ARTHRITIS AND RHEUMATISM ASSOCIATES

RHEUMORS

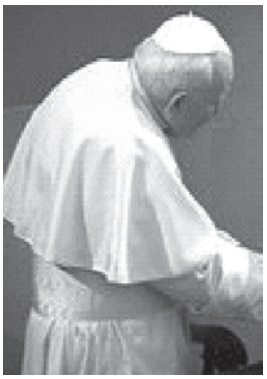
A NEWSLETTER FOR PATIENTS

VOL. 14, NO. 1 • Winter, 2005

MALE OSTEOPOROSIS: IT'S RISKY BUSINESS

Robert L. Rosenberg, M.D., F.A.C.R., C.C.D.

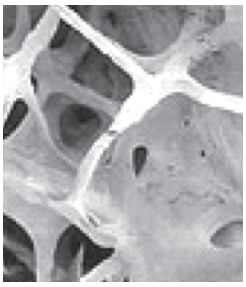
Osteoporosis is a problem for both sexes. Osteoporosis in men has been largely ignored by both the public and the medical community. We are all aware of the risk of osteoporotic fractures in women but have failed to recognize the substantial risk to men. One only needs to see a recent photo of Pope John Paul II to appreciate the dramatic effects of osteoporosis on body stature, appearance and overall health. Three million American men over the age of 50 have osteoporosis and another 10 million are at risk because of low bone mass (osteopenia). While women are at higher risk for osteoporosis and subsequent fracture, men are twice as likely as women to die in the hospital following a hip fracture. Thirty percent of all hip fractures occur in men and 31% of men suffering a hip fracture may die within a year of the fracture. Any osteoporotic fracture is associated with shortened survival. Ironically, as our population ages and the life expectancy of men grows, these figures will increase.



Men have a lower prevalence of osteoporosis for several reasons. Men develop 10-12% greater bone mass than women and their larger male muscle mass confers greater skeletal strength. While women experience menopause with a rapid loss of estrogen and subsequent rapid decline in bone mass, men experience a gradual decline in available hormone levels that results in a slow, but constant loss of bone over many years. Age is also a significant risk factor for osteoporotic fractures and, because men have a shorter life expectancy than women, men are less likely to develop these age related fractures. As we live longer, we all face the prospect of outlasting our bones.

> *And yet the wiser mind*
> *Mourns less for what age takes away*
> *Than what it leaves behind.*
>
> **William Wordsworth**

Bone mineral density (BMD) testing with Dual Energy Absorptiometry (DXA) is used to diagnosis osteoporosis and predicts fracture risk. DXA is more accurate at predicting fracture risk than blood pressure or cholesterol levels are at predicting stroke or heart attacks. While millions of women have had DXA testing, very few men have had any evaluation for osteoporosis. Even the standards used to establish risk for fracture have been traditionally based on female data thus underestimating men's fracture risk. When appropriate male standards are applied the male population at risk for fracture increases from 5% to 30% in men over age 50.



Osteoporosis can be primary (related to aging and hormonal changes) or secondary (related to chronic illnesses, medications or other conditions). In women 90% of osteoporosis is primary, while in men 60% of osteoporosis is due to secondary causes.
As we age hormone levels change with a loss of available testosterone (male hormone) and estrogen (female hormone). Men and women have both testosterone and estrogen although in different proportions. Loss of estrogen in both women and men leads to an acceleration of bone resorption and subsequently to osteoporosis. It is this loss of available estrogen that is most related to loss of bone in men.

Sixty percent of osteoporosis cases in men are due to secondary causes such as use of steroid medications, cancers, excessive alcohol, chronic lung, kidney,

see **OSTEOPOROSIS** *continued on page 7*

DAVID P. WOLFE, M.D. JOINS ARA AND BECOMES ITS TWELFTH PHYSICIAN

By Margaret M Dieckhoner

David Wolfe, M.D. says that medicine has always been in his life. He was born in 1967 where his father, a physician, was attending the London School of Tropical Medicine. From London they moved to Pakistan for two years, and then to DC where he grew up.

Dr. Wolfe went to Amherst College in Massachusetts, where he majored in Pre-medical studies and Eastern Religions. He chose two such diverse majors intentionally, feeling they would give balance to his education. He found himself intrigued by the Navajo religion, which became the topic of his senior honor thesis. Dr. Wolfe says that the religion of the Navajo is also their form of medicine, making the two inseparable.

