

Altoona Arthritis & Osteoporosis Center

Altoona Center for Clinical Research

March Newsletter

Dr. Kivitz Joins Panel as Expert Rheumatologist in New York City



Dr. Alan Kivitz, founder and president of the Altoona Arthritis & Osteoporosis Center and the Altoona Center for Clinical Research traveled to New York City to join a panel discussing the importance of personalized therapy and shared decision making in patients with knee osteoarthritis. Dr. Kivitz was the expert rheumatologist on this panel and was joined by Dr. David Jevsevar, Associate Professor of Orthopedics and Department Chair of Orthopedics at Geisel School of Medicine at Dartmouth College, and by Dr. Andrew Spitzer, Professor of Orthopedic

Surgery and Co-Director of the Joint Replacement Program at Cedars-Sinai Medical Center.

Shared Decision Making (SDM) was the main focus of this recorded panel discussion that took place on February 7, 2020 in New York City. SDM is the collaboration between patients and their health care provider that is based on available evidence from medical tests, any adverse events and treatment options available as well as patient values, capabilities and preferences in their treatment. By patients and their health care providers working together in selecting an appropriate therapy for the OA treatment there is a greater potential of seeing improvement in patient outcomes.

Drs. Kivitz and Spitzer presented three different cases in which the individuals being treated worked with their health care providers to choose the best treatment option available that also lined up in being beneficial based on test results and the patients unique situation. As the expert rheumatologist on the panel, Dr. Kivitz, was able to first-hand discuss the benefits in utilizing medical testing, especial imaging tests such as X-Ray and MRI, in finding a best treatment option for patients with knee OA that also works best for the patients' capabilities and preferences.

As a practicing physician, Dr. Kivitz has more than 38 years of experience treating patients with arthritis and rheumatic disorders. He received his medical degree from Albany Medical College in Albany, New York. He completed training in internal medicine at the North Shore University Hospital in Manhasset, New York, and Memorial Sloan Kettering Cancer Center in New York City. Dr. Kivitz then completed his fellowship training in rheumatology at Albany Medical College. He is board certified in internal medicine as well as the subspecialty of rheumatology.

Dr. Kivitz has authored and co-authored more than 500 research articles, abstracts, and studies on subjects covering osteoarthritis, osteoporosis, rheumatoid arthritis, and pain management. In addition, his studies have been published in several prestigious medical journals including *The New England Journal of Medicine*, *Pain Medicine*, *Journal of the American Medical Association*, *Arthritis & Rheumatology*, and *Journal of Clinical Rheumatology*. Dr. Kivitz has served as a consultant on numerous osteoarthritis and rheumatoid arthritis clinical trials.

Dr. Kivitz is an active member of the Pennsylvania Medical Society and the American Medical Association. He holds certifications in Human Subjects Protection and HIPAA Research Training and is classified as a Certified Principal Investigator by the Association of Clinical Research Professionals. His research work has focused on the development of newer strategies for treating patients with arthritis and rheumatic disorders. He has served as Principal Investigator or Sub-investigator in more than 1000 clinical trials.

Rheumatoid Arthritis and Your Kidneys

What you need to know about the increased risk of potentially serious kidney disease when living with rheumatoid arthritis

Evidence suggests an elevated risk of kidney disease is a serious health consequence of rheumatoid arthritis (RA). Kidney disease also raises your odds of developing heart disease. Since people with RA already have double the average risk for cardiovascular disease, that can spell serious trouble.

Kidneys Diseases and RA

Some people with RA have a one in four chance of developing kidney disease compared with a one in five chance for people who don't have it. However, the type of kidney disease is not always clear because most patients with RA and chronic kidney disease do not get a kidney biopsy. Among patients who did get biopsies, a variety of renal diseases have been found, including a protein deposit that causes kidney failure, a buildup of immune substances within the kidney and other diseases that affect the tiny filters in the kidneys.

Science Behind the RA–Kidney Link

Experts believe that RA might increase the risk for kidney problems in two main ways.

Inflammation - Doctors believe it's the overall inflammatory burden of the disease that contributes to kidney dysfunction. Just like you have increased heart disease risk because of how the inflammation affects your blood vessels, the same is true for the tiny blood vessels in your kidneys. The more severe your disease, the higher your risk of poor kidney function.

Medications - Most of the medications taken for RA are not directly toxic to the kidneys. But some can cause problems if you already have reduced kidney function.

