Oral Osteoporosis Therapy Choices Are Expanding

BY SHERRY BOSCHERT
San Francisco Bureau

San Francisco — Bisphosphonates remain the prime oral therapies for osteoporosis, but some competing agents might alter medical practice. Dr. Steven T. Harris said at a meeting of the International Society for Clinical Densitometry in Lakewood, Colo., that sponsored by the University of California, San Francisco.

“People with more severe chronic kidney disease can have a whole host of metabolic bone diseases that mimic osteoporosis, either by bone density criteria or fractures, and yet may not be osteoporotic,” said Dr. Miller, medical director of a bone research center in Lakewood, Colo.

Patients with advanced chronic kidney disease (CKD) are at increased risk for osteoporosis, resulting from a variety of factors. Chronic hepatic use and steroid use may be risk factors for patients on dialysis. In transplant patients, the use of calcineurin inhibitors can cause high bone turnover, increasing bone fragility.

Hypophosphatemia, hyperparathyroidism, poor nutrition, vitamin D deficiency, and hyperparathyroidism are other osteoporosis risk factors in CKD patients. They may be more likely than others to develop forms of osteoporosis that could be treated effectively by bisphosphonates, said Dr. Miller. However, CKD patients are also at risk for other bone metabolic diseases, including osteitis fibrosa cystica, osteomalacia, and adynamic bone disease. Bisphosphonates may be contraindicated in patients with severe adynamic bone disease or osteomalacia.

“Dr. Harris changed his practice toward greater emphasis on vitamin D supplementation after a recent study showed that half of osteoporotic patients on prescription therapies had vitamin D insufficiency regardless of where they lived (J. Clin. Endocrinol. Metab. 2005;90:3215-24).”

“‘We ought to be a little more generous in our D supplementation.’” he said.

Multiple studies in recent years have reported associations between vitamin D insufficiency and an increase in a variety of immune diseases and malignancies including osteoporosis, multiple sclerosis, fibromyalgia, type 1 diabetes, and cardiovascular disease.

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Tampa — Diagnosis of osteoporosis in patients with advanced chronic kidney disease cannot be accomplished simply on the basis of T score or bone fragility. Dr. Paul Miller said at the annual meeting of the International Society for Clinical Densitometry.

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Confirms Osteoporosis by Bone biopsy before Treatment in Advanced CKD

BY BARBARA J. RUTLEDE
Contributing Writer

San Francisco — A plateau in bone mineral density improvement while on anti-resorptive therapy for osteoporosis does not mean the treatment has stopped working, Dr. Steven T. Harris said at a meeting of the International Society for Clinical Densitometry in Lakewood, Colo.

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Dr. Miller

The typical patients are women undergoing hormone replacement therapy or taking hormone-like medications. They have severe hyperparathyroidism, hyponatremia, and other conditions that mimic osteoporosis. However, they typically produce an increase in bone mineral density (BMD) or fragility fractures. The latter can be seen in patients with severe hyperparathyroidism, adynamic bone disease, or osteomalacia.

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By Sherry Boschert
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This typically produces an increase in bone mineral density in the first year of therapy and a smaller increase the second year, which is then followed by a plateau. Despite the plateau, fracture protection continues.

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