Give Steroid Users Bone-Protecting Supplements

BY TIMOTHY F. KIRN
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SNOWMASS, COLO. — In the absence of clear indications for bisphosphonate therapy to prevent bone loss in long-term corticosteroid users, all patients prescribed corticosteroids should be advised to take vitamin D and calcium supplements, Dr. Lenore Buckley said at a symposium sponsored by the American College of Rheumatology.

Whether a patient is a long-term, low-dose corticosteroid user or a new user starting at a high dosage, "calcium and vitamin D supplements make a big difference," said Dr. Buckley, a professor in the division of rheumatology at the Medical College of Virginia, Richmond. Supplementation appears to cut bone loss by at least 50%, she added.

Dr. Buckley followed a cohort of 65 rheumatoid arthritis patients who were taking an average of 5 mg of prednisone a day for 1 year. Those who received calcium and vitamin D supplementation had a mean 0.7% gain in bone mineral density in the lumbar spine, while those who did not use the supplements lost a mean of 2% (Ann. Intern. Med. 1996;125:961-8).

In a study of alendronate in patients taking an average of 7.5 mg of prednisone per day, those assigned to alendronate had increases in bone density measures. Nevertheless, the placebo group, which received only vitamin D and calcium supplements, still had no change in lumbar-spine bone mineral density over 2 years (N. Engl. J. Med. 1998;339:292-9). The same was true at the trochanter, and somewhat at the femoral neck.

Physician surveys suggest that rheumatologists do somewhat better than other specialists at tracking bone deterioration associated with corticosteroids. Still, patient surveys suggest that less than half of long-term steroid users take vitamin D and calcium supplementation, Dr. Buckley said.

Bisphosphonate therapy has been shown to protect bone density and should be considered for some patients taking corticosteroids, but it is not exactly clear when it needs to be instituted, Dr. Buckley said. The American College of Rheumatology recommends considering bisphosphonates for any adult taking more than 5 mg of prednisone, or the equivalent, daily for more than 3 months. However, not all guidelines are in agreement with this advice. ■

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DR. BUCKLEY

Bone Turnover Markers Show The Big Picture

SAN DIEGO — A chief advantage of assessing bone turnover markers such as serum osteocalcin and urine hydroxyproline in osteoporosis patients is that they provide an integrated assessment of skeletal metabolism, Dr. Marc C. Hochberg said at the annual meeting of the International Society for Clinical Densitometry.

Other advantages of using these markers include the following:

► The markers show rapid and large changes with therapy.

► Automated assays are widely available, and they're less expensive than dual-energy x-ray absorptiometry, although more expensive than ultrasound.

► High turnover is associated with fracture risk, independent of bone mineral density.

However, "as with everything, there are advantages and limitations" to bone turnover markers, said Dr. Hochberg, head of the division of rheumatology and clinical immunology at the University of Maryland, Baltimore.

For example, some bone markers reflect both bone formation and bone resorption. Also, "most of the markers are present in tissues other than bone and may be influenced by nonskeletal processes," he said. Further, changes in bone turnover markers are not disease specific, and measurement of the markers varies.

—Doug Brunk

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