- **NSAIDs.** Regular doses of over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen, usually don't pose a problem for relatively healthy people. However, all NSAIDs reduce blood flow to the kidneys. This could be dangerous for those with reduced kidney function, which includes many older patients.
- **Corticosteroids.** Corticosteroids such as prednisone cause fluid retention, which can raise blood pressure. Over time, this can aggravate kidney disease.
- **Methotrexate.** This drug is eliminated through the kidneys. If your kidneys aren't working as well as they should be, it can build up in your bloodstream, potentially causing an overdose.
- **Cyclosporine.** A powerful immunosuppressant, cyclosporine may decrease kidney function. About "half of patients develop mild kidney problems while on cyclosporine and may need to adjust their dosage or discontinue the medication," according to the American College of Rheumatology. Kidney function usually improves after the drug is stopped.

Symptoms of Kidney Disease

Often, people don't have symptoms of kidney disease until the disease is advanced. Some symptoms, such as fatigue and appetite loss, mimic those of RA. Always tell your doctor about any new or worsening symptoms. Symptoms of advanced kidney disease include:

Decreased appetite, Fatigue, Itchy or darkened skin, Muscle cramps (especially at night), Puffiness around the eyes, Shortness of breath, Swollen feet and ankles, Trouble concentrating, Trouble sleeping, Urinating more often (continued)

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Determining Kidney Disease Risk

There are no formal guidelines for how often RA patients should get tested for kidney disease. Still, doctors may begin to test more often now that the risk of kidney disease is better understood. Simple blood and urine tests can determine how well your kidneys are working. African Americans are also about 3.5 times more likely to develop kidney disease than Caucasians, according to the Centers for Disease Control and Prevention.

You are more likely to develop kidney disease if you have:

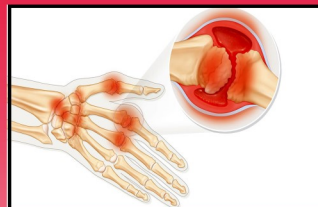
Diabetes, Family history of kidney disease, Heart disease, High blood pressure, High cholesterol

Safeguard Your Kidneys

You can protect your kidneys in several ways:

- Make sure your RA is well controlled. The better inflammation is controlled, the more protected your kidneys should be.
- Talk to your doctor about all your medications. If you have existing kidney problems, your doctor may recommend lower doses of certain medications. NSAIDS are not generally advised for people with existing kidney problems.
- Get tested regularly. It's important to know whether your kidney function is close to normal. The frequency of blood and urine tests will depend on which medications you take and other health conditions you have. Talk to your doctor.
- Control your blood pressure and cholesterol. People with high blood pressure and high cholesterol are more likely to develop kidney disease.
- Drink plenty of fluids. Hydration is really important to good kidney function, and many people don't drink enough water.
- Watch your salt intake. Eating too much salt may contribute to high blood pressure, which threatens the kidneys.—Arthritis.org

Do you or someone you know have Rheumatoid Arthritis?



We are seeking volunteers for a clinical trial to test the safety and efficacy of an investigational medicine in patients with active Rheumatoid Arthritis.

Participants must:

- Be 18 years or older
- Have a Body Mass Index of less than 40
- NOT have another inflammatory joint disease

Qualified participants will receive at no charge:

- Investigational study medication or placebo
- Study-related testing and care from a study doctor

No Health Insurance or Referrals Needed
Qualified participants may be reimbursed for travel expenses up to \$95 per visit

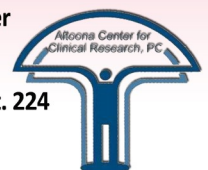
Altoona Arthritis & Osteoporosis Center
Altoona Center for Clinical Research


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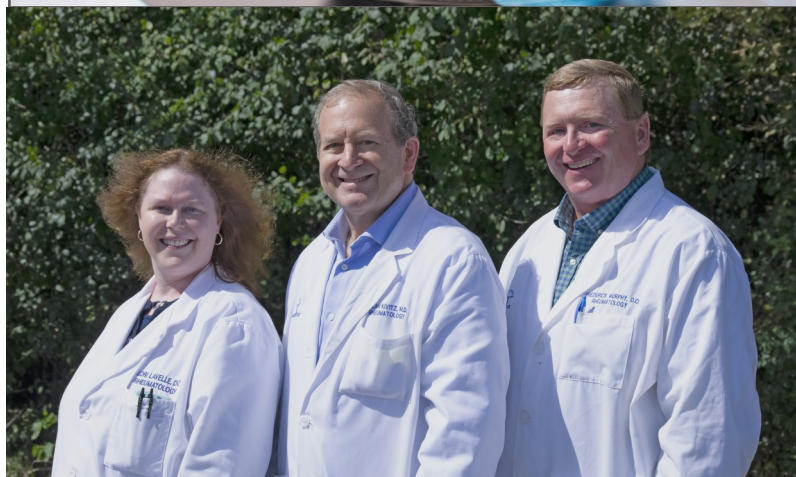
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Doctor's Day is March 30th



