



Workshop Abstract

W10

Use of anti-resorptives in osteoporosis

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Anti-resorptives, which are the most commonly used therapies in osteoporosis, are effective and generally well tolerated. Barriers to initiation of treatment and long-term compliance include limited osteoporosis knowledge and uncertainty of responsibility for treatment. Another major barrier re their optimal use will be the focus of this part of the workshop.

Anti-resorptives, including HRT, SERMs and bisphosphonates, have been well studied in randomised controlled trials with fracture, mostly vertebral fracture-deformity end-points. Most RCTs have not had non-vertebral or hip fracture as primary end-points. Also there have been no head-to-head studies with fracture end-points, so it is not possible to assign superiority for the clinically relevant outcome.

HRT reduces all clinical fractures including hip fractures, but is not recommended in women without menopausal symptoms because of increased breast cancer diagnoses and cardio- & cerebrovascular risk. Oestrogen alone may have a better safety profile. Tibolone reduces fracture risk but may also increase cerebrovascular risk. The SERM, raloxifene, reduces vertebral fracture and possible non-vertebral fracture risk (in a high risk group) but, while not changing cardio- & cerebro-vascular events, may increase post-stroke mortality. Bisphosphonates effectively reduce all types of fracture risk and have few side effects apart from relatively uncommon GI intolerance. High dose IV bisphosphonates in malignancy have been associated with osteonecrosis of the jaw but the relevance to osteoporosis is uncertain.

With this range of agents, there is always an effective therapy available but duration of use, follow-up and drug 'holidays' require careful discussion and explanation to patients.

The author is involved in research studies, has received grants from and/or provides consulting to Amgen, deCode, Eli Lilly, GE-Lunar, Merck Sharp & Dohme, Novartis, Organon, Pfizer, Roche-GSK, Sanofi-Aventis, and Servier.