Rather than heading directly to Medical School after his college graduation, Dr. Wolfe spent a year working with a physician who practiced Alternative and Complementary Medicine. He also volunteered with the homeless and spent a summer on the Navajo Indian Reservation as a hospital volunteer.

Dr. Wolfe attended Georgetown University School of medicine and graduated in 1995. It is there, he says, that the seed of interest in Rheumatology was first planted by a professor whom he greatly respected. He went on to complete his residency in Internal Medicine and Pediatrics at Tufts University's Baystate Medical Center in Springfield, MA.

After medical school, and before starting his training at Baystate Medical Center, Dr. Wolfe married his high school sweetheart. He is a graduate of Landon School; his wife, Jeanne, a graduate of BCC High School and then the University of Michigan. After Residency the couple headed to the Navajo Reservation in the northeastern part of Arizona. Dr. Wolfe had always had a desire to return to the Reservation to learn more about Navajo medicine first hand; he signed a two year contract with the Indian Health Service (IHS) but stayed for three.

Dr. Wolfe's life, both personally and professionally, was influenced by his years at IHS. He feels that living in an isolated environment promotes remarkable relationships. His interest in Rheumatology was also once again fueled…and then cemented. "There were many sheep herders on the reservation", Wolfe said. "Joint problems were an occupational hazard for them. Those were the patients I particularly enjoyed taking care of because they needed my help to maintain their livelihood. It is very gratifying for both the patient and the physician when you can make someone's life better. You can do that in Rheumatology."

At the conclusion of his three years at IHS, and now certain that he wanted to be a Rheumatologist, Dr. Wolfe returned to the east and the University of Pittsburgh, where he completed a fellowship program in Rheumatology in July, 2004. Dr. Wolfe says that during their years away, he and his wife had learned the importance of family and relationships, and they wanted to return to their roots in Washington, DC. Immediately following the completion of his fellowship, he joined Arthritis & Rheumatism Associates, P.C. where he sees patients in our DC, Chevy Chase and Rockville offices.

Dr. Wolfe comes to us with what he describes as "a unique perspective". His blend of religious studies, a year of working in complimentary medicine and his three years in the Indian Health Service has taught him the importance of considering mind and spirit in treating patients. "Health and illness is much more than just about the body", says Dr. Wolfe. "It is about the mind and spirit as well. As a physician, medicine is most fulfilling to me when I feel like I am working with the whole person… and their families as well, because you cannot isolate people and their problems from their whole environment."

Dr. Wolfe and his wife have three children – Emma 6, Benjamin 4 and Josephine 2. The Wolfe's' are trying to give their children an appreciation for nature and as a result spend as much time as they can walking or biking together outdoors. Dr. Wolfe also enjoys sports and is a huge Maryland and Redskins fan. As far as how he feels about the place he spends the majority of his time, ARA, he says, "It is a superior practice and I am honored to be a part of it."

TAKE THE TEST: DXA CHECKS FOR OSTEOPOROSIS

By David Wolfe, MD

Osteoporosis is a common condition in which the strength and quality of bones is diminished resulting in bones that are fragile and more easily fractured than normal bones. It affects ten million people in the U.S, most of whom are post-menopausal women.

There are two factors that determine bone strength—bone density and bone quality. Currently there is no reliable non-invasive way to diagnose bone quality. We therefore estimate bone strength by assessing its density.

The tool most often used to diagnose osteoporosis is called the bone density or DXA test. DXA stands for Dual Energy X-Ray Absorptiometry. The test involves lying still on a table while a beam passes over the patient's body. It usually takes from fifteen to thirty minutes to complete. By passing low radiation beams through the skeleton, this technology is able to estimate the density of a person's bone. This is then compared to bone density of a healthy young adult (peak bone mass) in order to generate what is called a T-score. The T-score actually represents how far below peak bone mass a person's bone density is.

We know from extensive studies of large populations of post-menopausal women that the T-score predicts the risk of future fracture at the hip, spine, and forearm. Because these are the areas of the body most commonly fractured without any, or only minimal, trauma in the osteoporotic person, this is where we measure bone density with a DXA scan.

A common question involves how much radiation exposure occurs with a DXA scan. It is actually very little. In fact, a single DXA scan involves 20 times less radiation than a routine chest X-Ray, 90 times less radiation exposure than a mammogram, 140 times less radiation than a regular spine X-Ray, and 1/6 as much radiation as a person would get just by flying from New York to Los Angeles and back.

