

## HEALTH FAQ

### T-Score worsens amid treatment

DEAR DR. ROACH: I am an 80-year-old Asian woman. Each day, I walk 4 miles and do 30 minutes of stretching, as well as 1 hour of cardio, strength or balance exercises by following videos provided by my health insurance. Also, my brother and sister who are in their 60s and 70s have weak bones and muscles. It seems to run in my family.

In 2000, with a T-score of -1.9, I was diagnosed with osteopenia and commenced three episodes of treatment. For the first treatment, I took Fosamax in 2001, then started Actonel in 2002 for a total of six years. My T-score was -1.7. Three years later, my T-score was back to -1.9, so in 2009, for the second treatment, I restarted Actonel but switched to Boniva in February 2010 for a total of four years. My T-score was -1.4.



**Dr. Keith Roach**  
Contributing columnist

Then, after four more years, my T-score was -2.2. For my third treatment, I restarted Boniva and took it from 2018-2025. My T-score is now -1.4. My primary care doctor has me on a “pill vacation” for one year, and I’m awaiting further treatment until a bone density test at the end of 2025. But I fear that without treatment, my aging bones are only getting

worse.

I try to eat right, stay active, and have started doing yoga pose videos that claim to strengthen my bones. Will they? Which shots or other treatments might help me avoid further deterioration of my bones? — R.M.H.

ANSWER: Osteoporosis is a condition of bones that predisposes someone to getting a fracture. Anyone can get osteoporosis, but white and Asian women are at the highest risk.

Treatment of osteoporosis includes lifestyle adjustments such as quitting smoking, reducing alcohol intake (if appropriate), and regular exercise. Both muscle-building and weight-bearing exercise are important. Yoga and stretching probably do have some additional benefit on top of your stamina-building (“cardio”) and strength exercises. Even though the evidence isn’t very strong, most people with osteoporosis are treated with calcium and vitamin D.

I use the FRAX score to decide whether medication therapy is indicated for a patient. In men and women who are at a high risk of fracture, medicines in the bisphosphonate class — such as alendronate (Fosamax), risedronate (Actonel) and ibandronate (Boniva) — are the most commonly used first-line treatments.

Bisphosphonates last for a long time in the body’s tissues. We don’t want to use them for too long since they suppress the normal amount of bone breakdown that is key to maintaining healthy bone. Treatment for too long can lead to atypical femur fractures. A “drug holiday” is a common strategy, and given how long you have taken various bisphosphonates, I wouldn’t worry too much about the year off.

You have had less of a response than most of my patients have had to bisphosphonates, and many experts would change the class of drugs if you remain at a high risk via your FRAX score. Should you need further treatment, a different type of medicine like teriparatide (Forteo) or romosozumab (Evenity) might be considered. At this point, you should be seeing an expert such as an endocrinologist who specializes in the treatment of osteoporosis.

Finally, although celiac disease has been thought to be less common in Asians, it often leads to poor absorption and osteoporosis, so it’s worth considering a test. Symptoms of celiac disease can be very subtle.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to [ToYourGoodHealth@med.cornell.edu](mailto:ToYourGoodHealth@med.cornell.edu).

## SPECIAL REPORT: LOCAL HEALTH CARE



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New technology gives patients the full attention of their doctor, making for a much more meaningful office visit.

### AI to enhance patient experience

#### UNC Health Southeastern providers embrace tech

**Amanda L. Crabtree**  
For The Robesonian

LUMBERTON — For decades, the traditional interaction between a doctor and patient in the office setting has required the provider to take notes or look away from the patient to enter information into a computer to document relevant aspects of the medical interaction.

With new technology, patients will now have the full attention of their doctor, making for a much more meaningful office visit. These providers will likely also be happier with their chosen profession because of advances that have enabled them to provide more personal care, manage their time more efficiently and achieve a proper work-life balance.

UNC Health Southeastern has joined an initiative through UNC Health to use Artificial Intelligence, or AI, to interact with patients in a new and more engaging way. Using an App on their phone and with consent of the patient, providers can now record an interaction with a patient, while AI securely drafts the relevant clinical portions of the conversation directly into the medical record. Digitally and accurately capturing information that is important for the treatment and diagnosis as part of more comprehensive clinical notes.

