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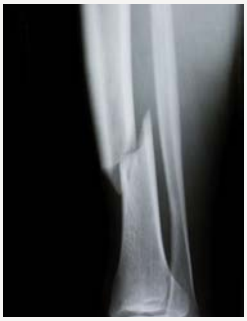
RHEUMORS

Practice Newsletter WINTER 2014

ICE AND SNOW ISSUE

OSTEOPOROSIS: How Can Fractures be Prevented?

BY EMMA DiIORIO,MD



Winter is upon us and along with holiday cheer comes the beautiful yet hazardous snow and ice. Osteoporosis (OP) is the most common type of bone disease characterized by a decrease in bone density, which can lead to fracture. Bone is living tissue. Existing bone is constantly being replaced by new bone. Osteoporosis occurs when the body fails to form enough new bone or when too much bone is reabsorbed by the body, or both. OP is silent until you fracture. Fractures are most likely to occur in the hip, spine and wrist. Because of osteoporosis about half of all women over the age of 50 will have a fracture of the hip, wrist, or vertebra during their lifetime. The lifetime risk of hip fracture is 17.5 percent for women and 6 percent for men. Approximately 90 percent of hip fractures in the elderly occur from a simple fall from the standing position. One in five hip fractures results in death within a year of injury and one in three adults who lived independently before their hip fracture remains in a nursing home for at least a year.

How can we prevent hip fractures? The best way to prevent hip fractures is to prevent falls. Patients can reduce their risk of falling by exercising regularly. It is important that the exercises focus on increasing leg strength and improving balance. Tai Chi programs have proven benefit as have consultation with a physical therapist. Have your doctor review your medications and consider stopping the ones that can cause dizziness or drowsiness. See your ophthalmologist at least once a year and consider getting a pair of eyeglasses with single vision distance lenses for some activities such as walking outside. Make homes safer by reducing tripping hazards, adding grab bars inside and outside the tub or shower and next to the toilet, adding railings on both sides of stairways, and improving the lighting in your home. Get adequate calcium and vitamin D from food and/or from supplements. Have a DEXA (bone density) test and consult with your rheumatologist if you need medication for osteoporosis.

There has been a lot of controversy this year about calcium. Recent studies have raised concern about an increased cardiovascular risk with the use of calcium supplements, but the findings are inconsistent and inconclusive. Two large prospective studies showed that the use of calcium was associated with an increased risk of cardiovascular events (CV) or death, but a large Canadian prospective study and the extended follow-up of the Women Health Initiative (WHI) trial showed no significant association between use of calcium supplements and CV events. In addition, neither the prospective Framingham Heart Study nor the WHI trial showed a relationship between the use of calcium supplements and the coronary calcium score. Adequate calcium is important for skeletal health at all ages. Inadequate calcium intake in adults is common especially in the elderly and is associated with increased bone loss and fracture. The recommended dose for women ages 9 to 50 years of age and men 19 to 70 years of age is 1000mg per day, women older than 50 and men older than 70 require 1200mg per day. Vitamin D helps with intestinal absorption of calcium. Vitamin D stores decline with age, especially in the winter. Controlled trials have demonstrated that vitamin D and calcium supplementation can reduce the risk of falls and fractures in the elderly. Although the optimal Vitamin D level to maintain skeletal health is not firmly established, levels 30 to 55 ng/mL, are supported by observational studies. In addition, Vitamin D may have several other putative benefits, including beneficial effects on the immune and cardiovascular systems.

Make sure your New Year's resolution includes exercise, getting enough calcium and vitamin D and eating a well-balanced diet.

The Excitement at the Center for Rheumatology and Bone Research

PAUL J DEMARCO MD, THERESA BASS GOLDMAN, MEGAN BISHOP & JENNIFER KALAPACA RN

Medical science is constantly working to improve and enhance the quality of our lives through clinical research, asking people like you to participate in the learning experience. Participants in a clinical trial help medical science make these improvements in all of our lives. The Center for Rheumatology and Bone Research (CRBR) has been actively supporting clinical trials for over 30 years, helping Medical Science evaluate the utility of new approaches to disease management and gaining new insights into a deeper understanding of rheumatic diseases. We have been in the forefront of introducing new medications for conditions such as psoriatic arthritis, lupus, rheumatoid arthritis, gout and osteoarthritis. We would like to share some of the new advances and insights we are expecting to introduce to the practice of Rheumatology and invite you to consider participating in a clinical trial.