Due to the fact that loss of bone density (strength) can occur in those who aren't yet on treatment and even in some who are, it is recommended that DXA scanning be repeated at certain intervals. For those with established osteoporosis, DXA scans should be performed every 12-24 months to make sure that their treatment is working. Those who are being monitored for the development of osteoporosis usually get scans every 2-5 years depending on how high their bone density is at the first scan. Some people on steroid therapy will require DXA scans every 6 months.

DXA scans are offered by radiologists, endocrinologists, gynecologists, and rheumatologists. ARA offers state of the art DXA scanning, skilled interpretation, and treatment for osteoporosis by rheumatologists at our Wheaton, Shady Grove, Chevy Chase, and K Street offices.

Correct reading and interpretation of DXA scans can be subtle and, we believe, should be done by skilled specialists who are most knowledgeable about the various causes and best available treatments for osteoporosis. Ask your doctor or specialist what is right for you.

MEDICARE DISCOUNT PHARMACY CARD

By David G. Borenstein, M.D.

A drug benefit that is included as part of the Medicare Modernization Act of 2003 is a discount pharmacy card program. This discount card is a transition program prior to the full pharmacy drug benefit that will take effect starting in 2006 as part of the Medicare program. The Centers for Medicare and Medicaid Services (CMS) has not designated any single pharmacy benefit provider to supply these cards. This decision has resulted in a large number of groups offering cards. The maximum fee charged for obtaining a card is $30. However, many differences exist between the offered cards.

Several variables should be considered before deciding which card is right for you. The amount of discount and specific drugs that are covered by each discount card vary widely from card to card. The individual drugs that are covered by each card may also change over time. The greatest potential benefit of the pharmacy program is the $600 credit for seniors with limited incomes. The credit is available in 2005. All these variables have made choosing the card that provides the most benefit for you quite difficult.

The decision to choose a discount pharmacy card requires doing some homework on your part. A number of websites are available on the internet to gather information regarding the best card for you. CMS has a website (www.medicare.gov) with information about available programs, or information may be obtained by telephone (1-800-Medicare).

see **MEDICARE** *continued on page 4*

MEDICARE *continued from page 3*

The AARP website offers the parameters to use to choose a card that best fits your needs (www.aarp.org/legislative/prescriptiondrugs). The National Council on the Aging has a site that provides information on more than 1,300 national programs for prescription drug discounts. The website is www.Benefitscheckup.org.

Individuals with a discount pharmacy card will be eligible for the full pharmacy benefit program in 2006. At this time, the drugs that are going to be included in the pharmacy benefit have not been chosen. All drugs will not be included in the Medicare formulary. The specific arthritis drugs that will be part of the pharmacy program are being evaluated at this time. Some of the arthritis drugs are very expensive. Whether these drugs will be part of the drug benefit has great import to our patients. We will keep you informed about the status of medicines of interest to our patients as the information is released by CMS.

Editor's note: Two websites dedicated to assisting patients obtain medications through industry sponsored programs at reduced or no cost are now available. Check out www.HelpingPatients.org and www.TogetherRx.com (also 1-800-444-4106). Montgomery County residents can get a free drug discount card (any resident is eligible regardless of income) by asking at local pharmacies or any Montgomery County Library (information at 1-877-321-2652).

ROCKVILLE OFFICE CROSSES SHADY GROVE ROAD AND EXPANDS

By Donna S. Powers

On November 1, 2004 the Rockville office opened in a new location. We are now in the Fallsgrove Village Office Center, a brand new state of the art building at 14955 Shady Grove Road, Suite 230, which is directly across Shady Grove Road from our previous location. Our phone number, (301)251-5910, remains the same.

Our new office location allows us to provide a full line of Rheumatologic services to our patients in the Rockville area. Drs. Baraf, DiIorio, Rosenberg, Siegel and Wolfe will see patients at the Fallsgrove office, and all associated services will be provided under the same roof. The move has allowed us to offer expanded physical therapy services within our same suite. We now have a physical therapist on site Mondays, Tuesdays and Thursdays. Patients requiring laboratory evaluations, xrays, bone densitometry (DEXA) and EMG/nerve conduction studies can obtain these procedures all in the same office, without need to travel elsewhere.

Street access to the office is through an entrance on Shady

Grove Road, just north of the Fallsgrove shopping center. We think our patients will be pleased with the improved parking situation. There is ample parking in front of and behind the building, as well as a covered lot behind the building for those rainy days we have had so frequently. The elevators are located between the front and back entrances, which makes them equally accessible from either parking lot.
We look forward to seeing you and hope you will be as excited as we are about our new facility.

