

Long-term inhaled corticosteroid use may raise fracture risk

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(HealthDay)—Long-term, high-dose use of inhaled corticosteroids

(ICSs) is associated with a modest increase in the risk of hip and upper extremity fractures in patients with chronic obstructive pulmonary disease (COPD), according to a study published in the February issue of *CHEST*.

Anne V. Gonzalez, M.D., from the McGill University Health Centre in Montreal, and colleagues used data from Quebec health care databases to identify a cohort of patients with COPD from 1990 to 2005 who were followed until 2007 for the first hip or upper extremity fracture. Each fracture case was matched with 20 controls by age, sex, and follow-up time as part of a nested case-control analysis.

The researchers found that 19,396 of 240,110 patients sustained a first hip or upper extremity fracture over a mean follow-up of 5.3 years (rate, 15.2 per 1,000 per year). There was not an increased rate of fracture with any use of ICSs (adjusted rate ratio [aRR], 1.0; 95 percent confidence interval, 0.97 to 1.03), although the [fracture rate](#) was increased with more than four years of ICS use at daily doses $\geq 1,000$ mg in fluticasone equivalents (aRR, 1.1; 95 percent confidence interval, 1.02 to 1.19). There were no differences in this risk increase between men and women.

"Long-term ICS use at high doses is associated with a modest increase in the risk of hip and upper extremity [fractures](#) in [patients](#) with COPD," the authors write.

One author disclosed financial ties to pharmaceutical companies, including Novartis, which provided funding for the study.

More information: [Abstract/Full Text](#)

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