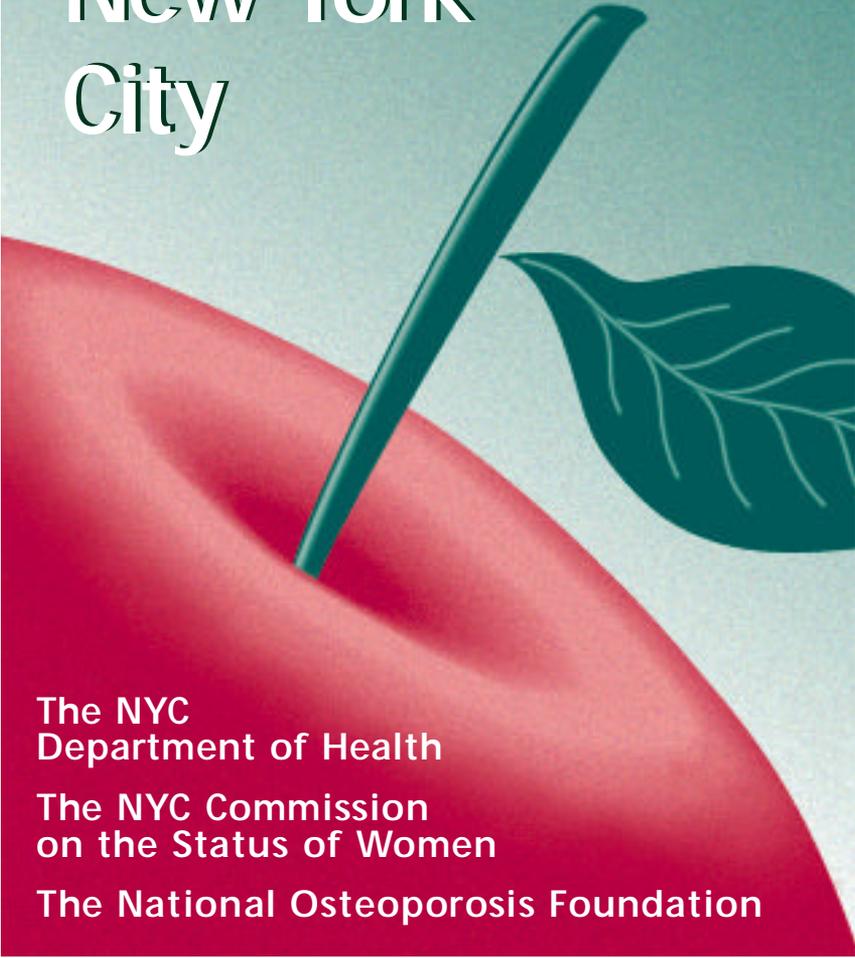


A Resource Guide to Osteoporosis Services in New York City

A stylized illustration of a red flower, possibly a gerbera, with a green stem and a single green leaf. The flower is positioned in the lower right quadrant of the page, partially overlapping the text area. The background is a light teal color with a dark green border.

The NYC
Department of Health

The NYC Commission
on the Status of Women

The National Osteoporosis Foundation



Dear New Yorker:

Osteoporosis, or brittle bone disease, affects 25 million Americans annually. The disease causes bones to become thin and break, resulting in a broken hip, curved spine, back pain, or loss of height. Women in mid-life and the elderly are most at risk for osteoporosis.

The pain, loss of mobility, and diminished quality of life for victims of this disease is considerable. It is estimated that \$10 billion medical dollars are spent on osteoporotic fractures every year. As the population ages, the cost to society will increase dramatically.

The City of New York has a strong commitment to the health and well-being of all of its citizens. Generations of women have maintained families, labored and built the many industries which are the basis of New York's economy. Our elderly inhabitants are an integral part of the history and the social fabric of this city.

This resource guide, published as a joint project by the NYC Department of Health, the Commission on the Status of Women, and the National Osteoporosis Foundation, is the first of its kind. We hope that in providing New Yorkers with a comprehensive listing of the osteoporosis services available to them, we can help to address the effects of this disease.

