

chatswood nuclear medicine & endocrinology



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Focus on Osteoporosis

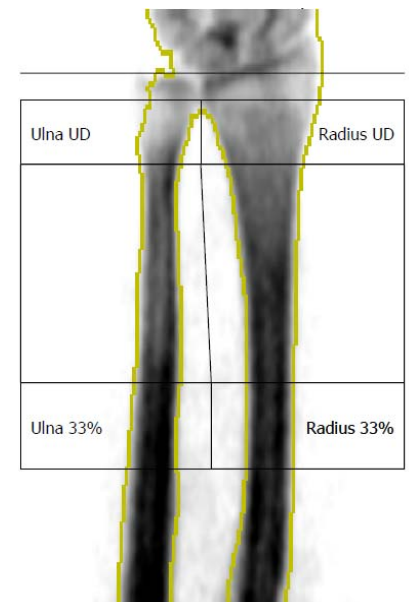
Results of Local DXA Study

Forearm the Site of Worst Disease in 26.5% of Patients

Forearm bone density is a predictor of increased fracture risk, but is not routinely measured in many centers. Previous studies have demonstrated the value of including the forearm. Upstaging of patients from normal to osteopaenia is seen in 3 to 14%, and from osteopaenia to osteoporosis in 9 to 18%. It is the site with the lowest density in as many as 32% of patients (mostly in cases of hyperparathyroidism).

At Chatswood Nuclear Medicine & Endocrinology, we have been routinely measuring forearm bone densities as part of our ongoing DXA study. Many of the patients at our Center are from Asian backgrounds. In these patients, including the forearm results in upstaging (from normal or osteopaenia) to osteoporosis in 7.1%. It is the site of lowest density in 26.5%.

We recommend that the forearm should not be neglected in the assessment of bone density in patients of Asian background.



We continue to offer
**We continue to offer
bulk billing for ALL
bone density scans**



Osteoporosis, Prolia, and 'Drug Holidays'



Bisphosphonate therapy is widely used in the treatment of osteoporosis with proven efficacy over 3 to 5 years of treatment. These agents usually persist in bone with continued activity for some time after therapy is stopped. Due to concerns regarding potential adverse effects with long-term use, it is reasonable to consider a 'drug holiday' after 3 to 10 years of therapy, although the weight of evidence favours continued treatment in patients at high risk of further fractures.

Denosumab (Prolia) is a newer agent which is not incorporated into bone. **Within 3 to 6 months after treatment cessation, there is a demonstrable change** in bone turnover, and gradual decline in bone density. After 48 months, both bone turnover and DXA scores return to pre-treatment levels. A 'drug holiday' in the setting of Prolia may therefore be counter-productive, as the previous improvement in bone mass is rapidly lost. Several centers recommend that patients on Prolia should not discontinue therapy.

If a 'drug holiday' is mandated however, one approach is to switch to bisphosphonate therapy for a variable period of time before the 'drug holiday'. At Chatswood Nuclear Medicine & Endocrinology, we would administer a dose of zoledronic acid (Aclasta) to 'lock in' the bone density gains after treatment with Prolia, followed by regular monitoring of DXA scores and bone turnover. Although formal studies regarding the effectiveness of this method are not yet available, this approach is supported by clinical experience in a number of institutions overseas.

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