Our readers who are receiving care for rheumatoid arthritis, psoriatic arthritis, lupus and other conditions have seen the remarkable changes in control of inflammatory diseases through medications rheumatologists call "biologic therapies." Biologic therapies have traditionally been given under the skin by injection or through a vein by infusion. Biologic therapies are administered to patients to alter the signals between cells that cause inflammation. During a recent television presentation on the local broadcast "HouseCalls," Arthritis and Rheumatism's own Dr. Evan Siegel referred to these signals as "invitations" to the inflammation "party". The medications are blocking the invitation from arriving at the mailbox and stopping the invitation of the inflammatory cells to the event. Biologic therapies have required extensive research to bring them to market, but are currently only in branded form. The next research project is to help other pharmaceutical companies demonstrate that generic forms of these same medications work as well as the initially developed biologic therapies. For this reason, the generic forms of these biologic therapies are called "biosimilars." We are actively testing some of these biosimilar molecules and are hopeful that this research will allow more patients to have access to this group of life-altering medications and experience relief from their afflictions.

What would you think if there were medications that worked like the biologic therapies, but could be taken in pill form? There is a new class of medications that we hope will have an effect on the "invitation to the inflammation party" like the biologics, but work on the inside of the cell and therefore, may be taken by mouth. This medication class works on an enzyme system called Janus Kinase, (also known as JaK); the medications are, therefore, called JAK inhibitors. The first JAK inhibitor was approved by the FDA this past year, and other pharmaceutical companies are looking to demonstrate that similar forms of these JAK inhibitor medications can also treat diseases like rheumatoid arthritis and psoriatic arthritis. CRBR has been active in the support of the first JAK inhibitor and is currently involved with several other clinical trials with JAK inhibitors.

CRBR is not only studying new medications, but is also focused on deepening our understanding of the diseases themselves. There is a great deal of interest in the relationship between the heart and musculoskeletal illness. In particular, rheumatoid arthritis and gout may have strong associations with the development of strokes, heart attacks and other cardiovascular diseases. We are currently supporting two trials assessing patients for the development or the worsening of heart disease. We are always looking for patients to support these types of trials.

We have also teamed up with the National Institute of Health and the Washington Hospital Center in a collaborative effort to understand which rheumatoid arthritis patients have received enough treatment to achieve remission. We are particularly proud of this program since Arthritis and Rheumatism's own Dr. Alan Matsumoto was one of the clinical trial's designers. In this trial, we hope to deepen our understanding of which people are most likely to remain symptom-free once a biologic therapy is discontinued.

CRBR is also learning new ways to obtain images of disease states. This current study is pioneering a new imaging tool, ultrasound, to evaluate the presence of growing fibrous tissue in the palm of the hand. This tissue is called a Dupuytren's contracture. The study enlists the assistance of patients who do not have the disease (called normal controls) as well as patients who have this fibrous cord or contracture. Through their treating physician, some patients with the Dupuytren's cord are electing to receive treatment with an FDA approved medication, collagenase clostridium histolyticum or Xiaflex, while ultrasound images are created of the hand. We hope to learn more about how this ultrasound imaging tool will help patients with this disease.

Some of the readers of this article have already participated in a clinical trial. If you are one of them, thank you for helping all of us live a better life! If you are interested in helping medical science enhance our lives, or want to know more about the above mentioned clinical trials, ask your treating physician at Arthritis and Rheumatism Associates if one of the clinical trials offered at The Center for Rheumatology and Bone Research is right for you. You can also visit Arthritis and Rheumatism Associate's website to learn more about our clinical trials department. We hope to meet you soon.

CHECK OUT OUR NEW FACEBOOK PAGE AND "LIKE US"

https://www.facebook.com/Arthritis.Rheumatism.Associates

Minimizing Dryness This Winter: Help for Sjögren's Patients

BY NICOLE SADDIC THOMAS

Sjögren's syndrome is an inflammatory condition causing dryness, particularly of the mouth and eyes. White blood cells (infection-fighting cells) in patients with Sjögren's syndrome mistakenly attack and damage the healthy gland tissue of the eyes and mouth that is responsible for producing moisture. Sjögren's syndrome can occur alone, called primary Sjögren's syndrome. When it occurs in association with other conditions such as rheumatoid arthritis or lupus, it is called secondary Sjögren's syndrome. Less commonly, other organs can be involved in Sjögren's syndrome including the skin, lungs, joints, nerves, and kidneys.