Sincerely yours,

Rudolph W. Giuliani
Mayor

Donna Hanover Giuliani
First Lady

Margaret A. Hamburg, MD
Department of Health, Commissioner

Amalia V. Betanzos
Commission on the
Status of Women, Chair

TABLE OF CONTENTS

A Letter from the National Osteoporosis Foundation . . .	<i>ii</i>
OSTEOPOROSIS: WHAT EVERYONE SHOULD KNOW . . .	1
What is Osteoporosis?	1
Am I At Risk?	2
Prevention — Build Strong Bones	3
Calcium	3
Vitamin D	4
Exercise	4
Detection — Is There Bone Loss?	5
Symptoms	5
Testing — Bone Mass Measurement	5
Treatment — Stop Loss and Strengthen Bone . . .	6
Living With Osteoporosis	7
NEW YORK CITY RESOURCES	8
New York City Hospitals and Affiliates	8
Manhattan	8
Brooklyn	11
Bronx	11
Queens	12
Staten Island	12
New York City — Government Resources	13
New York City — Private Organizations	13
New York State — Government Resources	15
National Organizations	15
ADDITIONAL INFORMATION	16
Medical Causes of Bone Loss	16
Calcium-Rich Foods	18



*NATIONAL
OSTEOPOROSIS
FOUNDATION*

Dear New Yorker,

Osteoporosis has been called the “silent disease” because many people do not know that they have osteoporosis until a bone breaks or fractures. These fractures can be debilitating and often result in pain, reduced mobility, and a loss of quality of life.

Today in the United States it is estimated that seven to eight million individuals already have osteoporosis. Another 17 million are presently at risk for the disease. As the baby-boom generation ages, the number of persons 65 years or older is expected to increase to 30% of the population. By the year 2020, nearly one third of our population may be at risk for this disease.

The citizens of New York City are extremely privileged to have such a large number of osteoporosis-related resources in their community. This guide provides a comprehensive listing of those services readily available to New Yorkers, as well as valuable information about the prevention, detection, and treatment of this disease.

Osteoporosis does not have to become a public health burden. It can be prevented. I believe that this unique initiative by the City of New York will have lasting and significant impact on the education and health of its citizens.

Sincerely,

Robert Lindsay, MD PhD
President, National Osteoporosis Foundation

Osteoporosis: What Everyone Should Know

WHAT IS OSTEOPOROSIS?

Osteoporosis is a disease which causes bones, usually those in the hip, spine, or wrist to become thin and break. It can also cause back pain, stooped shoulders, and a rapid loss of height.

Osteoporosis does not occur only in older women. It can happen to people of any age, sex, or ethnic group.

Almost all of the body's calcium is stored in the skeleton. Bones act as a **calcium bank**, with daily deposits and withdrawals based on the body's need for calcium.

In the disease of osteoporosis, more calcium is taken out of the bones than is put in.

This creates thin and weak bones, which can break easily during normal daily activities.

Osteoporosis has been called the "silent disease" because many do not even know that they have thin bones until a bone breaks.

In the United States alone, osteoporosis is responsible for 1.5 million broken bones a year.



Advanced osteoporosis (at left).

AM I AT RISK?

Many people believe that men, young people, African-Americans and Hispanics do not get osteoporosis. This is not true.

While older people, menopausal women, and thin whites and Asians tend to get osteoporosis more often, this does not mean that others are not at risk.

Osteoporosis can be inherited (a family history of broken bones) or result from poor nutrition, inactivity, illness or the long-term use of certain medications.

Therefore it is important to look at *your own, personal risk* for osteoporosis.

OSTEOPOROSIS RISK FACTORS

Are you:

- menopausal or post-menopausal (a permanent loss of monthly periods)
- older (both men and women over age 65)
- a young female with amenorrhea (a temporary loss of monthly periods)

Do you have:

- a family history of osteoporosis (a broken hip, rapid height loss, or stooped back)
- a personal history of broken bones during adulthood
- a small body-frame
- too little dietary calcium from poor nutrition or lactose intolerance (milk allergy)
- certain diseases and medications (see pages 16 and 17)
- a long-term or excessive use of cigarettes, caffeine, or alcohol

PREVENTION — BUILD STRONG BONES

Bones grow during youth, and usually reach their full size by the early 20s.