National Doctors' Day (March 30) is an annual observance aimed at appreciating physicians who help save our lives everywhere. The holiday first started in 1933 in Winder, Georgia, and since then it's been honored every year on March 30, which was the first anniversary of a doctor using ether anesthesia by Dr. Crawford W. Long. On March 30th we continue to celebrate medical advances like these and thank all doctors everywhere who've spent so much time and energy mastering their field of expertise.

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Our office would like to give a special thanks to our own Dr. Kivitz, Dr. Murphy and Dr. Lavelle, who work tirelessly to help "make strides in arthritis care" and help our patients. We can not thank them enough for their dedication and for all that they do!



Do you or someone you know have Psoriasis? And Joint Pain? You may have Psoriatic Arthritis!

We are currently seeking volunteers for a clinical research trial studying the safety and efficacy of an investigational medication in individuals who are between the ages of 18 and 75 and have been diagnosed with

Psoriatic Arthritis

Qualified participants will receive at no cost:

- Study medication or placebo
- Study-related health tests
- Study-related care from a board certified physician

No health insurance or referrals required
Qualified participants may be reimbursed up to \$52 for each completed study visit



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Slow Cooker Corned Beef and Cabbage



Ingredients

- 2 1/2 lbs corned beef brisket
- 1 medium onion sliced
- 6 red potatoes peeled and halved
- 2 cups baby carrots
- 1 beef bouillon cube
- 1 garlic clove minced
- 1 tablespoon Worcestershire sauce
- 1 teaspoon dry mustard
- The spice packet that comes with the corned beef brisket optional
- 1 small cabbage cut into wedges
- 1 teaspoon caraway seed
- 2 cups beef broth

INSTRUCTIONS

1. Trim brisket of all visible fat
2. Spray a large slow cooker with nonstick spray
3. Place onion, potatoes and carrots in bottom of the slow cooker and place corned beef on top.
4. Whisk together bouillon, garlic, Worcestershire sauce, dry mustard, and beef broth.
5. Pour the liquid over brisket
6. Sprinkle the included spice packet over the corned beef (optional). Cover pot.
7. Cook on low setting for 8 to 10 hours, or on high for 4 to 5 hours, adding cabbage wedges and caraway seed for the last hour of cooking
8. To serve, discard cooking fluid, slice meat and serve with mustard if desired.
9. Enjoy!

Do you or someone you know have Gout?

We are seeking volunteers for a clinical research trial that is studying the efficacy and safety of Methotrexate in combination with Krystexxa to increase response rates in individuals with uncontrolled gout

You may qualify for this study if:

- You are at least 18 years of age
- Have tophi or gouty arthritis or have had more than 2 flares in one year

Qualified participants will receive at no cost:

- Study medication and study-related health tests
- Care from a board certified physician

No health insurance or referrals required

Qualified participants may be reimbursed for time and travel expenses

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National Sleep Awareness Week

March 8 - March 14

Restless Legs Syndrome (RLS)

This content was created by the National Sleep Foundation

Approximately one in ten adult Americans suffer from Restless Legs Syndrome (RLS), also known as Willis-Ekbom Disease. This sleep-related movement disorder is known best for its overwhelming and often unpleasant urges to move the legs while at rest.

The National Sleep Foundation offers a number of resources to help patients who are currently suffering from or think that they may have RLS. Explore the sections below for more information:

Restless Legs Syndrome (RLS), also known as Willis-Ekbom Disease, is a neurologic sensorimotor disorder that is characterized by an overwhelming urge to move the legs when they are at rest. The urge to move the legs is usually, but not always, accompanied by unpleasant sensations.

It is less common but possible to have RLS symptoms in the arms, face, torso, and genital region. RLS symptoms occur during inactivity and they are temporarily relieved by movement or pressure. Symptoms of RLS are most severe in the evening and nighttime hours and can profoundly disrupt a patient's sleep and daily life.

