

# **INTERMITTENT CYCLIC THERAPY WITH ETIDRONATE PREVENTS CORTICOSTEROID-INDUCED BONE LOSS: THREE [...]**

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**INTERMITTENT CYCLIC THERAPY WITH ETIDRONATE PREVENTS  
CORTICOSTEROID-INDUCED BONE LOSS: THREE YEARS OF FOLLOW-UP  
(PRZERYWANA, CYKLICZNA TERAPIA ETYDRONIANEM ZAPOBIEGA  
POSTEROIDOWEJ UTRACIE MASY KOSTNEJ – TRZY LATA OBSERWACJI)**

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We determined the effectiveness of 3 years of intermittent  
cyclic therapy with etidronate (ICT-E) in preventing bone loss

in patients receiving corticosteroid (CS) therapy. We analyzed the clinical records of patients seen at our tertiary care Osteoporosis Centre, whose data are routinely collected prospectively into a standardized database.

Patients treated with CS for at least 3 years were selected for the study group if they were concomitantly treated with ICT-E. A comparison (Comp) group was selected of CS-treated patients who were treated with no bone-active therapy other than calcium and vitamin D. Patients were excluded if they had known causes of secondary osteoporosis, were treated with any other bone-active therapy within the preceding 2 years or did not have a bone mineral density (BMD) determination at baseline and after approximately 1, 2 and 3 years of follow-up.

There were 24 and 37 patients in the ICT-E and Comp groups. The groups were comparable in baseline age, 60;16 vs 55;14 yrs (mean;SD), and mean CS dose during the study period (prednisone 13 vs 10 mg/day). The groups differed in prior duration of CS therapy, respectively 11;11 vs 3;4 yrs. In the ICT-E group, LS-BMD increased significantly relative to baseline at each yearly follow-up time point, by +3.8;5.8%,  $p=0.006$  (1 yr), +5.0;8.0%,  $p=0.006$  (2 yr) and +5.2;9.8%,  $p=0.01$  (3 yr). In the Comp group, LS-BMD changed by -3.6;6.4% ( $p=0.0005$ ), -3.2;7.8% ( $p=0.007$ ) and -1.3;9.1% ( $p=0.3$ ), respectively. The differences in these percent changes between the two groups were significant at each time point,  $p=0.00003$  (1 yr),  $p=0.0002$  (2 yr) and  $p=0.01$  (3 yr). These data suggest that ICT-E is an effective treatment for CS-induced osteoporosis over a period of 3 years of continuing CS therapy. These findings extend the conclusions of controlled trials conducted over shorter periods of CS therapy.