Research has shown that people with larger and heavier bones are less likely to get osteoporosis.

You should build bones when young and continue healthy habits over a lifetime. A calcium-rich diet and weight-bearing exercise

are key to building and keeping strong bones.



Calcium requirements should be met every

day. This can most easily be done by drinking 1% or non-fat milk or eating low-fat or non-fat dairy

products. (Calcium-rich foods are listed on page 18.) If you are allergic to milk, consider taking a calcium supplement made from calcium carbonate or calcium citrate.

RECOMMENDED CALCIUM INTAKES

Age	Mg/Day
Birth–6 months	210
6 months–1 yr	270
1–3 yrs	500
4–8 yrs	800
9–13 yrs	1300
14–18 yrs	1300
19–30 yrs	1000
31–50 yrs	1000
51–70 yrs	1200
70 or older	1200
Pregnant or lactating	1000

National Academy of Sciences

Vitamin D

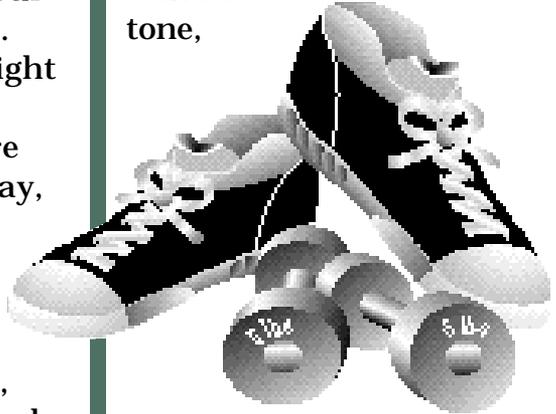
Vitamin D is also necessary to prevent bone loss. It helps your body absorb calcium. Your body uses sunlight to make vitamin D. Since most people are indoors during the day, it is important to get vitamin D in your food or in tablets.

Some calcium tablets, most multivitamins and milk contain vitamin D. The recommended daily dose for vitamin D is 400 IU.

Exercise

Weight-bearing exercise (lifting weights, climbing stairs, jogging, fast walking) is very effective in reducing the risk for osteoporosis. Exercise gives you the strength and balance to prevent falls, and the increased muscle mass to cushion bones.

Regular exercise at any time in your life is good for your heart, muscle tone,



flexibility and coordination. Even people who are older or have a disability can benefit from supervised exercise.

In young people, the effects of exercise on bones may be even greater, actually building stronger bones.



DETECTION — IS THERE BONE LOSS?

Symptoms

Everyone has some bone loss with aging, but not everybody will develop osteoporosis. At midlife, the risk to women for osteoporosis becomes greater because women lose the bone-protecting effects of estrogen.

People with osteoporosis may show no symptoms until a bone breaks. Therefore, it is important to:

(1) **find out your risk for osteoporosis** long before you get the disease, and

(2) if you are at risk, **get your bone density tested.**



Testing — Bone Mass Measurement

Testing is safe and simple. The most widely used method is **Dual X-ray Absorptiometry (DXA)**.

DXA measures the density, or thickness, of your bones. It is a fast, painless scan. Nothing is injected or swallowed. It is also very low in radiation (equal to the background radiation you receive flying in an airplane).

Other methods can be used to measure bone loss. They are X-rays; Quantitative Computer Tomography of the spine (QCT) or forearm (pQCT); absorptiometry of the forearm or middle finger (SXA, pDXA); and Ultrasound of the heel or shinbone. Your doctor can help you choose the test which is right for you.

If you are found to have low bone density, you can consult with your doctor or an approved program for treatment.

Your doctor may choose to follow your response to treatment with a follow-up bone density scan in 12 to 24 months.