Answer to the Wordfind on Page 8:

Arthritis and Rheumatism Associates

2005 Insurance Plan Participation List

Aetna PPO

Alliance

First Health

Mamsi Life and Health

MDIPA

Medicare

NCPPO

Optimum Choice

Optimum Choice Direct

Optimum Choice Preferred

United Healthcare

THE FUTURE IS NOW IN CLINICAL TRIALS

The Center for Rheumatology and Bone Research is now in its twenty-fifth year. We have had a front row seat in witnessing extraordinary progress in virtually every aspect of arthritis therapy during this time frame. Our physicians, with the help of our patients, have made a major contribution to several advances in treatment in a surprising number of treatment categories.

The past year has been no exception. With ongoing studies in Ankylosing Spondylitis, Psoriatic Arthritis, Gout, Osteoporosis, Degenerative Joint Disease, Systemic Lupus, Fibromyalgia and Rheumatoid Arthritis our patients have, in many instances, realized the benefits of emergent medical progress.

This year we hope to continue to build on our past successes. We are proud to extend the benefits of clinical research to our patients in the Shady Grove/Rockville area. Our new office on Shady Grove Road has enlarged, dedicated space which will expand the practice's ability to perform clinical trials at this location.

As always, our highly trained staff is actively enrolling clinical research programs. We are currently looking for patients with an interest in participating in clinical trials in three different therapeutic areas.

Rheumatoid Arthritis continues to be an important focus of our Center. We are looking for patients who are interested in participating in Rheumatoid Arthritis projects. We have six different programs.

One program is concerned with early Rheumatoid Arthritis. It is called the TEAR Trial. This trial seeks to answer an extremely important question: "What is the best initial treatment for Rheumatoid Arthritis?" It seeks to establish a standard of care comparing three different early arthritis treatment regimens to determine which is best. The FDA currently approves all of the medicines under study in this trial for use in the treatment of this disease.

The other five programs are looking for patients who either still have active rheumatoid arthritis in spite of being on methotrexate treatment, or have failed treatment with other disease modifying anti-rheumatic drugs. Perhaps the most intriguing project is one that examines the use of an extract from an ancient Chinese herb for activity against joint inflammation.

We have several trials for osteoarthritis of the hip and knee. Three of our knee programs focus on topical treatments for arthritis (an ointment, spray or a patch). One short, two-week project is studying a new agent that blocks inflammation by an entirely new mechanism. Whereas most anti-inflammatory agents work by blocking the production of prostaglandins, the new drug under investigation allows prostaglandins to be produced, but blocks their effects. The last of these studies is for osteoarthritis of the hip and is with a new anti-inflammatory agent.

The third area of our actively enrolling research projects relates to new treatments for osteoporosis.

We believe this will be a busy year for the Center for Rheumatology and Bone Research. We would like to thank all of our patients for the support they have given us in the past. We hope we can continue to work together towards safer more effective treatments to alleviate the pain and control the progression of rheumatic diseases.

If you or someone you know would like to learn more about our clinical trials program, call our study department at (301) 942-6610 or return this card to:
The Center for Rheumatology and Bone Research
2730 University Blvd. West, Suite 306, Wheaton, MD 20902

I am interested in learning more about participating in a clinical trial.

Name: _____ Phone #: _____

Address: _____ Best time to reach you: _____

_____ Your Physician _____

_____

Diagnosis and/or symptoms? _____

____Check here if you are interested in receiving a free pamphlet on clinical trials.

A N S W E R S To Your Questions

By Alan K. Matsumoto. M.D.

Q: My doctor tells me that I have osteoarthritis. Is there anything I can do to prevent it from getting worse?

A: Unlike other types of arthritis such as rheumatoid arthritis or psoriatic arthritis, medications for osteoarthritis have not been shown to prevent the disease from worsening. However, non-steroidal anti-inflammatory medications (ibuprofen, naproxen, etc.), acetaminophen and joint injections clearly help to decrease pain and improve function. Exercise and weight control, not only improve symptoms but recent research also suggests that it may be "disease modifying" and slow further joint damage. Thus, the role of lifestyle changes and medications in improving quality of life should not be discounted.

Q: I was taking Vioxx and now am taking Celebrex. I am confused about the recent reports about heart attacks and strokes in patients taking these medications. What should I do?

