

IOF and ECTS issue guidance on management of glucocorticoid-induced osteoporosis

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Oral glucocorticoids are commonly prescribed for a wide variety of disorders, most commonly for rheumatoid arthritis, obstructive pulmonary disease and inflammatory bowel diseases. However, the use of these medications can result in rapid bone loss during the first three to six months of therapy, leading to increased risk of fragility fractures.

Although awareness of glucocorticoid-induced osteoporosis (GIO) has grown in recent years, it still remains vastly under-diagnosed and under-treated. As a result, and despite the availability of effective treatment options to reduce the risk of fractures, millions of patients around the world are left at risk of potentially serious fractures.

In an effort to address this serious problem, the International Osteoporosis Foundation (IOF) and the European Calcified Tissue Society (ECTS) have published a guidance document* which provides a framework for the development of national assessment and treatment guidelines.

Professor Juliet Compston, chair of the IOF-ECTS Glucocorticoid-induced Osteoporosis Guidelines Working Group and lead author of the paper, warned, "Clinicians need to be aware that bone loss occurs rapidly in the first three to six months after glucocorticoid therapy is initiated. To prevent [fragility fractures](#) in their patients, doctors must make primary prevention a priority in high-risk individuals."

General measures in the management of patients treated with [glucocorticoids](#) may include minimisation of the dose of glucocorticoids, use of alternative formulations or routes of administration, or use of other immunosuppressive agents. Adequate levels of [dietary calcium](#) and vitamin D, appropriate physical activity, and avoidance of [tobacco use](#) and alcohol abuse should be advised. Monitoring of glucocorticoid-treated patients should include measurement of BMD at appropriate intervals, annual height measurements, [vertebral fracture](#) assessment if indicated and, in patients receiving bone protective therapy, assessment of compliance with therapy.

Professor Bente Langdahl, president of the European Calcified Tissue Society, stated, "In a multinational study of more than 60,000 postmenopausal women, as many as 4.6% were reported as currently taking oral glucocorticoids. This indicates that glucocorticoid-induced osteoporosis may affect a significant proportion of the older population. National health authorities, medical organizations and primary healthcare givers must work together to establish and implement guidelines for the proper assessment and care of bone health in these patients."

The paper, authored by 26 experts from 17 countries, has been published in the journal '*Osteoporosis International*'. It provides a short overview of the epidemiology and pathophysiology of GIO, and outlines clinical investigation and treatment strategies, including how to adjust FRAX probabilities to account for dosage and other relevant risks. As well, it discusses intervention thresholds using different clinical scenarios. Information about cost effectiveness and safety of treatments for [osteoporosis](#), monitoring strategies, and management of GIO in younger men and pre-menopausal women is also provided.

More information: *A framework for the development of guidelines for the management of glucocorticoid-induced osteoporosis. S.

Lekawasam, J. D. Adachi, D. Agnusdei, J. Bilezikian, S. Boonen, F. Borgström, C. Cooper, A. Diez Perez, R. Eastell, L. C. Hofbauer, J. A. Kanis, B. L. Langdahl, O. Lesnyak, R. Lorenc, E. McCloskey, O. D. Messina, N. Napoli, B. Obermayer-Pietsch, S. H. Ralston, P. N. Sambrook, S. Silverman, M. Sosa, J. Stepan, G. Suppan, D. A. Wahl, J. E. Compston*; for the Joint IOF-ECTS GIO Guidelines Working Group. Osteoporos Int [DOI 10.1007/s00198-012-1958-1](https://doi.org/10.1007/s00198-012-1958-1)

The paper can be freely downloaded until June 26, 2012 at [www.springerlink.com/content/w ... 8602122/fulltext.pdf](http://www.springerlink.com/content/w...8602122/fulltext.pdf)

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