According to UNC Health Southeastern Chief Medical Officer Joseph Roberts, MD, the program is unique to UNC Health Southeastern in our region.

“The AI tool sits quietly on the counter, almost like it’s not even there,” said Orthopedic Surgeon and Sports Medicine Specialist James Slauterbeck, MD, of UNC Health Orthopedics at Southeastern Health

Park. While the doctor talks with the patient, the AI listens, and documents everything that’s said. It works in real-time, which means the draft note is ready for the physician to review as soon as the visit ends. One interesting feature is that it can understand over 28 different languages. This really helps when the patient doesn’t speak English well.

Benefits to the AI transcribed interaction include allowing the provider to give the patient their undivided attention during their meeting, and increased accuracy, ensuring that no details are omitted. Notes collected during the AI recording are viewed, edited, and ultimately approved by the provider.

“Instead of spending time typing on a computer, the doctor can now focus fully on the patient,” added Dr. Slauterbeck. “That means more eye contact, more face-to-face time, and real conversations. A physician can sit in a chair, facing the patient, and spend the office visit time with the patient listening, caring, and letting the data recording from the visit occur in real time without interfering with the personal interaction with the patient.”

For a patient having orthopedic surgery, for example, the notes become a tool that helps along the continuum of care, including tracking insurance through to rehabilitation.

“The AI scribing tool bridges the gap between surgery and rehab by ensuring therapists have timely and accurate data which optimizes patient recovery,” said Pembroke Physical Therapy Manager Derick Coe. “It also allows the therapist to have better access to postsurgical notes,

which ensures better continuity between them, the patient, and surgeon, facilitating better outcomes for the patient. The notes that we now read from the surgeons that use the AI scribing tool allows therapists to improve care coordination which, in turn, assists us to make necessary adjustments of the rehab plans in a more timely manner.”

While the program was not specifically designed for the emergency setting, providers at UNC Health Southeastern are piloting the software with positive impacts.

“Even in the testing stages, this is an incredibly powerful and important tool,” said Emergency Services Medical Director Eric Misener, MD.

“By using this tool, our doctors can concentrate on talking to and examining our patients. We no longer have to worry about what information we will document, as all the relevant information will be charted by this tool. In addition, it provides a list of each of the patient’s complaints and what we are doing to address each of them. Although we are still early into our journey with the AI scribe, we are very confident about the future of this tool. Being able to focus exclusively on our patient and have their charting reflect exactly what was discussed will help to improve the health of our patients, and the well-being of our physicians.”

Approximately 60 providers across the UNC Health Southeastern system have been trained on the technology with many more scheduled for training and implementation in the future as the program continues to roll out, system wide.

“We have providers in orthopedics, emergency services,

primary care, and at Gibson Cancer Center using the tool very effectively,” said UNC Health Southeastern President and CEO Chris Ellington.

“So far, we’ve seen our emergency department satisfaction scores increase because the provider can talk directly to the patient, giving their undivided attention, versus the quick in and out to write notes while the interaction is fresh on their minds. This results in more comprehensive information, which informs the overall care spectrum and improves the quality of care for patients in our community.”

Patients who are interested in learning more about this AI technology, which is enhancing the patient experience as well as provider satisfaction, should ask their provider.

In addition to offering services you’d expect from a community healthcare system, UNC Health Southeastern provides a number of specialized services that are unique to our system and not available anywhere else in the region. The nonprofit system, which is part of UNC Health, offers a combination of acute care, intensive care and psychiatric services to more than 13,000 inpatients and 50,000 emergency patients annually.

It is our mission to provide exceptional care for our diverse region; offer the highest quality standards in a safe environment; and provide compassionate care provided by a committed team. At UNC Health Southeastern, together, we will improve the health and well-being of the region we serve. We are Here for you. Here for good. To learn more, visit [UNCHealthSE.org](http://UNCHealthSE.org).

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