

Effectiveness of Etidronate and Alendronate in the Treatment of Osteoporosis in Males (...)

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Effectiveness of Etidronate and Alendronate in the Treatment of Osteoporosis in Males: A Prospective Observational Study (Skuteczność etydronianu i alendronianu w leczeniu osteoporozy u mężczyzn – prospektywne badanie obserwacyjne)

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Optimal treatment for osteoporosis (OP) in males is uncertain. Etidronate (E) and alendronate (A) are two bisphosphonates available

in most countries for the treatment of osteoporosis (OP). From CAND00, our prospective observational database of patients with OP or osteopenia who are being followed at our academic tertiary care centre, we extracted the records of males who had had an initial bone mineral density (BMD) determination (immediately prior to any bisphosphonate therapy) and a follow-up BMD after 1 yr. Males treated with calcitonin, fluoride or another bisphosphonate were excluded. We divided them into 4 groups: E users for at least 1 y (n=91), A users for at least 1 y (n=33), switchers (S) (users of E for at least 2 y followed by a switch to A for at least 1 y) (n=18), and controls (calcium or vitamin D only, n=97). At baseline, lumbar spine (LS) and femoral neck (FN) BMD t-scores in the 3 treatment groups did not differ significantly but all were significantly lower than in the control group (except for the LS t-scores in A). At 1 y, LS BMD increased significantly within the A (mean; SEM = 6.3;0.6%), E (3.9;0.6%) and S (6.6;1.3%) groups. Femoral neck (FN) BMD increased in the A and E groups. All LS increases were significantly greater than the changes in the control group ($p < 0.001$ by Tukey's paired comparison test), and only the A group had a statistically significant increase in FN BMD compared to the C group. We conclude that both A and E can increase BMD in males with OP or osteopenia. In this study, A was associated with a slightly greater mean increase in BMD than E.