

Invited Speaker Abstract

IS20

Treatment of Paget's Disease

Cundy T

Dept. of Medicine, Faculty of Medical & Health Sciences, University of Auckland.

Paget's disease is a focal disorder of high bone turnover. Although its cause remains unknown, treatment with inhibitors of bone resorption (initially with calcitonin and more recently bisphosphonates) relieves symptoms, reduces the high turnover of affected bones and (partially) repairs their abnormal structure. Treatment does not cure Paget's disease, and after a course of treatment relapse is usual if patients are followed long enough. This suggests that the essential cellular abnormality does not lie within the osteoclast itself.

The main indication for bisphosphonate treatment, supported by evidence from randomized, double-blind controlled trials, is bone pain. The trials also show that effective treatment is associated with improvement in quality of life scores. Treatment also heals lytic lesions in long bones, and given their vulnerability to fracture, most would take this as an indication to treat. Anecdotal evidence suggests that bisphosphonate treatment is more effective than surgery in the rare paraparesis syndromes that can complicate spinal involvement. Whether or not treatment can prevent or delay the progression of deformity, deafness or secondary osteoarthritis is uncertain. A large UK multicentre study (PRISM) recently compared 'symptom only' treatment with moderate potent bisphosphonates with 'intensive treatment' (aiming to normalise bone turnover with potent bisphosphonates). The study showed no difference between the regimens, but it was of short duration and >70% of subjects had previously been exposed to bisphosphonates, so this question remains unanswered. Some studies have described the development of resistance to bisphosphonate treatment. Resistance is defined in terms of difficulty in suppressing and maintaining bone turnover to normal, and rapid relapse after treatment. In our experience, resistance is an inherent characteristic of the disease in particular individuals and not acquired. A marked attenuation of disease severity and presentation later in life has been well documented in recent decades. This, coupled to the use of new potent bisphosphonates that provide long lasting remissions, means that many newly identified patients will only ever need one course of treatment.