

COPING

'A newsletter from COPN'

March 19, 2010

Remember: You can live well with osteoporosis!

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1. Thought for Today:

Patience is the ability to let your light shine after your fuse has blown.

-Washington Post

Based on recent media attention to the issue of **bisphosphonates and atypical fractures**, Osteoporosis Canada has posted a new position statement on our website, www.osteoporosis.ca, regarding long-term use. Please find this new [position statement below](#).

Osteoporosis Canada

March 2010

2. Osteoporosis Canada Updated Position Statement: bisphosphonates and atypical fractures

Bisphosphonates and atypical fractures

We are aware of recent media reports that long-term use of bisphosphonates for osteoporosis (sold under the names of Fosamax [alendronate] and Actonel [risedronate]) may be associated with the occurrence of unusual fractures, most commonly reported to affect the thigh bone.

It is a fact that all medications have risks associated with them. Osteoporosis medications are no exception. Every time a physician recommends and prescribes a medication, it includes a careful weighing of the risks and benefits associated with taking that medication.

The concern raised in some recent press reports relates, in part, to two studies presented at the annual meeting of the American Academy of Orthopaedic Surgeons in March 2010 (1). One study, from Columbia University, evaluated bone structure in 111 women, half of whom had been taking bisphosphonates for a minimum of 4 years.

Using a research technique called Hip Structural Analysis, the study found that in the early treatment period bisphosphonates improved the structural integrity of bone, but that the effects were diminished with long term use. The second study examined bone biopsies from 12 patients treated with bisphosphonates for an average of 8 years and 9 without bisphosphonate therapy. They found no differences in the architecture between the groups, but the group treated with bisphosphonates had less microscopic variability in bone tissue.

This data prompted the Food and Drug Administration (FDA) to state that they were going to undertake a thorough review of possible association between bisphosphonate use and thigh bone fractures. Specifically, the FDA will work with outside experts, including members of the recently convened American Society for Bone and Mineral Research Subtrochanteric Femoral Fracture Task Force to gather additional information that may provide more insight into this issue. It is important to note that the FDA did review the data concerning the link between oral bisphosphonates and thigh bone fractures in 2008 and concluded that there was no clear association between bisphosphonate use and these fractures.

When interpreting these studies one should keep in mind that both of them are preliminary and include very small numbers of women. The studies do not comment on the type of bisphosphonate that was used nor if these women had other medical problems that may be associated with bone abnormalities. Most importantly, both of these studies focus on abnormalities in bone architecture obtained by specialized research techniques.

What we do not know, and what is noted by the authors of both these studies, is if these abnormalities do indeed lead to thigh bone fractures.

Other studies, evidence and data support the notion that **thigh fracture associated with bisphosphonate use is extremely rare. Fractures (broken bones) due to osteoporosis, on the other hand, are extremely common.** Osteoporotic fractures are linked to additional fractures, altered quality of life, worsening of other health conditions and in some cases – death. Bisphosphonate medications provide protection from osteoporotic fractures. It is important to remember that **your physician carefully weighs the risks and benefits of taking a medication for your unique situation every time he or she recommends and prescribes a medication.** Your healthcare team is available to review any concerns or questions you may have about this issue.

1. <http://www6.aaos.org/news/pemr/releases/release.cfm?releasenum=877>

Related Links:

http://www.nof.org/news/pressreleases/20100311-Statement_Regarding_Bisphosphonates.htm

3. Funny Bone:

Just two of us for dinner, Romantic to a fault – You watch my fibre intake And I will watch your salt!

Remember: It is important for you to eat a **healthy diet**, get some appropriate **exercise**, take your **calcium and vitamin D** and if your doctor has prescribed a **medication** don't forget to take it as directed.

COPING will come to you every second Friday. We hope you enjoy it and find the information useful. Don't forget to log on to www.osteoporosis.ca for up-to-date information.

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

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