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Alendronic acid appears to be more effective than risedronic acid for preventing fractures in patients with rheumatoid arthritis (RA) being treated with longterm corticosteroids, say researchers from Japan. Their retrospective study evaluated 138 general practice patients (aged 50 –79 years) treated with alendronic acid (n = 80) or risedronic acid. The alendronic acid recipients had significantly greater duration of RA, duration of bisphosphonate therapy, and frequency of severe RA, and received a numerically higher mean dose of corticosteroid. However, rates of new vertebral fractures and new nonvertebral fractures were lower in alendronic acid recipients than in risedronic acid recipients (6.3% and 6.3% vs 13.8% and 12.1%, respectively); Kaplan-Meier analysis demonstrated a significant difference between alendronic acid and risedronic acid for the cumulative incidence of fractures.

Katayama K, et al. Effects of bisphosphonates on fracture incidence and bone metabolism in rheumatoid arthritis patients in general practice taking long-term corticosteroid therapy: a retrospective study. Clinical Drug Investigation 28: 149-158, No. 3, 2008