One of the main goals of treatment is to relieve discomfort while preventing long term damage from the effects of dryness. The dry winter air can be particularly challenging for patients with Sjögren's syndrome. The use of a humidifier in the bedroom at night is important to prevent excessive dryness once heating systems have been activated. Frequent sips of water throughout the day and chewing sugar free gum or sucking on sugar free candies to stimulate saliva production can help dry mouth. Saliva substitutes or mouth-coating gels are also effective treatment options. Pilocarpine (Salagen) or cevimeline (Evoxac) are prescription medications that can be added if necessary to help promote saliva production. Certain medications including antidepressants, beta blockers, diuretics, antihistamines, and over the counter sleep medications and cold remedies can worsen dry mouth and should be avoided if possible. A dry mouth can put patients at increased risk for cavities and development of oral thrush. Brushing and flossing regularly, avoiding sugar, and frequent dental checkups can help protect patients' teeth.

Dry eyes can be treated with artificial tears. If artificial tears are required more than four times per day, patients should consider using preservative free eye drops. Lubricating eye ointments at night are also effective. Should these measures not provide adequate relief, a prescription medication called cyclosporine (Restasis) may be considered. Some patients may require a surgery, called punctual occlusion, which prevents tears from draining out of the eyes to the nose, thus lengthening the amount of time tears remain in the eye. If not treated, dry eyes can lead to damage of the outer layer of the eye called the cornea. Regular follow-up with an eye doctor is recommended to ensure that no corneal damage is occurring.

Dry nose, throat, and upper airway can also occur and may lead to sinus dryness, dry cough, and hoarseness. Saline nasal sprays and humidifiers can help.

Traditional soaps such as Ivory, Dial, or Irish Spring can damage the natural skin moisture barrier causing dry and itchy skin. Synthetic detergent (syndet) cleansers such as Dove, Olay, or Cetaphil are preferred. Patients should apply moisturizers every day immediately after bathing and gently drying the skin. Humectants such as glycerin, lactic acid, and urea can promote hydration of the skin. Occlusives such as petrolatum (Vaseline, Aquaphor) can reduce water loss from the skin. Greasier and thicker products such as Eucerin tend to be more effective. Limiting the length of time in the shower, using warm rather than hot water, and avoidance of excessive scrubbing is also beneficial.

In summary, the winter environment can be difficult for patients with Sjogren's Syndrome , but understanding the exacerbating factors and underlying illness can lead to prevention of significant discomfort. For more information please visit the Educational Links section of our website or the Sjogren's Syndrome website at www.sjogrens.org

In October, new data was presented at the American College of Rheumatology Annual Meeting regarding the usefulness of ultrasound to aid in diagnosis of Sjögren's syndrome. The salivary glands of patients with Sjögren's syndrome can have distinct findings on ultrasound. Arthritis and Rheumatism Associates' Dr. Paul DeMarco has begun using this technology to aid in evaluating patients.

RHEUMINATIONS:

Winter Precautions for Immunosuppressed Patients

ANGUS B. WORTHING MD

"Sniff, sniff." It's that time of the year again. Soon the flu virus will spread through our area.

If you've been to a doctor's office recently, you were probably reminded to have a flu shot. This article will highlight the reasons for flu vaccine and other strategies to stay healthy this winter.

Many of our patients have suppressed immune systems due to arthritis medications, autoimmune diseases, older age, or other reasons. This means that they are at higher risk of having a "worse" case of flu or other infection. On average, about 6000 people in the US die from flu every year. What can be done to minimize the risks?

Tips to Stay Well This Winter:

- Get the flu vaccine
- Wash hands frequently
- Cover your cough and ask your family and friends to do so
- Encourage your family and co-workers to get the flu vaccine
- Be wary of "live vaccines" (such as flu mist or the shingles shot) which should be avoided if you take a "biologic" injection/ infusion for arthritis

Since the "swine flu" pandemic in 2009, the US Centers for Disease Control has recommended that everyone older than 6 months of age get flu vaccine, unless there is a reason not to get it. This is based on evidence that the vaccine reduces the chance of infection or severity of symptoms. In one study, people who were vaccinated had nearly 20% lower chance of being hospitalized for an illness during the next 6 months. In another study, expectant mothers who received flu vaccine had up to 25% lower chance of losing the pregnancy. Since no vaccine is 100% effective, it is important for people at higher risk to wash hands and ask family and friends to be vaccinated.

