

Center fights osteoporosis with bone scans

Jason Hidalgo
(JHIDALGO@RGJ.COM)
RENO GAZETTE-JOURNAL
May 30, 2006

This year, millions of older Americans will be getting a break of the unwanted kind. JoAnn Enewold hopes she doesn't end up as one of them.

Enewold, 64, said she has reached the age when one needs to think seriously about the dreaded bone-thinning -- and at times bone-breaking -- condition known as osteoporosis. To see just how her bones are holding up, the Sparks resident dropped by the University of Nevada School of Medicine's new Center for Bone Health.

The center is banking on proactive people like Enewold along with an approach that combines different medical disciplines to help curb several problems seen in the field of bone health, said Dr. Keith Brown, the center's medical director. Each year, 1.5 million older people in the United States suffer fractures from weakened bones, according to the 2004 Surgeon General's Report on Bone Health and Osteoporosis. The price for treating broken bones from osteoporosis is high -- it costs the country \$18 billion annually. Barring a change in Americans' lifestyles, half of this country's citizens age 50 and older will have weak bones by 2020.

For Enewold, such prospects are a definite cause for concern. Even as the proud native Nevadan touted her family's luck for being blessed with good genes, Enewold isn't leaving anything to chance when it comes to her bones.

"I don't want to get osteoporosis because I know it's a crippling disease," Enewold said. "And I don't want to get a humpback."

Bone up on bone health

To address bone health, boosting the number of people who get tested is a key first step. Currently, only 10 percent of people who should be getting bone studies are getting them, Brown said. Part of the problem is a lack of urgency or awareness among the public. Ironically, physicians play a role in the low testing numbers, as well.



JoAnn Enewold lies still as a technician prepares to perform a scan at the Bone Center at the University of Nevada, Reno School of Medicine.

(MARILYN NEWTON/RENO GAZETTE JOURNAL)

"Many physicians fail to order bone studies for their patients," Brown said. "It might be a matter of the physician being too busy worrying about things like high blood pressure and cholesterol that they forget about bone density, so heightened awareness among physicians is paramount."

One way to increase awareness is to get to prospective physicians while they're still in school. Part of the rationale for the new bone center is to beef up the university's medical curriculum on bone health and increase educational opportunities for medical students and residents on the subject, Brown said.

The center also has a multi-disciplinary team of doctors including specialists in endocrinology, rheumatology, internal medicine and gynecology. Brown, who ran a bone center in Tennessee before coming to teach as an assistant professor at the school's internal medicine department, cites his background as a gynecologist as an example of the benefits of a multi-disciplinary approach.

"What does gynecology have to do with bone disease?" Brown asked. "Well, the fact is 80 percent of osteoporosis occurs in women and 100 percent of a gynecologist's patients are women."

Rheumatology and endocrinology also deal with medial conditions that result in bone loss, Brown said, so it's important to get different specialists on the same page.

Ignorance isn't bliss

Lying on a scanning bed that looks straight out of "Star Trek," Enewold patiently waits for the machine - - a GE Lunar iDXA bone density system -- to do its thing. The machine, which just came out earlier this year, is one of the highlights of the bone center. In addition to being able to accommodate patients weighing up to 400 pounds, the machine can perform a variety of tests without requiring the patient to change position. It is one of only 12 machines in the country and the only one of its kind in Nevada.

The scanning is over in five minutes, much shorter than the time it took for Enewold to prepare her paperwork. Enewold will find out about her results in a few days.

"It's a very easy procedure," said Jennifer Holcombe, the center's director of clinical operations. "Just come in wearing comfy clothes and all you have to do is lay there and be still."

Given how easy it is to get screened, people with risk factors for osteoporosis should get tested. The alternative -- having osteoporosis that's not detected and letting the condition worsen -- is not only dangerous but potentially deadly. Menopausal women who break a hip have a 20 percent chance of dying within a year due to complications such as blood clots and a 37 percent chance of dying within two years, Brown said.

Those who survive have a 50 percent chance of being incapacitated in some way and a 20 to 25 percent chance of ending up at a nursing home. Men aren't exempt -- those who suffer a hip fracture have a 31 percent chance of dying within a year.

The good news is that there are several alternatives available to treat people with osteoporosis. But those treatments won't matter if a person isn't diagnosed.

"What people don't know is that the risk for osteoporotic fractures in women is greater than the risk for both uterine and ovarian cancer combined," Brown said. "In men, the risk for osteoporotic fractures is greater than the risk for prostate cancer. There was a point in time when there wasn't much we can do about osteoporosis. But it's the 21st century, and we certainly have the capacity to do something about it now."