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MEN BEWARE

Brittle bones can kill you, too

Men are just as likely to get osteoporosis as they are to get prostate cancer. About 13 percent suffer from either condition after age 50. But unlike the situation with the usually slow-progressing prostate cancer, one out of three men who suffer a hip fracture as a result of fragile bones will die within the year, warns Dr. Keith Brown, medical director of the Nevada School of Medicine's Center for Bone Health.

Although women are four times more likely to develop osteoporosis than men, symptoms of the disease are the same for both sexes: chronic pain, loss of height, humpback, loss of mobility. Death is usually the result of complications from fractures such as blood clots and infection.

The good news is that osteoporosis is preventable and treatable. Patients simply need to have their bone density checked to determine



if they have the disease.

Men often don't get their bones scanned when they should because most think osteoporosis is a woman's disease, says Brown, an associate professor in the Department of Internal Medicine at

the School of Medicine.

Brown recommends a baseline bone-density scan — a five-minute, noninvasive procedure — for all men over 70 and for all men over 50 who have suffered any kind of fracture. The Center for Bone Health has the world's most advanced bone densitometry machine and was the first in the state to acquire the device.

Men who have slight builds (Body Mass Index below 21) or who have been on certain

medications — such as steroids or cancer treatment drugs — have increased risk for low bone density. Other risk factors include having had a fracture as an adult, having a close relative who has osteoporosis and low testosterone levels.

To ward off osteoporosis, Brown says, both men and women need to make sure they are getting enough calcium in their diets and are engaging in regular weight-bearing exercise. They should also avoid alcohol and tobacco, he says.

Medicare and most insurance companies pay for bone-density screening for men over 70 and women over 65, as well as those at risk for osteoporosis. To order the test, a doctor's referral is necessary.

For more information about bone health, consult your physician or call the Center for Bone Health on the Reno campus at (775) 784-3522.

Melanie Robbins is an associate editor of *Nevada Silver & Blue*.

When little throats are burping acid

Pain and vomiting in infants and children may be a sign of acid reflux, also known as gastroesophageal reflux or GERD. It's what happens when stomach acid backs up into the esophagus, causing painful erosion of delicate tissue.

Fortunately, new research shows that acid-blocking drugs known as proton pump inhibitors are safe and effective in the treatment of acid reflux in children.

Dr. David Gremse, professor and chair of pediatrics at the University of Nevada School of Medicine, was one of the principal investigators in a recent pediatric clinical trial of a proton pump inhibitor called pantoprazole. The results were published in the April 2006

issue of the *Journal of Pediatric Gastroenterology & Nutrition*.

Before fighting acid reflux with drugs, however, Gremse advises that the child try these simple lifestyle changes:

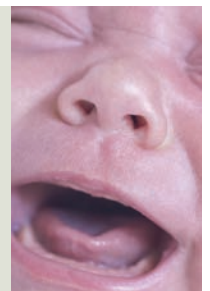
- Eat smaller meals.
- Avoid carbonated drinks, chocolate, caffeine, fatty foods, or spicy foods.
- Avoid eating two hours before bedtime.
- Elevate the head of the bed.

Because pain and vomiting are common in children, it's important to know whether the child has acid reflux or something else. Sour burps, abdominal pain radiating to the chest, painful swallowing, a sensation of food sticking when swallowing, chronic

cough or hoarseness — they're all symptoms of acid reflux. Vomiting blood or green or yellow bile, and significant weight loss — those are signs of another medical condition.

Gremse is currently involved in two pediatric clinical trials of new treatment protocols for children with acid reflux.

For more information on the disease, call the School of Medicine's Kids Healthcare Clinic of the Department of Pediatrics in Las Vegas at (702) 992-6868.



Prescription disaster: the perils of mixed meds

If you're over 65, you're probably taking multiple medications. If so, try this: Empty the contents of your medicine cabinet into a bag and bring it to your doctor.

Dr. Owen Peck, emeritus executive associate dean of the University of Nevada School of Medicine, and other physicians recommend doing that once a year so your physician can check for possible harmful interactions. And not just between prescription drugs. Vitamins and herbal supplements can create problems, too.

Some 80 percent of Nevada seniors (people 65 and older) are at risk for potentially adverse reactions because they are taking multiple, unmonitored medications and supplements that should not be taken together, according to a study by the University's Sanford Center for Aging.

Seniors in the Medication Management Pilot Project were found to be taking an average of 11 prescription medications in addition to over-the-counter drugs, vitamins and herbal supplements. Some 16 percent were taking the same drug twice.

Peck recalls the case of a patient who was hospitalized for toxic psychosis — “He went crazy” — because the five different doctors he was seeing, including an ophthalmologist and urologist, had prescribed five medicines from the same family. None of the doctors' offices had taken a complete history of the patient or knew what the others had prescribed. Fortunately, when the man stopped taking the medicines, he recovered.

The Sanford Center offers medication reviews for people over age 65. Call (775) 784-4774. Short of that, Peck says, talk with your pharmacist or doctor about possible interactions between drugs or between drugs and vitamins or herbal supplements. Tell them if you're experiencing unexpected symptoms.

One simple way to avoid most drug interaction problems is to have all your prescriptions filled at the same store. Most drug store chains nowadays have computerized records to keep track of what their customers are taking.

GEAR UP FOR DISASTER

If an earthquake, fire or flood displaced your family tomorrow, would everyone know their Social Security number?

If not, they're not fully prepared for a disaster, says Elizabeth Amos, associate professor in the Orvis School of Nursing and a member of the board of directors of the American Red Cross, northern Nevada chapter.

Amos says information is a vital, but often overlooked, part of any disaster-preparedness plan. During the Katrina hurricane disaster, for instance, many people were slowed in receiving assistance because they could not remember their Social Security numbers.

The nursing professor also strongly recommends that people stock an easy-to-carry emergency supplies kit and keep it where they can grab it during a hasty exit from the house (See checklist). Replace the food, water and batteries at least once a year, and keep information updated, she says.

Amos also recommends that at least one person in every household know CPR. Classes are offered through hospitals, emergency responders, the American Heart Association and the Red Cross.

What to include in your emergency kit

- ✔ A list of phone numbers and important contacts
- ✔ ID badges for each family member including Social Security, driver's license and passport numbers
- ✔ Bank account numbers
- ✔ First aid and emergency reference booklet
- ✔ A cell phone programmed with important contact numbers, with the Global Positioning System locator turned on
- ✔ An extra set of house and car keys
- ✔ Copies of the most important papers, such as birth certificates and deeds
- ✔ Medications for 10 days and prescription numbers
- ✔ Water purification tablets or a small bottle of bleach (one tablespoon per gallon of water to disinfect)
- ✔ Salt tablets (for electrolyte balance)
- ✔ Dehydrated food (not canned, which is too heavy) and energy bars
- ✔ Water in a hard plastic or polycarbonate bottle
- ✔ Flashlight
- ✔ Battery-operated radio
- ✔ Batteries

