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# **Updated Guidelines Focus** On Osteoporosis Therapy

BY DOUG BRUNK

he North American Menopause Society's updated position statement on the management of osteoporosis in postmenopausal women includes the FRAX tool to calculate the risk of major osteoporotic fracture and recommends increasing vitamin  $D_3$  intake.

'It's the most current and practice-

oriented, evidencebased statement that's out at the moment," Dr. Wulf H. Utian, honorary founding president and executive director emeritus of NAMS, said in an interview. "It's taken all of the current ev-



idence into account and has come out with some key recommendations—not a lot of which are absolutely new-but it summarizes [the evidence] extremely well and deals with all the issues.

The 2010 edition of the NAMS statement, which was last updated in 2006, is available for free at www.menopause. org/aboutmeno/consensus.aspx.

The statement recommends the use of the World Health Organization's FRAX (Fracture Risk Assessment) tool to calculate a patient's 10-year risk of major osteoporotic fracture. FRAX integrates the fracture risks associated with clinical risk factors as well as bone mineral density at the femoral neck.

"It's distressing to be told that you have osteopenia or osteoporosis. To be able to use the FRAX tool to reduce that to a number-some reasonable estimate of fracture risk—is very helpful," Dr. Steven T. Harris, a member of the editorial board that updated the position statement, said in an interview.

Dr. Utian, who reviewed the position statement as a member of the 2008-2009 NAMS board of trustees, said that FRAX was endorsed because clinicians have come to realize "some of the limitations of DXA [dual-energy x-ray absorptiometry] and the overuse of DXA, which could lead to inappropriate therapies. While DXA is a valuable tool, the FRAX gives you an ability to speak to individuals and actually give them an idea of what their risk is. It also gives health care organizations the ability to set parameters at what level of risk they would consider therapy to be indicated."

The statement says drug therapy is indicated for postmenopausal women with osteoporotic vertebral or hip fracture, bone mineral density consistent with osteoporosis (a T score of -2.5 or lower), or a T score from -1.0 to -2.5 plus a 10-year FRAX risk of at least 20% for a major osteoporotic fracture (hip, shoulder, wrist, and spine) or of at least 3% for a hip fracture.

Another new recommendation calls for

lot more effective than attempts at

DR. UTIAN

cure.'

'Currently,

prevention is a

women to obtain 800-1,000 IU/day of vitamin D<sub>3</sub>, up from 400-600 IU/day in the 2006 statement. "Even in temperate areas, there isn't enough sun exposure to guarantee vitamin D sufficiency,

postmenopausal

said Dr. Harris of the University of California, San Francisco.

As for choice of osteoporosis therapy, the statement notes that no head-to-head trials have compared the effectiveness of medications in reducing fracture risk. Approved treatment options include bisphosphonates, selective estrogen-receptor modulators (SERMs), parathyroid hormone, estrogens, and calcitonin.

According to the statement, bisphosphonates "are the first-line drugs for treating postmenopausal women with osteoporosis. They have reduced the risk of vertebral fractures by 40%-70% and reduced the incidence of nonvertebral fracture, including hip fracture, by about half this amount.

The SERM raloxifene "is most often considered for postmenopausal women with low bone mass or younger postmenopausal women with osteoporosis. It prevents bone loss and reduces the risk of vertebral fractures, but its effectiveness in reducing other fractures is uncertain."

The statement notes that calcitonin "is not a first-line drug for postmenopausal osteoporosis treatment, as its fracture efficacy is not strong and its [bone mineral density] effects are less than those of other agents. However, it is an option for women with osteoporosis who are more than 5 years beyond menopause."

Dr. Utian said that "we have a number of valuable therapies. Most of them are bone sparing, but gradually we're beginning to see the development of bone-developing therapies. Currently, prevention is a lot more effective than attempts at cure."

### **Case Study In:**

**Colesevelam Hydrochloride for Management of a Patient With Type 2 Diabetes Mellitus and Hyperlipidemia** 

A supplement supported by Daiichi-Sankyo.

Available at:

www.internalmedicinenews.com/ content/medicaleducationlibrary

See page 13

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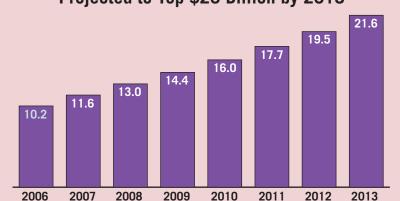
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