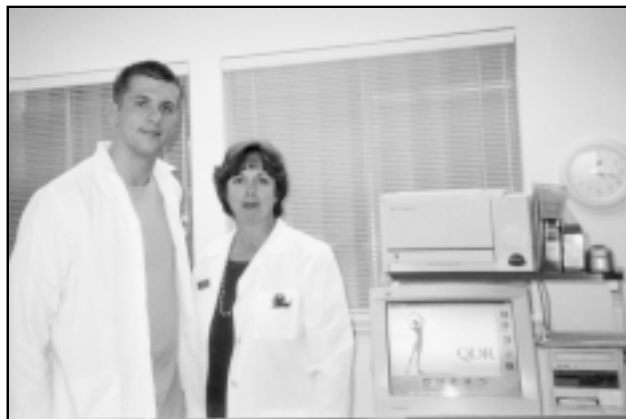
T-Score: The most common result from a bone density test. A T-score compares your bone mass to the average, adult peak bone mass of an average 30-year old male or female. A T-score is a good reference point for adults and is used in the diagnosis and monitoring of osteoporosis.

Two New Weapons

This summer FORE unleashed two new weapons in the battle against bone disease. We installed new state-of-the-art bone density testing machines at our Oakland and San Ramon sites. These Hologic 4500As can do bone density scans of the hip, spine and other sites *and* a lateral x-ray of the spine. These x-rays can detect compression fractures. Knowing if you have any spine fractures is important to assess future fracture risk; it allows FORE to give you and your physician more accurate information. The new machines will save patients time – both tests can now be done in less than fifteen minutes total. Both tests are painless, fast and accurate.

You still need an order from your physician for a hip/spine bone density scan or an x-ray. As

always, you do not need a prescription for a scan of your wrist (peripheral DEXA) at over 150 Longs drug store locations for \$30. Call FORE at (510) 832-2663 for this month's testing schedule or check at www.fore.org.



DEXA technologists Greg Powers and Marnie Bennett with one of the DEXA machines.

Ask the Doctor

Risa Kagan, MD

Q: Would a bone mineral density (BMD) test around menopause really make any difference in my decision about Hormone Replacement Therapy (HRT)?

A: Many women are ambivalent about the use of HRT or other alternatives to prevent or treat osteoporosis. A bone density test may reinforce many women's desire to use HRT for the early years of menopause. FORE and the North American Menopause Society (NAMS) recommend bone mineral density (BMD) testing in the early years of menopause. The result of this test may help women make decisions about individual therapies and lifestyle modifications. The early years of menopause are also associated with vasomotor symptoms (hot flashes) and other physical complaints that can successfully be treated with HRT.

The decrease in estrogen that occurs during menopause is associated with accelerated bone loss in women. Most women lose approximately 2-5% of their peak bone mass per year during the 10 years following menopause. This loss is primarily of cancellous (trabecular) bone, found mostly in the spine. Thereafter, women experience age related bone loss similar to men. Menopause is a perfect time for a woman to test her BMD. This can be used as a baseline to encourage or support lifestyle changes. Adequate calcium intake, exercise, smoking cessation, and limiting alcohol and caffeine use are healthy habits to reinforce.

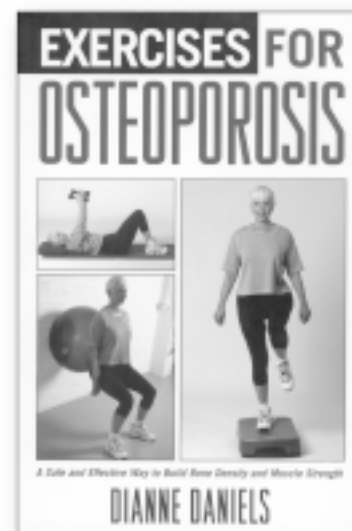
Later in life, if a woman has a low bone measurement (osteopenia) or actual osteoporosis, she may opt to switch to another treatment for long term use (i.e., bisphosphonates or SERMs).

Book Review

Exercises for Osteoporosis (*Hatherleigh Press; 2000; \$14.95*)

Diane Daniels, an exercise physiologist and former health educator, provides a good overview of osteoporosis. She presents a comprehensive description, with pictures, of an osteoporosis prevention and exercise program. She cites relevant research that explains why someone at risk, or with osteoporosis, benefits from exercise. The exercise precaution section includes many of the special considerations a person with osteoporosis should take when beginning an exercise program.

People who might benefit from reading this book include those in relatively good shape, with good body awareness and postural control, who want to learn more about osteoporosis prevention and exercise to maintain or increase bone density. But some people may put themselves at risk by following the exercises recommended in this book including those who are frail, have poor postural control, or history of osteoporotic fracture. Everyone should consult with a physician or physical therapist before beginning an exercise program. This is especially important for people with osteoporosis or other health problems.



Our Mission

FORE is a non-profit resource center dedicated to eliminating osteoporosis as a major health problem. This is accomplished through education, research and testing aimed at the promotion of bone health and the prevention of osteoporotic fractures in women, men and children. We provide:

- Bone Density Testing
- Information Service
- Medical Professional Education
- Clinical Research Studies
- Community Education

You Can Make A Difference

FORE is a non-profit resource center that counts on donations from individuals like you to fight osteoporosis. Your support provides an important part of FORE's annual budget. That allows FORE to provide education programs and materials like this newsletter. It also covers part of our bone density testing program so we can keep the fee for screening tests at \$30, below our actual cost. When you plan your year-end charitable donations, please consider a tax-deductible contribution to FORE. An envelope is included with this newsletter if you'd like to donate now. You can also donate electronically through our website at www.fore.org. Donors are gratefully acknowledged in the Honor Roll in the Annual Report.