A: There is no doubt that this is a confusing issue for both doctors and patients alike. As you know, Vioxx was voluntarily withdrawn from the market after a research study of patients taking Vioxx to prevent colon polyps showed a slight increase in the risk of heart attacks and strokes. Several prior studies of Vioxx also showed similar results. This caused concern that Celebrex and Bextra, the other drugs in the class known as Cox-2 Inhibitors, might have a similar problem. Since the Vioxx withdrawl there have been reports of 2 studies, one each with Celebrex and Bextra showing a slight increase in heart attacks and strokes. However there are many other studies, particularly with Celebrex, that do not show a problem. To add to the dilemma and confusion, there was also a report on naproxen (Naprosyn, Aleve), an older, very widely prescribed NSAID also showing an increase in cardiovascular risk.

So what to do? You need to discuss this issue with your doctor. As with all medications, you need to assess your need for the medication, alternatives and risks. This will vary for each individual patient. Unlike some of the comments made in the press suggesting that use of these medications is avoidable, many patients depend on these medications and if stopped, would suffer pain and greatly diminished quality of life. Often, patients only respond or tolerate certain NSAIDs. Patients with stomach problems may need COX-2 medications. Overall, the cardiovascular risk associated with the use of these medications, for the individual patient is low. A large FDA review and further research is ongoing to help us better understand the risk.

OSTEOPOROSIS *continued from page 1*

liver and gastrointestinal disorders, anti epilepsy drugs (AED), rheumatic and inflammatory conditions, and androgen deprivation therapy (ADT) used in treatment of prostate cancer. There are a variety of mechanisms at work. These various problems may affect the way we form or breakdown bone, the way we absorb and excrete calcium, the way we absorb and activate vitamin D and other nutrients, the available hormone levels, or any combination of these mechanisms. Usually more than one mechanism is involved.

Steroids are commonly used to treat inflammatory musculoskeletal, GI, lung, allergic and neurologic conditions. It's long been known that steroids (Prednisone, Medrol, glucocorticoids) have deleterious bone effects. Only recently has it been appreciated that low doses of daily steroids (prednisone 2.5mg.) for as little as three months can cause a measurable loss of bone

OSTEOPOROSIS *continued from page 6*

from the spine thus increasing the risk of fracture. It is now standard practice to use bone active osteoporosis drugs to prevent bone loss when steroid therapy is initiated.

Men with bone marrow or internal organ cancers face increased risk of osteoporosis from both the malignancy and the treatment. Men suffering with chronic inflammatory bowel disease (colitis) have an increased risk of osteoporosis from poor absorption of calcium and vitamin D as well as from treatment. AED drugs (Phenobarbital, valproic acid, phenytoin, carbamazepine) are increasingly being used, not just for treating seizure disorders, but for other neuropsychiatric disorders such as chronic pain management and migraine headaches. Use of AED causes loss of bone and increases hip fracture risk by 30%.

Prostate cancer is one of the most common cancers in men. Prostate cancer may spread to bone and is often associated with osteoporotic fractures even before therapy is initiated. Almost 10% of men diagnosed with prostate cancer have osteoporosis at the time of the cancer diagnosis. Androgen deprivation therapy (ADT) by surgical castration or chronic administration of gonadotropin-releasing hormone (GnRH) agonist (Lupron, Casadex) is the mainstay of treatment for metastatic prostate cancer and is a routine part of treatment in many men with nonmetastatic prostate cancer. ADT results in 80-95% reduction of hormone levels and inevitably leads to rapid loss of bone in a short time. Spine bone loss with ADT can be 3-10% per year of therapy with many therapies lasting years . Fracture risk may increase five fold with the consequence that almost 50% of men being treated for prostate cancer will experience an osteoporotic fracture. All men with prostate cancer should have early DXA testing followed by consideration of early treatment with bone active drugs.

While women have received most of the attention regarding osteoporosis the problem has quietly crept up on millions of men. Men aged 70 and older and those younger men with risk factors, including previous fracture and any of the conditions discussed above, should have DXA testing. Those with low bone mass and at risk for fracture should assure adequate dietary and supplemental calcium and vitamin D intake with consideration of use of bone active agents such a Alendronate (Fosamax), Risedronate (Actonel) or Teriparatide (Forteo). Many of these fractures are preventable with aggressive testing and management. Failure to do so is "risky business."

T H E F U N R H E U M

THE PLACE TO BE WHEN YOU HURT

By Evan L. Siegel, MD

Hidden Message Wordfind: Cross off all the words and see the association with the above phrase.

