

Make or break time for osteoporosis treatment

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Women who do not comply with treatment instructions for osteoporosis or who do not respond to treatment are more likely to suffer further fractures, which seriously affects their quality of life.

There is an urgent need to provide support to these patients and address their issues when new therapies are assessed and new treatment guidelines drawn up, according to lead researcher Professor Cyrus Cooper from the MRC Epidemiology Resource Centre, University of Southampton, in the UK. His findings will be published in the April issue of *Osteoporosis International*, a Springer journal.

Osteoporosis is an increasing global health problem and currently available therapies have been shown to reduce the risk of fragility fractures in postmenopausal women. Most patients gain bone mineral density within a year of treatment. However, surveys of osteoporotic patients show that compliance to treatment is low in practice, and up to 50% of patients stop their treatment within a year due in part to side-effects. In addition, clinical trials show that osteoporotic fractures have physical, psychological and social implications that can seriously affect patients' quality of life.

Cooper and colleagues' study, the Observational Study of Severe Osteoporosis (OSSO)*, looked at the number of fractures suffered by women who did not respond to drug therapy, and how treatment failure affected their health-related quality of life. A total of 1,885 70-year-old women with established osteoporosis and 'inadequate clinical response to

osteoporosis drug therapy' were assessed over a year. The researchers used a combination of two questionnaires to measure their quality of life at the start of the study, and then after six months and after a year. 'Inadequate clinical response to osteoporosis drug therapy' is defined as either a fragility fracture despite therapy for one year, or discontinued drug treatment due to adverse effects and/or noncompliance.

A total of 209 fractures occurred in 166 women over the year. Women who had suffered fractures in the past were more likely to sustain a new fracture than those who had not. Quality of life scores were worse in women who suffered a fracture regardless of whether they had had a fracture in the past. General health perception, social function and pain were the worst rated quality of life measures.

These findings show that the risk of fracture is high in women after failed osteoporosis therapy and the presence of a previous fracture in the previous 12 months strongly predicts a fracture in the next 12 months. The improvement in quality of life in the absence of fractures was significant, indicating the need for effective treatments for patients with osteoporosis.

Source: Springer

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