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NEWSLETTER

Winter 2013

AUCKLAND
Bonedensity
Managing Bone Health

RISEDRONATE

Another funded bisphosphonate for NZ
(available 01/09/2013)



In the near future, the potent aminobisphosphonate risedronate will be available for treatment of osteoporosis in New Zealand. This medication is administered as a once weekly tablet, in the same fashion as for alendronate, i.e., taken first thing in the morning with a large glass of water, after which the patient should not lie down, and at least 30 minutes prior to breakfast. Other medications should not be taken at the same time as the bisphosphonate.

Risedronate is interchangeable with alendronate in that its antifracture efficacy and side effect profile is comparable. However, risedronate will be available without requirement for Special Authority application. This is the first time that an effective treatment for osteoporosis has been available for general prescription in New Zealand without Special Authority approval. This change will greatly facilitate treatment of patients for whom access to bone density measurement (one of the key criteria for Special Authority funded treatments) is either not available or difficult to access.

Nonetheless, optimal use of treatments for osteoporosis requires both a diagnosis and an estimation of fracture risk, and discussion of that risk with the patient before embarking on treatment, in a manner analogous to the management of cardiovascular and other chronic diseases. Measurement of bone mineral density remains a pivotal component of the currently available fracture risk algorithms (www.sheffield.ac.uk/FRAX or www.fractureriskcalculator.com). Thus, if BMD (Bone Mineral Density) measurement is available and/or accessible it should be undertaken to facilitate optimal management of the patient's fracture risk.

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The above calculators can also be used without BMD measurement, but with results of less clinical value.

Etidronate is a weak bisphosphonate for which there is no evidence of non-vertebral fracture risk reduction. Because risedronate will also have unrestricted prescribing we suggest substitution of risedronate for etidronate in those patients who are at high fracture risk.

COMMENTS:

1. All Auckland region DHB's now have less restricted access to reasonable requests for BMD measurement for standard indications where an elevated fracture risk is likely.
2. Use of the calculators: whilst the FRAX and GARVAN absolute fracture risk calculators are most useful with bone density data included, they can provide a crude fracture risk estimate without such data.
3. Although there is a relationship between bone density and fracture risk at all levels of trauma, a fragility fracture is defined as one that occurs with a fall from no more than standing height and where a fracture would not usually be expected.
4. In 2007, there was an average 312 people in hospital in New Zealand each day, recovering from fractures.
5. There are approximately 84,000 fractures per year in NZ i.e. 25-30/FTE GP/year.