BACKACHE
GOUT
LUPUS
NEUROPATHY
OSTEOPOROSIS
PSORIASIS
RAYNAUDS
RHEUMATOID
SPONDYLITIS
TENDONITIS
VASCULITIS

N	E	U	R	O	P	A	T	H	Y	A	R	T	R	H
R	S	I	S	I	T	I	L	U	C	S	A	V	A	T
I	S	I	S	I	S	A	I	R	O	S	P	A	Y	N
D	R	H	T	B	A	C	K	A	C	H	E	E	N	U
M	A	T	D	I	O	T	A	M	U	E	H	R	A	S
T	T	I	S	M	L	A	S	S	O	C	I	A	U	T
E	U	E	S	X	O	Y	C	T	C	Q	D	P	D	E
O	L	O	N	I	X	O	D	Z	H	N	U	Q	S	L
A	G	Y	G	D	G	W	K	N	T	L	F	T	N	L
H	O	S	I	S	O	R	O	P	O	E	T	S	O	F
I	D	V	G	C	E	N	W	Y	R	P	M	D	B	X
H	M	B	D	C	R	R	I	B	L	O	S	J	Y	Z
N	H	G	Z	W	H	H	D	T	B	F	G	H	P	O
N	Y	O	F	E	L	E	Q	S	I	T	Q	B	C	O
K	G	B	H	P	D	P	O	J	Y	S	Q	C	E	S

— —

See page 4 for Answer to the Wordfind.

RHEUMORS

Rheumors Volume 14, Number 1
Winter, 2005
A NEWSLETTER FOR PATIENTS

A quarterly publication brought to you by Arthritis & Rheumatism Associates, P.C.

ARTHRITIS
AND
RHEUMATISM
ASSOCIATES, P.C.

NORMAN S. KOVAL, MD, FACP, FACR
HERBERT S.B. BARAF, MD, FACP, FACR
ROBERT L. ROSENBERG, MD, FACR
EVAN L. SIEGEL, MD, FACR
EMMA DiIORIO, MD, FACR
ALAN K. MATSUMOTO, MD, FACR
DAVID G. BORENSTEIN, MD, FACP, FACR
JOHN L. LAWSON, MD, FACR
WERNER F. BARTH, MD, MACP, MACR
JOSEPH D. CROFT, JR., MD, FACP, MACR
ROBERT J. LLOYD, MD, FACR
DAVID P. WOLFE, MD, FACR
WWW.washingtonarthritis.com

BOARD CERTIFIED RHEUMATOLOGISTS

Specializing in Arthritis, Back, Neck & Joint Pain and Osteoporosis

2730 University Boulevard West
Suite 310
Wheaton, Maryland 20902
301.942.7600

14955 Shady Grove Road
Suite 230
Rockville, Maryland 20850
301.251.5910

7350 Van Dusen Road
Suite 110
Laurel, Maryland 20707
301.942.7600

5530 Wisconsin Avenue
Suite 1130
Chevy Chase, Maryland 20815
240.497.0230

2021 K Street, NW
Suite 300
Washington, DC 20006
202.293.1470

PRACTICE NOTES

Tsunami Relief: ARA staff and physicians have participated in the relief effort for the victims of the recent Tsunami. Staff members made contributions to The American Red Cross, Save the Children Foundation and The Habitat for Humanity and the corporation matched those gifts. We are hopeful that in some small way, our gifts will help even a few of those who have suffered so greatly as a result of this devastating disaster.

☞ Dr. David Borenstein recently wrote an editorial in Arthritis and Rheumatism about the appropriate use of opioids for pain. His comments were later quoted in the January 10th issue of US News and World Report.

☞ Congratulations to Dr. David Wolfe who passed his American Board of Internal Medicine Rheumatology Certification exam, and now joins the ranks of the other Board Certified Rheumatologists at Arthritis and Rheumatism Associates, P.C.

☞ Dr. Robert Lloyd received the AMA-CPT committee 2004 Gordon Burgess award for contributions related to new coding and procedures for intravenous drug infusions.

☞ Dr. Evan Siegel was one of the authors of an article recently published in Arthritis and Rheumatism describing the effectiveness of etanercept (Enbrel) in the treatment of Psoriatic Arthritis.

RHEUMORS

Arthritis & Rheumatism Associates
2730 University Blvd. West, #310
Wheaton, MD 20902
301-942-7600

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
ROCKVILLE, MD
PERMIT # 1632