

骨質疏鬆症治療陷阱

Pitfalls of treatment for osteoporosis

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Osteoporotic fractures are associated with significant morbidity and mortality and is an increasing public health problem. Often taken as an inevitable consequence of ageing despite being preventable and treatable. Although with tremendous therapeutic advances, Ironically there is an ongoing treatment gap for high risk fracture patient group, The main reason for nontreatment seems to stem from an incorrect assessment of the patient's fracture risk and of the physician's therapeutic indications. To conquer this we need a multidisciplinary, cohesive and consistent approach to post-fracture osteoporosis management to ensure that all patients are appropriately treated and monitored to reduce future fractures (Fracture Liaison service). Studies also suggest it is cost-effective to introduce an ortho-geriatrician or FLS secondary care service for patients with a hip fracture, predominantly because of their effects on mortality rather than on refracture. With regard to drug holiday EMAS just release new position statement; Discontinuation of bisphosphonates should be considered in all patients who have been treated for more than five years with alendronate, risedronate or zoledronic acid. In view of the limited evidence, no robust recommendations can be made for ibandronate and denosumab, After this time, the patient should be reassessed. If a new fracture is experienced, or fracture risk has increased or BMD remains low (femoral neck T-score ≤ -2.5), anti-osteoporotic treatment should be resumed. In the case of denosumab discontinuation, close

monitoring is suggested, due to the possibility of rebound fractures.