You should have any repeat scans performed on the same machine, at the same center, as your first bone density scan. By comparing scans from the same machine, your doctor can find out how fast you are losing bone.

It is also a good idea to have your bone density test sent to your regular doctor to keep with your medical records, much like you would a mammogram.

TREATMENT — STOP LOSS AND STRENGTHEN BONE

Calcium, vitamin D, and weight-bearing exercise help to prevent osteoporosis.

However, once the disease has been diagnosed, they alone are often not enough to treat or stop bone loss.



Hormone Replacement Therapy (HRT), or Estrogen Replacement Therapy (ERT), is currently the most widely used method for the prevention and treatment of osteoporosis in post-menopausal women.

Estrogen, available as both a tablet and a skin patch, not only protects bone, it may also lower the risk for heart disease. The benefits and the risks of estrogen must be carefully weighed by patient and

doctor, understanding both a personal and a family history of osteoporosis, cancer, and heart disease. Risks from estrogen are greatly reduced when estrogen is taken in combination with **progesterone**.

Raloxifene, approved for the prevention of osteoporosis, is from a new class of drugs called SERMS (Selective Estrogen Receptor Modulators). SERMs have estrogen-like effects in some parts of the body but not in others. Like estrogens, raloxifene benefits bone and reduces total and LDL

cholesterol, which may benefit the



heart. Unlike estrogens, it does not stimulate uterine or breast tissue, and may reduce the risk of breast cancer.

Esterified estrogen is an estrogen replacement therapy derived from a plant source. It was approved for use in osteoporosis in both low and high doses.

For patients who can not take hormones, other medications are available. **Alendronate** (a bisphosphonate) works directly on the bone to reduce bone loss and increase bone density in post-menopausal women. It is available as a 5 mg tablet for osteoporosis prevention and as a 10 mg tablet for osteoporosis treatment. **Calcitonin**, available as both an injection or a nasal spray, reduces the risk of spinal fractures and may reduce hip fracture as well.

LIVING WITH OSTEOPOROSIS

Your quality of life depends on your bone health.

Once you have been diagnosed with osteoporosis, it is important to see your doctor for regular follow-ups. It is just as important to continue to eat right, take your vitamin and mineral tablets and stay active.

Most private insurance, HMOs, Medicare and Medicaid cover part of the cost for a bone density test and a doctor's visit. The amount covered varies from plan to plan.

The organizations listed on the following pages can give you more information about osteoporosis, testing, and treatment.



National
Osteoporosis
Foundation

New York Regional Office

The New York Regional Office of the National Osteoporosis Foundation (NOF) serves as a local source of osteoporosis awareness, community programming, and patient education in the tri-state area.

To find out more about local programming, support groups, volunteer opportunities, and events, contact NOF's New York Office (listed in this guide).

Or see NOF's website at **<http://www.nof.org>** for more osteoporosis information.

New York City Resources

NEW YORK CITY — HOSPITALS AND AFFILIATES

M A N H A T T A N

Osteoporosis Centers
*(Complete programs
with bone density
testing)*

**New York Presbyterian
Medical Center**

Metabolic Bone
Program/Toni Stabile
Center

180 Fort Washington
Avenue and 16 East
60th Street at Center
For Women's Health

New York, NY 10032
**(212) 305-BONE or
(212) 305-2663**

**The Hospital For
Special Surgery**

Osteoporosis Prevention
Center & Metabolic
Bone Diseases
Program

535 East 70th Street,
New York, NY 10021
(212) 606-1588

**Mount Sinai Medical
Center**

Osteoporosis & Metabolic
Bone Diseases
Program

5 East 98th Street,
5th Floor, Box 1521,
New York, NY 10029
(212) 241-8258

**St. Luke's-Roosevelt
Hospital Center**

Metabolic Bone Disease
Unit

425 West 59th Street at
Roosevelt, Suite 9C
New York, NY 10019
**(212) 523-BONE or
(212) 523-2663**

***Bone Density Testing
Only***

**Beth Israel Medical
Center**

Ambulatory Radiology at
New York Healthcare
55 East 34th Street,
New York, NY 10016
(212) 252-6004

