Osteoporosis Patients Fail to Grasp Fracture Risk

WASHINGTON — A majority of women susceptible to fragility fractures fail to appreciate those risks, even if they have been told by a physician that they have osteoporosis, a large international survey-based study has concluded.

Among female patients, only 28% had normal bone mass, while 40% had osteopenia and 12% had osteoporosis. Among male controls, 67% had normal bone mass, 27% had osteopenia, and 6% had osteoporosis. The differences were significant at the femur and first lumbar vertebra, but not at the other lumbar measurements.

Recurrent attacks of BPV (defined as at least two previous attacks at least 1 month apart) had occurred in 40% of patients. Compared to patients with new-onset BPV, patients with recurrent BPV were older (62 vs. 60 years) and more likely to be women (77% vs. 62%).

In women older than 45 years, the mean lowest T-scores were lower in the recurrent group than in the new-onset group (−2.1 vs. −1.6). There were no between-group T-score differences in younger patients. This finding supports the premise that estrogen deficiency may contribute to the development of BPV by weakening the bond of otoconia to the utricle, they wrote. In men, the weakening may be due to bone loss initiated by a combination of hormone deficiency, poor nutrition, and decreased physical activity.

BPV occurs when otoconia dislodge from the utricle and lodge in the semicircular canals. During head movement, the otoconia can stimulate the canals, which is interpreted as a sense of whirling dizziness and unbalance.

To Benign Positional Vertigo
Benign positional vertigo appears to strongly correlate with osteopenia and osteoporosis in both men and women, researchers in a case-control study have concluded.

Similarly, she said, those discussions should include information about how to mitigate risk factors. “Patients can take a number of steps to reduce their risk, such as not smoking, not drinking excessively, taking vitamin D and calcium every day, and taking bone-building medication.”

“The failure to appreciate the implications of fracture risk may help account for the “lousy adherence” to osteoporosis therapy, said Dr. Siris, director of the osteoporosis center at Columbia University, New York. “People may simply not comprehend the reason they are being treated.”

Patients clearly need more risk counseling from their physicians, she said. “Bone health advice, as given by doctors, pay constant attention to. And certainly as part of our discussions with patients, we need to collect information on risk factors and convey to patients that these factors do put them at increased risk for a fracture.”

Similarly, she said, those discussions should include information about how to mitigate risk factors. “Patients can take a number of steps to reduce their risk, such as not smoking, not drinking excessively, taking vitamin D and calcium every day, and taking bone-building medication as directed.”

Dr. Siris disclosed that she has received consulting fees for her time working on GLOW from Sanofi-Aventis and Procter & Gamble Co., which funded the project.

Women can take many steps to reduce their risk, such as not smoking, drinking excessively, taking vitamin D and calcium every day, and taking bone-building medication.

Bone Loss May Contribute To Benign Positional Vertigo

WASHINGTON — An investigational selective estrogen receptor modulator appears effective in increasing bone mineral density in postmenopausal women with normal or low bone mass.

Because selective estrogen receptor modulators (SERMs) have beneficial effects other than bone building, they may be an attractive alternative treatment for osteoporosis, Dr. Broy said in an interview. “The main advantage is that SERMs can prevent breast cancer. This is not yet proven for arzoxifene, since those trials are in progress, but it has been shown for other SERMs,” said Dr. Broy, a rheumatologist and professor of clinical medicine at the Chicago Medical School, North Chicago. “This makes SERMS attractive for the younger postmenopausal woman who could benefit from breast cancer prevention and osteoporosis prevention from one drug.”

SERMs have a shorter duration of action on bone than do bisphosphonates, and also cause fewer side effects, she added.

“arzoxifene experienced a serious adverse event compared with 6% of those taking placebo. Hot flashes occurred in 12% of the active group and 11% of the placebo group. There were three cases of breast cancer in the placebo group and none in the active group. Dr. Broy has been a speaker and consultant for Eli Lilly & Co., which conducted the trial.

Bony vertebral body appeared

Menopausal women whose bone mass was normal or low represents a 26% probability of a fracture in the future,” she said. Of those with a T score of ≥ –2.5 and < –1.0 and 25% had osteoporosis (T score = –2.5). Among female controls, normal bone mass was found in 57%; 33% had osteopenia and 9% had osteoporosis (Percentages do not add up to 100% due to rounding.)

The differences were significant at all points measured (Neurology 2009;72:1069-76).

In male patients, 48% had normal bone mass, while 40% had osteopenia and 12% had osteoporosis. Among male controls, 67% had normal bone mass, 27% had osteopenia, and 6% had osteoporosis. The differences were significant at the femur and first lumbar vertebra, but not at the other lumbar measurements.

Recurrent attacks of BPV (defined as at least two previous attacks at least 1 month apart) had occurred in 40% of patients. Compared to patients with new-onset BPV, patients with recurrent BPV were older (62 vs. 60 years) and more likely to be women (77% vs. 62%).

In women older than 45 years, the mean lowest T-scores were lower in the recurrent group than in the new-onset group (−2.1 vs. −1.6). There were no between-group T-score differences in younger patients. This finding supports the premise that estrogen deficiency may contribute to the development of BPV by weakening the bond of otoconia to the utricle, they wrote. In men, the weakening may be due to bone loss initiated by a combination of hormone deficiency, poor nutrition, and decreased physical activity.

BPV occurs when otoconia dislodge from the utricle and lodge in the semicircular canals. During head movement, the otoconia can stimulate the canals, which is interpreted as a sense of whirling dizziness and unbalance.

The randomized, placebo-controlled, phase III trial also concluded that the drug, arzoxifene, did not significantly increase endometrial thickness compared with placebo. However, a larger study is necessary to confirm uterine safety in women who were not prescreened for a normal uterus, Dr. Susan B. Broy said in a poster session at an international symposium sponsored by the National Osteoporosis Foundation.

Dr. Broy has been a speaker and consultant for Sanofi-Aventis and Procter & Gamble Co., which funded the project.

Investigational Drug Built BMD In Postmenopausal Women

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Because selective estrogen receptor modulators (SERMs) have beneficial effects other than bone building, they may be an attractive alternative treatment for osteoporosis, Dr. Broy said in an interview. “The main advantage is that SERMs can prevent breast cancer. This is not yet proven for arzoxifene, since those trials are in progress, but it has been shown for other SERMs,” said Dr. Broy, a rheumatologist and professor of clinical medicine at the Chicago Medical School, North Chicago. “This makes SERMS attractive for the younger postmenopausal woman who could benefit from breast cancer prevention and osteoporosis prevention from one drug.”

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