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NEWSLETTER

Winter 2009

AUCKLAND Bonedensity
Managing Bone Health

TO STOP OR NOT TO STOP ?
- THAT IS THE QUESTION

Duration of Bisphosphonate therapy

The results of the Fracture Intervention Trial Long-Term Extension study were published in late 2006 (JAMA 296 (24):2927-38, 27.12.2006). The application of this information to our clinical practice has generated multiple lectures, symposia and editorials by expert interpreters. Here are some current conclusions:

1. The default position is to continue potent bisphosphonate therapy (alendronate and zoledronate) long term.
2. Do not stop in the elderly and in those at high fracture risk (T-score worse than -3.0).
3. Do not stop in those with clinical or radiological (silent) vertebral fracture.
4. There is no present suggestion of skeletal harm with continued therapy.
5. Stopping alendronate therapy after 5 years is justified in patients at low or moderate risk of fracture, but DXA bone density monitoring must continue and alendronate therapy resumed, if bone loss resumes. Skeletal protection may last up to 5 years.
6. In patients at moderate fracture risk an alternative strategy may be to reduce the frequency of alendronate therapy to every second week.

NB: We need to tailor therapy to the needs of our individual patients, being both thoughtful and flexible in our approaches to patient care.

AUCKLAND BONE DENSITY NEWSLETTER

Winter 2009

AUCKLAND Bonedensity Managing Bone Health

10-year Absolute Fracture Risk (from the WHO FRAX calculator)

	Low Risk	Moderate Risk	High Risk
Spine	<10% risk/10 years	10-20% risk/10 years	> 20% risk/10 years
Hip	< 3% risk/10 years	3-6% risk/10 years	> 6% risk/10 years

ABD is now providing WHO FRAX estimates of absolute fracture risk over the medium term for your guidance.

CALCIUM AND BONE HEALTH

Position Statement for the Australian and NZ Bone and Mineral Society, Osteoporosis Australia and the Endocrine Society of Australia.

1. Currently the balance of evidence remains in favour of fracture prevention from combined calcium and vitamin D supplementation in elderly men and women.
2. Adequate Vitamin D status is essential for active calcium absorption in the gut and for bone development and remodelling.
3. In adults with a baseline dietary calcium intake of 500-900mg/day, increasing or supplementing this intake by a further 500mg/day has a beneficial effect on bone mineral density.
4. Calcium intake significantly above the recommended level is unlikely to achieve additional benefit for bone health*.

Ref: Medical Journal of Australia 190 (6) 316-320 16.03.2009.

* There is accumulating evidence that excess calcium supplements (>500mg/d) may in fact have detrimental cardiovascular effects, so in general this dose should not be exceeded. (Bolland et al, BMJ 24.02.2008)