NYU Medical Center
Bone Density Unit
530 First Avenue,
Suite 5E,
New York, NY 10016
(212) 263-6363

St. Vincent's Hospital
Diagnostic Radiology
Associates
36 Seventh Avenue,
Suite 522,
New York, NY 10011
(212) 242-7307

*Women's Health
Centers*

**New York Presbyterian
Medical Center**
Center For Women's
Health
16 East 60th Street,
New York, NY 10022
(212) 326-8540

**Mount Sinai Medical
Center**
Women's Health Program
at Kravis Women's &
Children's Center
5 East 98th Street,
5th Floor,

New York, NY 10029
(212) 241-8818

**New York Hospital -
Cornell Medical Center**
Center For Women's
Healthcare
1315 York Avenue,
New York, NY 10021
(212) 746-1890

Nutrition Centers

**New York Hospital -
Cornell Medical Center**
Calcium & Nutrition
Information Center
515 East 71st Street,
S-202,
New York, NY 10021
(212) 746-1617

**St. Luke's-Roosevelt
Hospital Center**
Center For Research In
Clinical Nutrition
Clinical Pharmacology
Department
1111 Amsterdam
Avenue,
New York, NY 10025
1-800-4-WOMEN-8
(212) 523-4171

***Exercise & Physical
Therapy Programs***
(With hospital affiliation)

**The 92nd Street YMHA
(Mount Sinai)**

- Skeletal Fitness Program
1395 Lexington Avenue,
New York, NY 10128
(212) 415-5709

**ArthoFitness & Sports
Rehabilitation (Hospital
For Joint Diseases)**

- 614 Second Avenue at
34th Street,
New York, NY 10016
(212) 696-2622

**The Hospital For
Special Surgery**

- 535 East 70th Street,
New York, NY 10021
- OsteoFitness Class
(212) 606-1057
 - Osteoporosis Physical
Therapy
(212) 606-1588
 - Women's Sports Center
(212) 606-1345

**Mount Sinai Medical
Center**

- Physical Therapy &
Health Promotion
Program (at Asphalt
Green)
1750 York Avenue at
91st Street, 4th Floor
New York, NY 10128
(212) 987-3160
- Sports Therapy Center
625 Madison Avenue
(between 58th - 59th
Streets), 2nd Floor
New York, NY 10022
(212) 891-2160

B R O O K L Y N

Osteoporosis Centers
*(Complete programs
with bone density
testing)*

**Long Island College
Hospital**

- Osteoporosis Center
340 Henry Street,
Brooklyn, NY 11201
(718) 780-2836

Maimonides Hospital
Osteoporosis Detection &
Treatment Center
908 48th Street
Brooklyn, NY 11219
(718) 283-7080

**New York Methodist
Hospital**
Women's Diagnostic
Center
506 Sixth Street
Brooklyn, NY 11215
(718) 780-5246

**SUNY Health Science
Center**
Osteoporosis Diagnostic
Center, Box 123
450 Clarkson Avenue,
Brooklyn, NY 11203
(718) 270-1579

*Bone Density Testing
Only*

**Brooklyn Hospital
Center**
Nuclear Medicine
Department/
Osteoporosis Lab
121 DeKalb Avenue,

Brooklyn, NY 11201
(718) 250-8225

*Women's Health
Center*

**Brookdale Hospital
Medical Center**
Women's Center for
Menopause &
Osteoporosis
1335 Linden Boulevard,
Brooklyn, NY 11212
(718) 240-6036

B R O N X

*Osteoporosis Center
(Complete program with
bone density testing)*

*Women's Health
Center*

**Montefiore Medical
Center**
Institute For Women's
Health
1695 Eastchester
Avenue,
Bronx, NY 10461
(718) 430-6783

Q U E E N S

Osteoporosis Center
*(Complete program with
bone density testing)*

**New York Hospital
Medical Center of
Queens**

Osteoporosis Center
182-19 Horace Harding
Expressway,
Fresh Meadows, NY
11354
(718) 670-2671