Debunking Flu Vaccine Myths:

- Flu shots do not cause flu
- Flu shots do not cause autism
- If you get the flu, you don't need the vaccine (you could get sick from a different strain)

Not all wintertime infections are from flu viruses. For general purposes, here are some tips for people who take medications that lower immunity, such as "biologics" (injections or infusions) or pills like methotrexate, Cellcept, azathioprine, prednisone or Xeljanz. First, healthy habits such as obtaining adequate sleep, exercise, and nutrition, and avoiding smoking and excessive alcohol may help prevent getting sick. Talk to your rheumatologist about other vaccines to prevent infection, but be aware that "live" vaccines (eg, shingles vaccine) should be avoided in people who take biologics. If you do get sick, call your doctor for prompt care, so that serious infections can be evaluated early. In most cases, upper respiratory "colds" and other minor infections can be caused by viruses which are self-limiting and do not improve with antibiotics. If you get an infection that causes fever or requires antibiotics, consult with your rheumatologist about interrupting therapy until you get better.

Winter Safety Tips

BY TERESA ICHNIOWSKI, PT

For people with Osteoporosis, the bottom line is avoiding a fracture. During the winter months this can be more of a challenge, especially in the DC Metro area, where water on a sidewalk or parking lot can turn to ice in the blink of an eye, and we have days warm enough to melt and nights cold enough to freeze. So what's a person to do?

First, plan ahead! Check out your old winter boots. Are the soles worn out? There should be some tread there to help grip on ice. If there is snow and ice on the ground, ladies, please don't wear fashion boots with heels! When we are normally walking, the heel does strike the ground first.

So, when walking on snow or ice, avoid a hard heel strike. Rather put your whole foot down and take smaller steps. As a PT, I don't normally want people looking down as they walk, but, if there is ice or snow, keep a sharp eye out! Is that patch of what looks like water really water, or ice? Is there a way to walk around it?

For people who use assistive devices – canes, quad canes, and crutches – you should be checking the tips on a regular basis. Have the ridges that provide some traction and stability been worn down? Most replacements can be found at the well-known local pharmacies.

Lastly, if you don't have to go out when it is icy, please don't. The paper, trash, decorations, etc., can all wait till the weather has changed and the ice has melted. Using good common sense can save you a broken bone!

WELLNESS CLASSES:

Wheaton

MASSAGE THERAPY
Tuesdays 12pm - 4:30pm
January 28, February 11, March 11, March 25, April 8, April 22

YOGA CLASS
Mondays 6pm (5 part series)
February 3, 10, 17, 24, and March 3

Mondays 6pm (5 part series)
March 24, 31, and April 7, 14, 21

OSTEOPOROSIS CLASS
Thursdays 6pm (5 part series)
April 3, 10, 17, 24, and May 1

BACK SCHOOL CLASS
Thursdays 6pm (2 part series)
March 6 and 13

Rockville

MASSAGE THERAPY
Wednesdays 10am - 4pm
January 15, February 26, March 19, April 16

YOGA CLASS
Thursdays 6pm (5 part series)
January 9, 16, 23, 30 and February 6

Mondays 5pm (5 part series)
February 17, 24, and March 3, 10, 17

OSTEOPOROSIS CLASS
Thursdays 6pm (5 part series)
February 13, 20, 27, and March 6, 13

FIBROMYALGIA CLASS
Wednesdays 6pm (3 part series)
February 12, 19, 26

Wednesdays 6pm (3 part series)
May 7, 14, 21

Wednesdays 6pm (3 part series)
October 8, 15, 22

BACK SCHOOL CLASS
Tuesdays 5pm (2 part series)
February 4 and 18

Chevy Chase

MASSAGE THERAPY
Wednesdays 10am - 4pm
January 22, February 12, March 12

PILATES CLASS
Mondays 12pm (4 part series)
February 3, 10, 17, 24

Mondays 12pm (4 part series)
March 3, 10, 17, 24

OSTEOPOROSIS CLASS
Thursdays 6pm (5 part series)
July 3, 10, 17, 24, 31

BACK SCHOOL CLASS
5:30pm (2 part series)
Tuesday March 4
and Thursday March 6

Washington D.C.

