

## Strontium on Comeback for Osteoporosis

BY TIMOTHY F. KIRN  
Sacramento Bureau

SAN ANTONIO — The older generation osteoporosis drug, strontium ranelate, is receiving renewed attention as a result of a metaanalysis showing that it reduces fracture rates in postmenopausal women as well as bisphosphonates do.

Like bisphosphonates, strontium ranelate inhibits bone resorption but also increases bone formation, a combination that improves bone density and bone mass, Jean-Yves Reginster, M.D., said at the annual meeting of the American College of Rheumatology.

In one of the reports, strontium ranelate for 3 years reduced vertebral fracture risk by 41%, and increased lumbar-spine bone density by 14% and femoral neck density by 8%, relative to placebo. The 1,649 subjects were osteoporotic women who had previously had a vertebral fracture (N. Engl. J. Med. 2004;350:459-68).

Dr. Reginster's metaanalysis of that study and a similar investigation con-



**Strontium ranelate inhibits bone resorption but also increases bone formation, improving density and mass.**

DR. REGINSTER

firmed strontium ranelate's effectiveness in preventing hip and vertebral fractures, even in the frail elderly.

In that analysis, which involved more than 7,000 postmenopausal women, the risk of vertebral fracture during a 3-year period was reduced by 32% in 1,488 women aged 80 years or older, and non-vertebral fracture risk was reduced by 31%. Among the 1,977 women who were older than 77 years and had a baseline bone mineral density T-score of -3 or less, the hip fracture rate was reduced by 36% relative to placebo.

The drug's efficacy in elderly patients shows it was building bone mass, not just density, Dr. Reginster of the University of Liege (Belgium) said at a press briefing.

Bisphosphonates tend not to be so effective in the very elderly, he added.

Among the patients in both studies who had not previously had a vertebral fracture—about 2,500 patients—the vertebral fracture rate was reduced by 48% relative to placebo. Similar risk reductions are seen with bisphosphonate treatment (47% for alendronate and 49% for risidronate).

Diarrhea was the only side effect that was significantly more associated with the study drug, occurring in 6% of those patients.

Like a bisphosphonate, strontium ranelate is taken on a fasting stomach. The dosage used in the studies was 2 g daily. Participants also took calcium and vitamin D supplements. ■

## Teriparatide Speeds Healing of Fractures

BY BRUCE JANCIN  
Denver Bureau

COLORADO SPRINGS — The anabolic bone-forming agent teriparatide (Forteo) is winning anecdotal raves for augmentation of fracture healing in both nonosteoporotic and osteoporotic patients.

"This is a very exciting metabolic therapy. My experience so far really does show that it works," Thomas P. Knecht, M.D., declared at a meeting of the Col-

orado chapter of the American College of Physicians.

Acceleration of fracture healing is an off-label use of teriparatide, the N-terminal 34-amino-acid chain of human parathyroid hormone. Teriparatide's approved indications are for treatment of postmenopausal osteoporotic women at high fracture risk, and for increasing bone mass in osteoporotic men at elevated fracture risk.

The evidence for augmentation of fracture healing comes from multiple favor-

able animal studies as well as anecdotal clinical experiences that are consistent with the animal findings, explained Dr. Knecht, an endocrinologist at the University of Utah, Salt Lake City.

He offered two illustrative cases from his own practice, both involving middle-aged recreational athletes eager for a rapid return to sports.

One was a 48-year-old man with type 1 diabetes and normal bone mineral density test scores who became severely hypoglycemic, lost consciousness, and fell,

### DEPRESSED PATIENTS NEED EMOTIONAL SYMPTOM RELIEF



#### Important Safety Information:

- Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders
- Patients started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior
- Cymbalta is not approved for use in pediatric patients

Cymbalta should not be used concomitantly with monoamine oxidase inhibitors (MAOIs) or thioridazine and not in patients with uncontrolled narrow-angle glaucoma.

**Clinical worsening and suicide risk:** All adult and pediatric patients being treated with an antidepressant for any indication should be observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially when initiating drug therapy and when increasing or decreasing the dose. A health professional should be

immediately notified if the depression is persistently worse or there are symptoms that are severe, sudden, or were not part of the patient's presentation. If discontinuing treatment, taper the medication.

Cymbalta should not be administered to patients with end-stage renal disease (requiring dialysis) or severe renal impairment (CrCl <30 mL/min); or any hepatic insufficiency.

Cymbalta should generally not be prescribed to patients with substantial alcohol use.

Most common adverse events (≥5% and at least twice placebo) in MDD clinical trials were: nausea, dry mouth, constipation, fatigue, decreased appetite, somnolence, and increased sweating. Most common adverse events in diabetic peripheral neuropathic pain (DPNP) clinical trials were: nausea, somnolence, dizziness, constipation, dry mouth, increased sweating, decreased appetite, and asthenia.

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