



The original figure of the American College of Rheumatology Criteria for Fibromyalgia. It was redrawn from a painting hanging in the Louvre Museum in Paris.

**TENDER POINTS**

**About this questionnaire.**

It's hard to thank you enough for all of your help with the questionnaires. So, we have been listening hard to your comments, and have tried to make the questionnaires easier and better. Here's what we have done this time: 1) Eliminated all of the "lifetime" questions, and 2) Eliminated separate supplements unless we are missing data. As long as you don't miss a questionnaire, you won't see those dated questions again. If you do, we may have to catch up some. Overall, the new questionnaire should be completed in about 40% less time.

We have also been working to develop an e-mail or Web-based version of the questionnaire. We are not quite there yet. Some of the important problems not yet solved include protecting your privacy at the same time that we speed up the whole electronic process of getting your replies. We'll try again in January.

By the way, privacy ... I think we can never state it enough times. Everything you tell us is confidential. We will NEVER share any information that can identify you with anyone.

We appreciate your feedback too. If you have any comments on the newsletter or the questionnaire please do not hesitate to contact us. Our contact information is on the back page of this newsletter.

**A PROMISING NEW OSTEOPOROSIS DRUG MAY HELP BONE GROWTH**

Osteoporosis is a serious health problem. It affects more than 12 million Americans, causing bones (osteo) to lose mass and become porous (porosis). The result: fractures and falls that can incapacitate. People with arthritis and related conditions can be at special risk, from the disease itself, or from drugs taken over many years.

Up to now, there have only been treatments to slow bone loss. Now an experimental drug promises to be the first to actually grow new bone. It's most likely to help women with severe osteoporosis – and it's a "natural" remedy. To be called Forteo, it's a whole new class of drug – a synthetic substance identical to the parathyroid hormone made by our bodies to contribute to bone formation.

A study published in the New England Journal of Medicine in May looked at more than 1,600 postmenopausal women who had already had one or more spine fractures related to osteoporosis. The women who had daily injections of parathyroid hormone had significant new bone growth – and reduced their risk of fractures by between 53 and 90 percent.

Women in the two-year trial averaged age 69, and were from 17 countries. Divided into three groups, one third got an inactive substance, one-third a 20 microgram dose of parathyroid hormone and one-third a 40 microgram dose. All got daily calcium and vitamin D supplements.

Those getting parathyroid hormone had increases in bone mineral density of between 3 and 9 percent –

and 65 percent less risk of any new spine fracture, 90 percent less risk of moderate to severe spine fractures, and 53 percent less risk of fractures elsewhere in the body such as the wrist, hip or ribs. They also reported less new or worsening back pain than those taking placebo. Eli Lilly, which makes the drug, has applied for FDA approvals, and wants to have it on the market within the year.

**NEW HELP FOR MANY WITH ARTHRITIS**

It used to be that osteoporosis was regarded as a disease of frail little old ladies. Now we know it's an equal-opportunity disease, attacking men and women at young ages as well – and that arthritis and related conditions are among the many factors contributing to bone loss.

In people with an inflammatory kind of arthritis – such as rheumatoid arthritis, juvenile RA, lupus or ankylosing spondylitis – the inflammation itself produces substances than can cause bone loss. And, ironically, the cortisone-type drugs used to treat the inflammation can accelerate bone loss over time. The pain of fibromyalgia and arthritis can interfere with exercising or eating well, which undermines bone health.

Other contributors to bone loss: smoking; heavy alcohol use; early menopause; being underweight; and a family history of osteoporosis.

The current treatment is a combination of drugs and lifestyle changes. Drugs that help slow or prevent bone breakdown include estrogen replacements; alendronate (Fosamax); calcitonin in a nasal spray (Miacalcin) or injection (Calcimar, Miacalcin); and raloxifene hydrochloride (Evista). Risedronate sodium (Actonel) is used especially for cortisone-caused osteoporosis.

Calcium and Vitamin D supplements are essential to bone health. Recommended daily doses are about 1,200 mg of calcium, and 200-600 international units of Vitamin D. Weight-bearing exercise – including lifting weights – have also been shown to keep bones strong, and some forms of exercise such as Tai Chi also improve balance and help prevent falls.

**People with Arthritis and Related Conditions are at a special risk for Osteoporosis**



Return your research questionnaire within two weeks of receiving it and be eligible for one of three \$1,000 awards. The research data bank can best contribute to research when the mailed questions are complete and returned as soon as possible. All persons who complete the questionnaire within two weeks of receiving it will be eligible for the drawing for the award - given as a token of our gratitude in help with arthritis research. **The winners from the last questionnaire were Elizabeth Hedge, Newton, KS; Ann Ingram, Flower Mound, TX; and Margaret Ward, Natchez, MS. Our congratulations to these winners!**

**Who is at special risk for Osteoporosis?**

- ✓ People with inflammatory arthritis
- ✓ Those taking certain drugs including glucocorticoids, anti-convulsants and heparin (warfarin)
- ✓ Post-menopausal women, especially those of Asian or Caucasian heritage
- ✓ Men with lower levels of testosterone
- ✓ Smokers and those who have more than two alcoholic drinks a day
- ✓ People who don't exercise regularly
- ✓ People whose diets are low in calcium

**News from the NDB Staff**



**BEVERLY**

Welcome to Summer 2001! We appreciate all the time and effort you put into making our work successful. Since we spend so much time getting to know you, we thought you would enjoy getting to know us for a change.

**Am I Just Talking to Another Machine?** This is a question frequently asked by study participants. The answer is **NO**. As a matter of fact, behind all those recorded messages and pages of questionnaires there are *real* people who work hard to process your