S T A T E N
I S L A N D

Osteoporosis Center
*(Complete programs
with bone density
testing)*

**Staten Island
University Hospital**
Osteoporosis Detection &
Treatment Program
440 Seaview Avenue,
Staten Island, NY 10305
(718) 226-8215

***Women's Health
Center***

**Staten Island
University Hospital**
Center For Women's
Health
440 Seaview Avenue,
Staten Island, NY 10305
(212) 226-6550

**NEW YORK CITY —
GOVERNMENT
RESOURCES**

***Social Services,
Referrals &
Information***

**NYC Department for
the Aging**
**Medicare and Medicaid
Health Insurance
Information
Assistance Program
(HIICAP):**
(212) 333-5511
General Information:
(212) 442-1000

NYC Department of Health

Women's Healthline
(Multilingual Service)

Clinics & Information:
(212) 230-1111

NYC Human Resources Administration (HRA)

Medical Assistance
Program & Homecare
Services Program
(Medicaid Eligible Only)

HRA Info Line:
(718) 291-1900

**NEW YORK CITY —
PRIVATE
ORGANIZATIONS**

*Social Services,
Referrals &
Information*

**AARP - American
Association of Retired
Persons (New York
State Office)**

919 Third Avenue,
New York, NY 10022
(212) 758-1411

**JASA - Jewish
Association for
Services for the Aged**
132 West 31st Street,
15th floor
New York, NY 10023
(212) 273-5272

**Karpas Health
Information Center**
*Women's Health Issues
Lecture Series*
Beth Israel Medical
Center
311 First Avenue,
New York, NY 10003
(212) 420-4247

**National Osteoporosis
Foundation**

New York Regional Office
15 East 26th Street,
Suite 1101
New York, NY 10010
(212) 689-0222

**OWL - Older Women's
League**

Greater New York
Chapter
1242 Ansonia Station,
New York, NY 10023-
1242
(212) 496-1409

**RAICES - Spanish
Speaking Council For
the Elderly**
30 Third Avenue,
Brooklyn, NY 11217
(718) 643-0232

*Legal Assistance &
Referrals*

**Association of the Bar
of the City of New York**
Community Outreach
Programs - Elder Law
Project
(212) 382-6629

**Cardozo Bet Pzedek
Legal Services**
(212) 790-0240

**Legal Services for the
Elderly**
(212) 391-0120

Libraries

**Center For Medical
Consumers**
237 Thompson Street,
New York, NY 10012
(212) 674-7105

**New York Academy Of
Medicine**
1216 Fifth Avenue at
103rd Street,
New York, NY 10029
(212) 876-8200

**NEW YORK STATE —
GOVERNMENT
RESOURCES**

Senior Citizen Hotline
NYS Department of the
Aging
2 Empire State Plaza
Albany, NY 12223-1251
1-800-342-9871

NATIONAL ORGANIZATIONS

**Calcium Information
Center**
1-800-321-2681

**HADASSAH - Women's
Zionist Organization of
America**

National Health
Education Department
50 West 58th Street,
New York, NY 10019
(212) 303-8139

National Dairy Council
10255 West Higgins
Road,
Rosemont, IL 60018
(847) 803-2000

NIA Information Center
National Institute on
Aging
c/o National Institutes of
Health (NIH)
POB 8057, Gaithersburg,
MD 20898-8057
1-800-222-2225

**NOF - National
Osteoporosis
Foundation**

1150 17th Street, NW,
Suite 500
Washington, DC 20036-
4603

**1-800-223-9994
(202) 223-2226
<http://www.nof.org>**

**National Osteoporosis
Foundation Action Line
Directory For Bone
Density Testing**
1-800-464-6700

**Osteoporosis & Related
Bone Diseases National
Resource Center**
1-800-624-BONE
<http://www.osteoporosis.org>

Additional Information

MEDICAL CAUSES OF BONE LOSS

In addition to the risk factors listed on page 2, certain diseases, medications and treatments are known to cause osteoporosis. If you have had or are currently being treated for any of these diseases, you may be at risk for bone loss and should talk to your doctor about osteoporosis. The following information is listed alphabetically, with both common and medical names for easy reference.