Happy Anniversary!

Did you know that FORE celebrated its tenth anniversary this year? FORE's mission may seem overly ambitious—to eliminate osteoporosis as a major health problem. But a look at FORE's 1999 Annual Report shows what FORE and a concerned public can accomplish toward a vital goal. Together, over the past ten years, we have:

- tested over 35,000 people for osteoporosis. Almost half of the people tested already had bone density below average!
- participated in dozens of research studies to find treatments and a cure.
- sponsored education programs for thousands of health care providers and members of the community.

For a summary of accomplishments, please enjoy the Annual Report on our website.

FORE Publications

The following materials are available from FORE:

- 1st Edition of the Treatment Guidelines for People with Osteoporosis. Tailored towards the lay public. Offering information about treatment options for people with osteoporosis. Single copies \$5; bulk discount rates available.
- Physicians' prescription pads to order DXA scans on our new machines at either of FORE's testing locations. No charge.
- 2000 Educational Programs listing. No Charge.
- Videotape of our May 24, 2000 Bone and Mineral Club Meeting. Intervention with Children and Adolescents ~ The Importance of Maximizing Peak Bone Mass. Laura K. Bachrach, MD & Donald A. Bailey, PED. \$10.
- Please visit our website at www.fore.org to see other available materials.

To order, please call (510) 832-2663 or fax (510) 208-7174.

FORE Welcomes New Board Members

We are pleased to announce the election of three new East Bay members to FORE's Board of Directors:

- Elizabeth "Buffy" Hasley has worked in health care and education, and is an experienced community volunteer. She has two daughters and is concerned about their bone health.
- Mary Jean Odmark is a recently retired teacher, editor and community volunteer.
- Lynn Trowbridge is an independent bookseller and avid exerciser to fight osteopenia.



New Board Members left to right: Lynn Trowbridge, Buffy Hasley, Mary Jean Odmark

Congrats Research Team

The last newsletter included a photo of the FORE research team. Four of them took the exam this spring to become Certified Clinical Research Coordinators: Beverley Tracewell, RN, Shannon MacDonald, RN, Gus del Puerto, and Laura Wall, RN. Congratulations to all four of them for passing the exam!

A Special Volunteer

A warm thank you to Susan Levy, the FORE volunteer who tracks and fills orders for osteoporosis literature under a special program. This program distributes thousands of pieces of literature across the state to raise public awareness of bone disease. If you are interested in volunteering several hours a month at FORE, please call the office at (510) 832-2663.

Happy Birthday Alta!

We wish Mrs. Meyer (Alta) Diamond a very happy 95th birthday! Mrs. Diamond is a founding member of FORE's Board of Directors. Her efforts have contributed enormously to the fight against bone disease. The Alta Diamond Osteoporosis Education Fund was established in her name to promote osteoporosis awareness. It has provided funding for lay public education including this newsletter and a wide range of other programs.



FORE's President, Patty Frazer, and Alta Diamond on her 95th birthday.

Albert P. Rowe, MD (1916-2000)

We mourn the loss of Dr. Albert P. Rowe in July. Dr. Rowe was a founding Director of FORE and its first Board President. Much of FORE's success in the fight against osteoporosis is because of his early and visionary leadership. His dedication and hard work in this arena will be sorely missed.



Albert P. Rowe, MD

To honor his memory, the Albert P. Rowe, MD Memorial Fund was established. This fund will be used to create an annual award for a clinical researcher whose work directly benefits osteoporosis patients, to fund a special lecture on clinical research, and to fight osteoporosis in other ways. Please contact FORE at (510) 832-2663 for more information or to contribute.

Lactose Intolerance

Some people have trouble digesting milk products because an enzyme that digests milk is missing from their body, a condition known as lactose intolerance. Lactose intolerance can be a major road-block in consuming your daily calcium requirement since milk products, which may cause you gas, bloating or stomach cramps, are especially rich in calcium.

If you are lactose intolerant you can still satisfy your daily calcium requirement in a number of ways:

- by incorporating non-dairy, calcium-rich foods into the diet
- by taking calcium supplements
- by using lactase pills or drops which make milk products digestible

New research finds that most people who are lactose intolerant can enjoy some dairy foods daily. Try these tips to help you comfortably consume dairy foods.

- **Start small**—Try small portions of dairy foods and gradually increase the serving size.
- **Reduce it**— Look for lactose-reduced or lactose-free milk in the dairy case at your store.
- **Older is wiser** — Aged hard cheese, such as Cheddar, Colby, Swiss and Parmesan are particularly low in lactose.
- **Get a little “culture”** - Look for cultured milk products such as yogurt or buttermilk. These products contain friendly bacteria that help digest lactose.
- **Make it easy** - Look for dairy digestive supplements (lactase caplets) at your drug store. These supplements can help you digest lactose easily. Then you can enjoy dairy foods, in any amount, and get all the nutrients they provide.

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