TITLE

DRUG HOLIDAY IN OSTEOPOROSIS. REDUCING SIDE EFFECTS OF LONG LASTING TREATMENTS

P Athanassiou, E Pantazi, O Skioti, A Tzanavari, I Kostoglou-Athanassiou
Department of Rheumatology, St. Paul's Hospital, Thessaloniki, Greece
2nd Department of Endocrinology, Alexandra Hospital, Athens, Greece
Department of Endocrinology, Red Cross Hospital, Athens, Greece

OBJECTIVES

Osteoporosis is a chronic and dangerous disease, as it may be silent and may express itself with a sudden catastrophic event, such as a fracture. Treatment of osteoporosis demands the use of potent pharmaceutical agents with long lasting effects. In particular, bisphosphonates, such as ibandronate, may be used. It has become evident that chronic treatment with anti-osteoporotic agents may reverse the course of the disease, patients having normal bone mineral density or only osteopenia following treatment. In such a group of patients treatment may be interrupted and patients followed up.

The aim was to describe drug holiday in a group of patients with osteoporosis, having received treatment with ibandronate.

Graphs and tables

METHODS

Within a group of 120 patients (108 female, 12 male) with osteoporosis, 20 patients (female) were receiving ibandronate 150 mg once monthly and calcium with cholecalciferol for a period of 1.8-3 years. These patients had osteoporosis on ibandronate initiation, T score ranging from -2.5 to -3.4.

RESULTS

On reevaluation after treatment with ibandronate 150 mg once monthly and calcium with cholecalciferol, bone mineral density was measured. Osteopenia was observed in 12 female patients and normal bone mineral density in 8. Ibandronate was stopped, while treatment with calcium and cholecalciferol was continued. Patients were reevaluated after 1 and 2 years. Within this group 11 patients continued to have osteopenia, while 1 patient was found to have osteoporosis and he required the addition of another antiosteoporotic medication. Within the group of 8 patients with normal bone mineral density 6 continued to have normal bone mineral density and 2 were had osteopenia.

CONCLUSIONS

Treatment with antiosteoporotic agents, especially bisphosphonates appears to have beneficial and long-lasting effects in some patients, enabling treatment interruption and absence of recurrence. Drug holiday seems to be possible in a significant group of osteoporosis patients, being associated with absence of recurrence. It appears that osteoporosis treatment should be individualized, as genetic factors may be associated with very good response in some of our osteoporosis patients.

References

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