Except for abdominal pain, which occurred in 26% of REMICADE-treated patients with CD. In the CD studies, there were insufficient numbers and duration of infusions are listed below. The types and frequencies of adverse reactions observed were similar in REMICADE-treated RA, AS, PsA, plaque PsO and CD patients.


**Fracture Risk Assessment To Get Overhaul in 2008**

**BY BETSY BATES**

**Los Angeles Bureau**

**SAN DIEGO** — Osteoporosis management is about to undergo some changes, including a new international focus on assessing fracture risk in clinical practice and an emphasis on vitamin D, Dr. Stuart L. Silverman, predicted at the Perspectives in Women’s Health Conference, sponsored by FAME Practice News, Online News, and Internal Medicine News.

“We’re changing the whole way we approach osteoporosis in 2008,” said Dr. Silverman, with the International Working Group on Fracture Risk Assessment for the World Health Organization.

New guidelines will encourage the calculation of fracture risk based not only on bone mineral density (BMD) but also on age, body mass index, family history, and other factors, he explained.

This composite fracture score, expected to be incorporated into software linked with dual-x ray absorptiometry (DXA) equipment by late 2008, will provide a much more comprehensive and easy-to-understand risk profile, he said.

You will get a printout that says your patient has, [for example], a 10-year risk of hip fracture of 3%,” said Dr. Silverman, of the division at Cedars-Sinai Medical Center in Los Angeles.

The calculated risk—10-year risk for the clinical fracture, the shoulder, forearm, or vertebrae—will be included in a separate score. Factors in the 10-year prediction of fracture risk include:

- Age, which can change the 10-year risk for a woman with a T score of -2.5 at the femoral neck from 2% at age 50 to 12.5% at age 80.
- History of prior fragility fracture, which increases fracture risk fivefold.
- History of a hip fracture in the patient’s mother or father.
- Lifetime history of ever using corticosteroids at a dose of 5 mg/day or greater for 3 months or longer.
- Current smoking.
- Consumption of more than two alcoholic drinks per day.
- Secondary osteoporosis caused by a disease process or a drug.

“Your goal is not to reduce risk of osteoporosis, but to reduce the risk of fracture,” Dr. Silverman noted.

One way that risk can be reduced is through vitamin D supplementation recommendations, which are also likely to change soon, according to Dr. Silverman.

“Recently we’ve all come to appreciate that we really need much more vitamin D,” he said. “We’re pushing for 800 to 1,000 IU/day, and I will tell you that a lot of us in the field … are actually taking more than that,” he added.

New studies show vitamin D is useful not only for bones, but for balance and for reducing overall cancer risk, he noted.

**RHEUMATOLOGY NEWS, FAMtLE PRACTICE NEWS, ONLINE NEWS, AND INTERNAL MEDICINE NEWS, is published by the International Medical News Group, a division of Eliever.**

**Height Loss Over 3 Years Predicts Osteoporosis in Patients Over 50**

**BY BETSY BATES**

**Los Angeles Bureau**

**VANCOUVER, B.C.** — Measuring a patient’s height during routine primary care visits may be one of the simplest and least expensive ways to predict osteoporosis risk and to guide screening, according to a study at Virginia Commonwealth University, Richmond.

Height loss of 1.5 inches (about 4 cm) or more over 3 years was associated with almost a doubling of a osteoporosis risk in patients aged 50 years or older in the study of 1,039 primary care patients, reported Dr. Ermelwine Gasink at the annual meeting of the North Pacific Primary Care Research Group.

Mean height loss in the study population was 0.596 inches, said Dr. Gasink, currently a resident in the family medicine residency at the Kaiser Permanente Health System in Los Angeles.

Among the 16% of patients who had a height loss of at least 1.5 inches, 3% had a history of osteoporosis (odds ratio, 1.8) of the developing disease.

