



FACT SHEET: OSTEOPOROSIS AND BISPHOSPHONATES OCTOBER 2012

Bisphosphonates are a widely prescribed class of drugs that are proven to be effective in reducing common bone fractures in people with osteoporosis and at high risk of fractures. Bisphosphonates include the drugs Aclasta, Actonel, Aredia, Bondronat, Boniva, Didronel, Fosamax, Fosavance, Reclast, Skelid and Zometa. Earlier this year, the Food and Drug Administration (FDA) announced that physicians should reassess patients with osteoporosis who are being treated with bisphosphonates after three to five years of therapy to determine whether they should continue treatment. In addition, ASBMR recommends:

Recommendations to Physicians and Patients

- For the vast majority of patients, bisphosphonates are an important weapon to prevent fractures caused by osteoporosis and the benefits outweigh the risk of taking them.
- Patients who are taking bisphosphonates should not stop taking these medications, because they prevent many, many common fractures. They should talk to their health professionals about any concerns and also let them know if they experience any new groin or thigh pain.
- Physicians should consider each patient's case individually since the optimal length of bisphosphonate therapy remains unknown and must be considered on a case-by-case basis.
- Patients whose fracture risk has clearly been reduced by bisphosphonates might be candidates for discontinuing the drug. However, individuals who after three to five years of taking bisphosphonates still have a high risk for fracture may want to remain on the medication because the benefits of continued treatment may outweigh the risks of stopping treatment.
- For high-risk patients, there is strong data that the drug remains very useful in preventing fractures caused by osteoporosis.

Research is Needed:

- More conclusive data is needed on the safety and effectiveness of taking bisphosphonates for more than three to five years and how bones respond when patients discontinue treatment.
- Physicians need more guidance on how to monitor and treat patients who have discontinued bisphosphonate therapy.
- Data is also needed on variation in response to the discontinuation of treatment among different brands of bisphosphonates.
- Research priorities are identified in the [May issue of the *Journal of Bone and Mineral Research*](#) and ASBMR believes they should be the next focus of osteoporosis research.

Background

- At least 10 million Americans currently suffer from osteoporosis and another 34 million more have low bone mass, making them more susceptible to osteoporosis.
- Without intervention, one in two women and one in four men age 50 and older will experience a fracture due to osteoporosis. Many individuals – men and women – do not know they are at risk for the disease.
- Twenty years ago, physicians had very few treatment options for osteoporosis. Today, many high quality clinical trials have established that bisphosphonates prevent most types of serious fractures and thus are of benefit to millions of patients.
- Osteoporosis is undertreated. Many patients – even those at risk for osteoporosis – are never screened; with the result that osteoporosis goes undiagnosed, is untreated and progresses to debilitating fractures that are dangerous to patients and costly to treat.
- All women over age 65 should receive a baseline bone density screening test, however these are under-utilized; Medicare covers bone density testing as a preventive benefit, yet only 13 percent of Medicare-eligible women receive this screening test.

About ASBMR: *The American Society for Bone and Mineral Research (ASBMR) is the premier professional, scientific and medical society established to promote excellence in bone and mineral research and to facilitate the translation of that research into clinical practice. The ASBMR has a membership of nearly 4,000 physicians, basic research scientists, and clinical investigators from around the world.*