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Public service announcement for patients regarding the management of osteoporosis during the COVID-19 pandemic in Australia and New Zealand

Osteoporosis medicines are effective in reducing fractures in those at high risk. For these patients it is essential to ensure ongoing use by requesting and filling prescriptions as they become due, whether they be administered by tablets or injections. There are two types of injection treatments, one given into the blood stream via a drip called zoledronic acid (Aclasta), the other under the skin every six months called denosumab (Prolia).

Of most current concern is the need to maintain regular treatment for patients who have been prescribed the injectable treatment called denosumab (Prolia). The reason is that Prolia only remains in the circulation for six months where it blocks a chemical signal that stimulates bone dissolving cells, called osteoclasts. After six months, the concentration of Prolia gets to very low levels; if this happens the bone dissolving cells become very active again and bone structure is quickly lost. This can lead to a rapid increase in the risk of an individual getting one, or even multiple, fractures. This means it is essential for patients to get this medication injected on a regular six-month basis, or as close to this time as possible. The first injection must be given by your doctor in case there is a reaction. After this, it may be easier to self-administer using the injection method explained in the package insert that is similar to other injections given under the skin such as insulin in patients with diabetes. If you are not comfortable with self-injection you must request your doctor administer the Prolia at the required six-month interval.

Regarding the other injected treatments zoledronic acid (Aclasta), please confirm with your doctor whether your infusion center is open during COVID-19. Given the longer duration of effect of zoledronic acid, in discussion with your doctor it may be possible to delay this treatment for a few months.

Effective lifestyle interventions for osteoporosis that reduce fracture risk include exercise especially forceful muscle contractions using body weight; adequate calcium in the diet as well as avoiding bone poisons such as smoking and excessive alcohol. Patients using calcium and vitamin D supplements must keep taking them especially if also using osteoporosis medications.

It is important to understand that osteoporosis is a disease of impaired bone structure that predisposes to fracture. In its early and late stages, it affects more than 70 percent of the Australian and New Zealand population aged 70 years or older, but also affects many younger individuals, particularly those with other chronic medical conditions. While COVID-19 can be a serious illness so can fracture. With suitable planning it is possible to reduce the risk of both.

Produced on behalf of the Australian and New Zealand Bone and Mineral Society (ANZBMS) Therapeutics Committee

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