Some patients (13%) had significant height loss but were not diagnosed with osteoporosis. Another 8% did not have significant height loss but had osteoporosis, perhaps representing osteoporosis in a nonvertebral site, said Dr. Gasink in an interview at the meeting.

Nonetheless, a height loss of 1.5 inches or greater over 3 years provided a positive predictive value of 21% for osteoporosis, she said.

The study population was 71% female, so the risk may be slightly less for males. Also, people with low bone density tend to lose height more rapidly than those with greater bone density.

Still, the overall conclusion of the study, together with findings from five longitudinal trials reviewed by Dr. Gasink, suggested a “strong relationship” between height loss and a new vertebral fracture, lending strength to her findings.

Height measurement should definitely be a part of a primary care visit for patients 50 and older, as recommended by the U.S. Preventive Health Task Force,” noted Dr. Gasink after the meeting. “As a family physician who follows these people over a period of 10 years, I suggest that would it be an easy piece of data to help determine early risk factors for osteoporosis.”

**REFERENCES**


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**Osteoporosis**

Osteoporosis-maintenance experienced elevations in ALT ≥ 3 x ULN compared to 31% of patients treated with placebo-maintenance. ALT elevations ≥ 3 x ULN occurs in 5% of patients who received REMICADE compared to none in patients treated with placebo-maintenance. ALT elevations ≥ 3 x ULN were observed in 2% of patients who received REMICADE compared to none in patients treated with placebo-maintenance. In the CD clinical trials, median duration follow-up 8 weeks for placebo group and 10 weeks for REMICADE group (51% of patients receiving REMICADE and 31% of patients who received placebo). ALT elevations ≥ 3 x ULN were observed in 4% of patients in Study I and 3% of patients in Study II who received REMICADE compared to none in patients treated with placebo. In PD clinical trial, ALT values observed in 2 placebo patients with median follow-up of 40 weeks and 33 weeks for placebo group and 24% of patients treated with placebo. ALT ≥ 3 x ULN were observed in 5% of patients who received REMICADE compared to 3% of patients who received placebo. ALT elevations ≥ 3 x ULN were observed in 3% of patients who received REMICADE compared to none in patients who received placebo. In a post-hoc analysis of an open-label extension study of PD clinical trial, there was a trend observed in all patients with ALT ≥ 3 x ULN compared to 16% of patients treated with placebo. ALT elevations ≥ 3 x ULN were observed in 7% of patients who received REMICADE compared to none in patients who received placebo. In a post-hoc analysis of an open-label extension study of PD clinical trial, there was a trend observed in all patients with ALT ≥ 3 x ULN compared to none in patients who received placebo.

- **Adverse effects during administration of REMICADE have included flu-like symptoms, headache, dyspnea, hypotension, transient fever, tachycardia, chest pain, and urticaria.** Adverse effects during intravenous administration of REMICADE to REMICADE-infused patients have included chest pain, hypotension, and urticaria. Adverse effects during subcutaneous administration of REMICADE to REMICADE-infused patients have included chest pain, hypotension, and urticaria. Adverse effects during intravenous administration of REMICADE to REMICADE-infused patients have included chest pain, hypotension, and urticaria. Adverse effects during subcutaneous administration of REMICADE to REMICADE-infused patients have included chest pain, hypotension, and urticaria.

- **Significant neupathic events have also been observed, see WARNINGS, Neurologic Events) and acute liver failure, jaundice, hepatitis, and cholestasis (see WARNINGS, Hepatitis and cholestasis).**

- **Serious adverse events in the post-marketing experience with REMICADE in the pediatric population have also included malignancies, including hepatosplenic γδ T-cell lymphoma (see Boxed Warning) and lymphangioleiomyomatosis (LAM) (see Boxed Warning).**

**Clinical trial experience with REMICADE in the pediatric population have also included malignancies, including hepatosplenic γδ T-cell lymphoma (see Boxed Warning) and lymphangioleiomyomatosis (LAM) (see Boxed Warning).**

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