Risks, benefits of long-term drug therapy for osteoporosis reviewed

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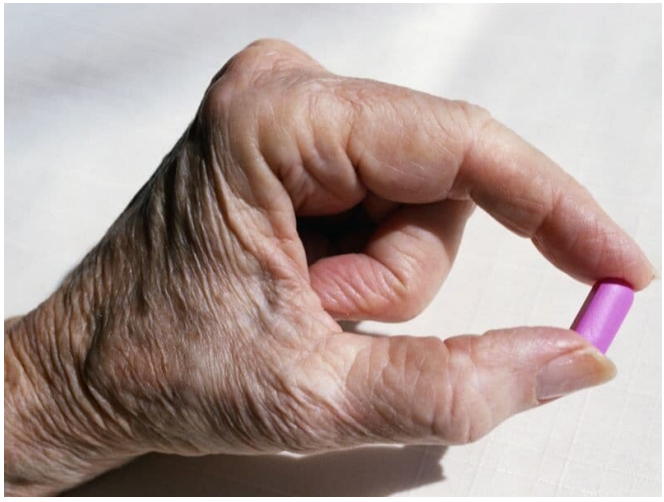

(HealthDay)—Long-term osteoporosis drug therapy (ODT) reduces fracture risk in women but may increase risk for rare adverse events, and research gaps surround use of long-term drug therapies for osteoporotic fracture prevention, according to a review and position paper published online April 23 in the *Annals of Internal Medicine*.

Howard A. Fink, M.D., M.P.H., from the University of Minnesota in Minneapolis, and colleagues examined the effects of long-term ODT and ODT discontinuation using data from 48 studies that enrolled men or postmenopausal women aged 50 years or older. The researchers found that four years of alendronate reduced the rates of clinical fractures (hazard ratio, 0.64) and radiographic vertebral fractures in women with osteoporosis, while four years of raloxifene reduced only vertebral fractures. Six years of zoledronic acid reduced the rate of clinical fractures (hazard ratio, 0.73) in women with osteopenia or osteoporosis. The risks for two rare harms were increased with long-term bisphosphonate use: atypical femoral fractures and osteonecrosis of the jaw.

Albert Siu, M.D., M.S.P.H., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues outlined gaps relating to guiding clinical management decisions for ODT. These gaps include questions about who should be prioritized for treatment, the optimal timing of treatment initiation, which medication should be used first, how long treatment should be maintained, how treatment should be monitored, and whether drug holidays should be considered.

"Clinicians and patients need increased information on benefits and risks to inform shared decision making about the use of these treatments, taking into account patients' values and preferences," Siu and colleagues write.

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