Insomnia

This content was created by the National Sleep Foundation

Insomnia is a common sleep problem for adults. The National Institutes of Health estimates that roughly 30 percent of the general population complains of sleep disruption, and approximately 10 percent have associated symptoms of daytime functional impairment consistent with the diagnosis of insomnia.

In a 2005 National Sleep Foundation (NSF) Poll, more than half of people reported at least one symptom of insomnia (difficulty falling asleep, waking up a lot during the night, waking up too early and not being able to get back to sleep, or waking up feeling un-refreshed) at least a few nights per week within the past year. Thirty-three percent said they had at least one of these symptoms every night or almost every night in the past year. The two most common symptoms, experienced at least a few nights a week in the past year, included waking up feeling unrefreshed and waking up a lot during the night. A 2002 NSF Poll found that 63 percent of women (versus 54 percent of men) experienced symptoms of insomnia at least a few nights per week.

Other polls have found interesting trends associated with insomnia. For example, 68 percent of adults ages 18 to 29 report experiencing symptoms of insomnia, compared with 59 percent of adults ages 30 to 64, and only 44 percent of people over the age of 65. Not surprisingly, parents report more insomnia symptoms than adults without children in the household (66 vs. 54 percent).

Meadowbrook Sleep Center

175 Meadowbrook Lane
Duncansville, PA 16635



The Meadowbrook Sleep Center is an affiliate of the Altoona Arthritis & Osteoporosis Center, originating from our insight that many of our patients with rheumatic illnesses do not sleep well.

Unlike most sleep centers that focus on respiratory problems associated with sleep apnea, we focus on insomnia, restless leg syndrome, pain-related sleep problems, and chronic fatigue.

Meadowbrook Sleep Center is the single place for you to receive your evaluation and treatment today.

During a sleep study, you will sleep overnight in one of our comfortable bedrooms. Our professional staff will place a number of painless electrodes on your body to monitor your brain waves, eye and limb movements, heart rate, breathing and snoring. We will also monitor the level of oxygen in your blood as well as the actual movements of your chest and abdomen during your sleep. Every effort is made to make you as comfortable as possible.

Once a diagnosis is made, our staff physicians will discuss with you the various treatment options available. We will work closely with you (the patient), your family, and the referring physicians throughout this process.

Have you been diagnosed with Lupus?

**Altoona Center for Clinical Research
is recruiting volunteers**

You may be eligible to participate in this clinical study if you:

- Are 18 to 60 years of age
- Have been diagnosed with Lupus (SLE)

Qualified participants will receive at no charge:

- Study medication or placebo
- Study-related procedures from a local doctor



Reimbursement for study-related time and travel may be available

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Employee Highlight



Sue, Medical Laboratory Technician (ASCP)

Sue has been an employee of the Altoona Arthritis & Osteoporosis Center and the Altoona Center for Clinical Research for the past 35 years. Sue's main role in the lab is as the Laboratory Manager. In addition to managing the lab, she also assists in drawing blood and processing the samples. This helps the doctors diagnose rheumatic conditions and to develop the proper treatment plan for each individual patient depending on the results of the tests and their unique circumstances. As she stated, our team of doctors are professional, knowledgeable, motivated, compassionate and caring.

After 35 years Sue has felt that AAOC has become a second home to her. The positive work environment is one of the main reasons she has stayed. She stated that everyone she works with is dedicated to the care of the patients. This is something that means the most to Sue as she has developed many relationships and gotten to know many of the patients.

AAOC was founded in 1982 and the original office was on Howard Avenue in Altoona. When Sue started in 1985 the lab was only a three instrument lab. She watched the lab grow in size to where it is today and she is proud to say that last year they were awarded the Laboratory Excellence Award. This award is granted each year by COLA, Inc. and is presented to a lab that it deems has met the standards of "outstanding performance in quality patient testing and overall exemplary application of the principles of laboratory practices".

Sue's dedication to the practice and to the patients comes through in her time here. She has spent the last 35 years assisting our medical staff in helping to diagnosis and treat patients through the handling of laboratory testing to help narrow down on what a patients' condition could be. She has enjoyed her time here and as she said, "you wouldn't spend 35 years somewhere unless you like where you are and what you do", and this could not be more true.

Knee Pain Due to Osteoarthritis?

We are recruiting volunteers to participate in a clinical trial studying the safety and potential effectiveness of investigational injection for rebuilding cartilage and improving pain in knees with osteoarthritis. Compensation for time & travel may be provided.

Eligible participants will receive at no cost:

Study-Related Medical Care, Medication & Testing

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