



Health Awareness

Ask the Doctor: Osteoporosis

(NAPSA)—Are you one of the eight million women with osteoporosis? If so, you probably don't spend much time thinking about it. In fact, you may not even know you have it. This notoriously "silent disease" often goes unnoticed until a simple bump or fall causes a bone to break or fracture.

Osteoporosis is responsible for more than one million fractures every year, which typically occur at the hip, spine and wrist. These fractures can have devastating consequences, including considerable pain and disability, and sometimes even death. Now is the time to protect yourself from the life-threatening consequences of osteoporosis-related bone fractures. Understanding osteoporosis, its prevention, and new developments in treatment is an important first step in protecting your overall bone health.

Dr. Felicia Cosman, Professor of Clinical Medicine, Columbia University answers questions about osteoporosis.

Can osteoporosis be prevented?

Unfortunately, it is difficult to completely rebuild bone once it is weakened by osteoporosis. However, you can implement some preventative measures that can help reduce your bone loss at any stage in life. These include making sure you get enough calcium and vitamin D through food or vitamins, engaging in regular weight-bearing activities, and avoiding smoking and excessive alcohol consumption. In addition, regular bone mineral density (BMD) tests are important to help detect whether you have osteoporosis before a fracture occurs as well as to predict your future likelihood of breaking a bone.

What's new in osteoporosis treatments?

The goal of treatment is to strengthen bones, which in turn helps reduce the risk of fractures.



A new once-yearly treatment is available to treat postmenopausal osteoporosis.

There are two main types of therapies your healthcare provider may recommend you take to treat your osteoporosis: drugs that stop the loss of bone and drugs that promote the growth of bone. Therapies that stop the loss of bone include bisphosphonates (commonly known as Fosamax®, Actonel®, and Boniva®), selective estrogen receptor modulators (Evista®), and calcitonin (Miacalcin®). Parathyroid hormone (Forteo®) is a type of therapy that encourages the growth of bone.

Bisphosphonates are the most commonly prescribed treatment for osteoporosis. Until very recently most of these therapies required that you take pills on a daily, weekly or monthly basis. These pills have to be taken on an empty stomach with a full glass of water first thing in the morning and require that you remain upright for 30 to 60 minutes. Due to the busy lives that many women lead, it can become difficult to remember to take these pills at the designated time.

In fact, research shows more than half of women who take daily or weekly bisphosphonate pills stop treatment by the end of one

year, which puts them at greater risk for breaking a bone. And for women who only take these pills about half of the time, research shows they experience only a small benefit in preventing fractures as compared to taking the pills on a regular basis.

Now there is a treatment option available that provides you the opportunity to only think about your osteoporosis treatment once-a-year. The FDA has recently approved the first and only once-yearly therapy for the treatment of postmenopausal osteoporosis. Called Reclast® (zoledronic acid) Injection, this therapy is given as a 5 mg 15 minute IV infusion by a healthcare professional, eliminating the need for daily, weekly or monthly pills and reminders.

Reclast has been shown to be effective in strengthening bones and protecting against all types of osteoporosis-related fractures, including the hip, spine and non-spine (i.e., hip, wrist, arm, leg, rib). A study of more than 7,700 women with postmenopausal osteoporosis showed a 70 percent reduction in spine fractures and a 41 percent reduction in hip fractures.

In addition to the potential benefits of any medication, you should be aware of the potential side effects. If you are taking Reclast and experience any of these symptoms, it is important to alert your healthcare provider immediately.

To find out if Reclast is right for you, please speak to your healthcare provider. For additional information about osteoporosis, you can log onto the National Osteoporosis Foundation (NOF) Web site at www.nof.org. For additional information specifically about Reclast, log onto www.reclast.com.



Editor's Note: Reclast is contraindicated in patients with hypocalcemia (low blood calcium) and those who are allergic to zoledronic acid. Reclast contains the same active ingredient found in Zometa. Patients already being treated with Zometa should not be treated with Reclast. Reclast should not be used during pregnancy because of potential harm to the fetus. Reclast is not recommended for use in patients with severe renal impairment (creatinine clearance <35mL/min) and infusion time should not be less than 15 minutes.

The most common side effects associated with Reclast are fever; pain in the muscles, bones or joints; flu-like symptoms; and headache. These symptoms usually occur within the first three days following Reclast administration and usually resolve within 3 to 4 days of onset but resolution could take up to 7 to 14 days. Patients have reported severe bone, joint and/or muscle pain after using bisphosphonates. Osteonecrosis of the jaw (ONJ) has been reported rarely in postmenopausal osteoporosis patients treated with bisphosphonates. A routine oral examination should be performed by the prescriber prior to initiation of bisphosphonate treatment. Hypocalcemia may occur with Reclast therapy. In the Pivotal Fracture Trial an increased number of cases of serious atrial fibrillation were observed in women given Reclast compared to those on placebo (1.3% vs. 0.4% respectively). The timing of these events suggest that they were not related to the acute infusion. This finding has not been observed in other zoledronic acid clinical studies and in post-marketing experience from more than 1.5 million patients treated with Zometa.

All patients with Paget's disease should receive 1500 mg of calcium in divided doses and 800 IU of vitamin D daily, particularly in the two weeks following Reclast administration. It is recommended that patients with postmenopausal osteoporosis take calcium and vitamin D supplements, if dietary intake is not sufficient.