Treatments

Fewer than 20% of fracture patients in Canada currently undergo diagnosis or adequate treatment for osteoporosis.

Did You Know...

Osteoporosis leads to fragility fractures. These are broken bones that happen from a minor injury but have major consequences such as pain, disability and sometimes death. Osteoporosis Canada supports the use of medications that have been proven, in good clinical trials, to significantly reduce a person's risk of fracture. **The primary goal of treatment is to reduce the risk of fracture and prevent or slow bone loss.**

For those living with osteoporosis, there are a variety of treatment options available. Everyone is different – some people respond better to one drug than another, while some experience side effects that others don't. You may need to explore several treatment options before you find one that works for you.

It's important to speak to your doctor to assess the benefits and risks of each treatment and determine which is best for you.

Learn more about how treatments work, how effective they are, who can take them, how they are taken and any potential side effects.

osteoporosis.ca/treatments

Specific drug treatments to treat osteoporosis include:

Bisphosphonates are the most common family of drugs used to treat osteoporosis. They are part of the group of osteoporosis medications known as anti-resorptives. There are four bisphosphonates currently approved for use in Canada: alendronate (Fosamax®), etidronate (Didrocal®), risedronate (Actonel®) and zoledronic acid (Aclasta®).

Also available are: Actonel DR™, Fosavance® (Fosamax® with vitamin D) and generic and biosimilar versions.

There are very specific instructions about how bisphosphonates must be taken. Following the directions will allow your body to absorb the drug properly and may help you avoid side effects. Because calcium interferes with the absorption of bisphosphonates, calcium supplements must be taken at other times of the day.

Denosumab is a class of osteoporosis treatment called a human monoclonal anti-body that inhibits the development and activation of osteoclasts (the cells that eat away bone). It is an anti-resorptive. It is very important not to miss, delay or stop denosumab injections, unless directed by your doctor. Missing or delaying a denosumab injection can lead to rapid bone loss and risk of spine fractures.

Hormone Therapy (HT) or estrogen/progesterone, is commonly used to relieve the symptoms of menopause. However, because estrogen plays such an important role in maintaining bone, HT is another option to consider to treat osteoporosis if you are also seeking relief from symptoms of menopause.

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Parathyroid Hormone (PTH) analogues belong to a class of osteoporosis medications which can promote bone growth. In Canada, there are currently three commercially available products in this class. The generic name of these medications is teriparatide.

Teriparatide is taken as an injection just under the skin into the thigh or abdominal wall. The injection is 20 mcg (micrograms) once a day. The injections are self-administered. One course of teriparatide should not last longer than 24 months.

Selective Estrogen Receptor Modulators (SERMs)

Raloxifene (Evista®) is from a family of drugs called SERMs. During their reproductive years, women produce significant amounts of estrogen in their body. Estrogen helps to build and maintain bone density. During menopause, a woman's estrogen level decreases as her ovaries cease to function and this leads to a loss in bone density. In some women this loss in bone density is significant enough to cause osteoporosis.

Although SERMs are non-hormonal, they act like the hormone estrogen in some parts of the body, such as the bones. In other parts of the body, such as the uterus and breast, they block the effects of estrogen. SERMs are not a first-line treatment for osteoporosis but may be considered in cases when other medications cannot be used.

Biosimilars

A biosimilar medication is a biologic drug that is highly similar (but not identical) to an existing biologic medication that has already been authorized for use and for sale. A biosimilar medication is not a generic medication which is identical to the originator molecule.

The original biologic medication is referred to as the "reference biologic drug".

Examples of biosimilars include:

Jubbonti® biosimilar of denosumab, reference drug: Prolia®
Osnuvo® biosimilar of teriparatide, reference drug: Forteo®

Provincial and Formulary Public Drug Benefits

Each provincial and territorial government offers a drug benefit plan for eligible groups.

Find information about the drug treatments available and coverage provided in each province and territory by visiting the Osteoporosis Canada website

osteoporosis.ca/drug-coverage