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Osteoporosis:

At Main Line Rheumatology, we see many patients with osteoporosis. 20 years ago there was almost nothing we could offer patients with osteoporosis other than exercise and telling them to take more calcium. Medications like calcitonin nasal spray came onto the market and we used it even though the absorption rate of it was 5%.

Unfortunately we had nothing else in our armamentarium. Now we have a number of medications many of which slow down the rate of breakdown of old bone and one drug which can stimulate new bone growth but stops working after two years. It requires self injecting daily which can be an impediment. Fortunately there are new drugs in the pipeline which hopefully can address some of our concerns.

Patients have been frightened away by the possibility of rare side effects including necrosis of jawbone and some reported cases of increased fractures in the femur from long-term use of some of the drugs. The FDA is currently advocating not using any of the bisphosphonates for more than five years. Often forgotten in the discussion is the fact that 50% of women over the age of 50 will experience an osteoporotic fracture sometime in their life. The clock starts ticking for men at about age 65 in a similar pattern. Calcium and vitamin D can be helpful to a certain extent. However there are now additional concerns that too much supplemental calcium (as opposed to calcium in the diet such as in dairy products) could conceivably end up in coronary arteries as well as increase the risk of kidney stones. Exercise remains an important option for all of us.

As the above overview indicates, there is no single cookbook formula for patients to use in treating osteoporosis. Some patients will have gastric reflux and require intravenous or subcutaneous medication whereas others can tolerate pills without too much difficulty. Compliance taking these medications as well as the cost of them are additional problems to be resolved.

If you have risk factors such as being on steroids or lifestyle issues such as smoking, it is important that you discuss these issues with a rheumatologist or endocrinologist to determine whether or not you are a candidate for treatment for osteoporosis.