MASSAGE THERAPY
Wednesdays 10am - 4pm
January 8, February 5, March 5

PILATES CLASS
Thursdays 5:30pm (4 part series)
January 9, 16, 23, 30

Thursdays 5:30pm (4 part series)
February 6, 13, 20, 27

Thursdays 5:30pm (4 part series)
March 6, 13, 20, 27

OSTEOPOROSIS CLASS
Thursdays 6pm (5 part series)
May 15, 22, 29, and June 5, 12

Nutritional Services for the New Year

Marietta Amatangelo, MS, RDN, LDN, is a Nutritionist and Lifestyle Wellness Coach that will be offering discounted rates to ARA clients as part of the ARA Wellness Program. She will be seeing clients in her offices in Gaithersburg (927-B Russell Avenue) and in Bethesda (4400 East-West Highway, Suite 28). Initial Consultations are $119 (discounted from $179) and follow-up consultations are $95/session. ARA physicians and staff are committed to overall health and wellness for each patient and therefore encourage patients to take advantage of these services. Please feel free to visit Marietta's website at www.2Nourish.com, or call her offices at (877)428-0555.

RHEUMORS

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

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Arthritis & Rheumatism Associates, P.C.

EDITORS:
Margaret Dieckhoner, Practice Administrator
Evan Siegel, MD, FACR

DESIGNER:
Brenda Brouillette RN, BS -
Business Development Specialist

Saving Your Back: An Interview with Dr. Borenstein

BY JOHN KELLY WITH WASHINGTON POST

David Borenstein knows what to expect over the coming days. In fact, the phone calls have already started coming in to the Washington rheumatologist: Ouch. I did something to my back.

Dr. Borenstein wrote the book on back pain (one of them, anyway; it's called "Back in Control"), and with snow storms means he can expect to be inundated by patients whose zeal to remove the snow from their sidewalks and driveways is not matched by their bodies' ability to do so.

Said Dr. Borenstein: "One of my patients just asked, 'You followed your own advice, didn't you?' I said 'Sure, I did.' "

That advice? Lift with your legs. Lift with your arms. But for Pete's sake, whatever you do, don't lift with your back.

The back, it turns out, is a wimp.

"The muscles in the back are among our weakest," Dr. Borenstein said. "Our muscles in the front are really much more powerful."

Just think, the spine expert said, of the chicken: big tasty muscles in the front; stringy, pathetic muscles along the back. We're not so different from that chicken, you and I.

For some reason, snow brings out the lumberjack in some of us, the stevedore, the fireman madly shoveling coal into the roaring furnace of a steam locomotive. No man is a soft-palmed, desk-bound knowledge worker when there's snow to be cleared.

And so, while it is more prudent to take dainty scoops of snow and toss them gingerly in a pile in front of us -- or, better yet, to push the snow -- we like to clear it dramatically, with full shovels and a back-shredding maneuver that Dr. Borenstein has dubbed the "twist and shout."

"If you do the twist and shout, flinging the snow over your shoulder and getting it over that pile instead of facing the pile, it puts all the energy across the spine," he said.

This can unleash a nasty chain of events. "If perchance there's a little worn-out spot in one of the discs, usually in the lower back, you generate all this compressive force," said Dr. Borenstein. With enough force or a weak enough disc, the gel inside the disc, known as the nucleus pulposus ("the jelly inside the donut," Dr. Borenstein analogized helpfully) can squeeze out.

If enough comes out, it can push on the outer covering of the disc or leak out from

the disc completely, compressing or irritating the nerve and causing pain in the leg.

"Being a human being, every once in a while I did my little twist when I was shoveling," Dr. Borenstein confessed. "I didn't use perfect technique. Luckily, it didn't hurt, but I knew when I had done that. I told myself: 'You got away with that one. Don't do that. Do it the way you're supposed to do it.' "

Perhaps Dr. Borenstein has a boat moored somewhere warm with "Twist & Shout" painted gaily on its stern.

He insisted he does not.

"I wish people would do it right to begin with," Dr. Borenstein said. "I have more than enough to do. I don't need all these weekend warriors who've been going about it the wrong way."