

Osteoporosis : update on management

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ABSTRACT

Up to 70% of Caucasian old women (over 80 years old) have osteoporosis (OP) according to bone densitometry criteria. In adults for a long period, OP remains silent until that a first fracture (which confirmed a bone frailty) happens. In most of cases these fractures are secondary to falls.

The systematic screening for OP should be implemented in primary care setting and particularly in all setting where osteoporotic fractures are possibly diagnosed (e.g.: emergency departments). For geriatricians, OP should also be systematically suspected in aged fallers. The detection includes clinical assessment (e.g. loss of height with aging) completed by a bone densitometry. The latter is considered as a cost effective and reliable method to detect OP and provide data suggesting to start an prevention treatment. It is now admitted that: (i) OP can be easily suspected in daily practice (e.g. in people with an previous history of bone fracture); (ii) specific sites are strong indicators of sever underlying OP (e.g. hip or proximal humeral fracture); and (iii) the systematic for OP is useful because of the availability of multiple effective drugs in lowering the risk of recurrent fractures and associated consequences.

Amongst these treatments are antiresorptive drugs (that inhibit osteoclast cells) which have been widely investigated. New therapeutic schemas have been recently validated using anabolic drugs (that increase bone formation) or combining antiresorptive and anabolic drugs during longer periods. Whatever the therapeutic approach, efforts must be done to favour the best possible therapeutic adherence.