DISEASES

linked to bone loss

or treated with steroid therapies causing bone loss

Adrenal Disease, Alcoholism, Allergies (severe), Amenorrhea (athletic & anorectic), Anorexia Nervosa, Asthma, Bowel Disease, Bulimia Nervosa, Bursitis, Cancers, Cirrhosis (primary biliary), Crohn's Disease, Cushing's Syndrome, Dermatitis (severe), Diabetes Mellitus Type I, Eating Disorders, Endocrine Disorders, Glandular Disorders, Hemiplegia, Hepatitis (chronic), Hypercortisolism, Hyperparathyroidism, Hyperprolactinemia, Hyperthyroidism, Hypogonadism, Inflammations (eye & skin), Kidney Disease, Leukemia, Liver Disease, Lung Disease, Lupus Erythematosus, Lymphoma, Malabsorption, Malignancy, Multiple Sclerosis, Myeloma, Obstructive Pulmonary Disease, Osteomalacia, Ovarian Disfunction, Paget's Disease, Parathyroid Disorder, Pituitary Disease, Psoriasis, Renal Failure, Rheumatoid Arthritis, Rickets, Testicular Disease, Thyroid Disease, Ulcerative Colitis

MEDICATIONS **linked to bone loss**

Aluminum Antacids, Barbiturate Anticonvulsants,
Cholestyramine, Cortisone, Cyclosporine A,
Glucocorticoid Steroids, Heparin, Hydrocortisone,
Loop Diuretics, Methotrexate, Phenytoin, Prednisone,
Thyroxine

TREATMENTS **linked to bone loss**

Chemotherapy (cancers)
Dialysis (kidney failure)
Gastrectomy (surgical removal of part of the stomach)
Hysterectomy, Oophorectomy, Ovariectomy
(surgical removal of female sex organs)
Organ Transplants (heart and kidney)

CALCIUM-RICH FOODS

	Amount	Calcium (in mg)
Milk/Dairy		
Yogurt, plain lowfat	1 cup	415
Yogurt, flavored lowfat	1 cup	345
Milk, nonfat dry	1/4 cup	377
Milk, skim	1 cup or 8 oz.	302
Milk, 1% or 2%	1 cup	300
Milk, whole	1 cup	291
Buttermilk	1 cup	285
Cheese swiss	1 oz.	272
Cheese, skim mozzarella	1 oz.	207
Cheese, parmesan	1/4 cup	204
Cheese, cheddar	1 oz.	204
Frozen Yogurt, softserve	1/2 cup	103
Ice cream	1/2 cup	88
Cottage cheese, lowfat (1%)	1/2 cup	69
Cottage cheese, creamed	1/2 cup	63
Fruits/Vegetables		
Orange juice, calcium fortified	1 cup or 8 oz.	300
Collard greens	1/2 cup	168
Turnip greens	1/2 cup	134
Kale	1/2 cup	103
Spinach	1/2 cup	84
Broccoli	1/2 cup	68
Swiss Chard	1/2 cup	64
Protein		
Sardines, canned w/bones	3 oz.	372
Salmon, canned w/bones	3 oz.	165
Tofu, made w/calcium sulfate	4 oz.	145
Nuts (almonds, hazelnuts)	1/2 cup	66
Beans (lima, navy, kidney)	1/2 cup	48
Grains		
Cereal, calcium fortified with 1/2 cup of skim milk	1 oz.	350
Farina, enriched	1 cup	189
Tortilla, corn	1 medium	60

Information provided by the Calcium Information Center

Credits

Authors: Martha Paszek

Carmelo A. Formica, PhD

Editor: Ann Sternberg, NYC Department of Health

Graphic Design/Illustration: Gavin Smith

Medical Advisory Committee

Uriel Barzel, MD - Montefiore Medical Center

**John P. Bilezikian, MD - New York Presbyterian
Medical Center**

**Richard S. Bockman, MD PhD - Hospital for
Special Surgery**

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