

CREST has recently discussed the possibility of reviewing and updating its guidelines on the Prevention and Treatment of Osteoporosis, published in March 2001. CREST has been informed that the Royal College of Physicians guidelines, on which the CREST guidelines were modelled, would not be updated as the National Institute for Clinical Excellence (NICE), were currently in the process of developing guidelines on the Prevention and Treatment of Osteoporosis. They are also currently undertaking a number of technology appraisals in relation to the clinical and cost effectiveness of interventions in osteoporosis. The NICE guidelines are due for publication in June 2006 and CREST agreed to await the publication of this document before taking further action.

HRT- no longer first choice of therapy for the prevention of osteoporosis

HRT is no longer recommended as first choice therapy for the prevention of osteoporosis. This follows a European –wide review of the balance of risks and benefits of HRT in response to growing concerns about the safety of HRT in long-term use.

In December 2003, the chairman of the Committee on Safety of Medicines (CSM) wrote to professionals on the conclusions of the review of the long-term risks and benefits of HRT. The main conclusions were; -

- The risk: benefit of HRT is favourable for treatment of menopausal symptoms;
- The minimum effective dose should be used for the shortest treatment duration;
- The risk: benefit of HRT is unfavourable for the prevention of osteoporosis as first –line use;
- In healthy women without symptoms, the risk: benefit of HRT is generally unfavourable.

HRT should not be considered first- line treatment for the long-term prevention of osteoporosis in women over the age of 50 years of age and at an increased risk of fractures. HRT remains an option for those who are intolerant of other osteoporosis prevention therapies, for whom these are contraindicated, or for whom there is evidence of a lack of response to other therapies. In such cases the individual risk: benefit balance should be carefully assessed.

The CSM advised that women over the age of 50, currently receiving HRT, as long-term prophylaxis should have their treatment reviewed at the next appointment.

The CSM and its expert working group on HRT is keeping the safety of osteoporosis treatments, under continual review and will issue further advice, as necessary, to take account of new and emerging evidence.

The advice from the Committee on Safety of Medicines on safety of HRT is available on www.mhra.gov.uk. In addition, the Royal College of Physicians in Edinburgh has produced a consensus statement on the role of HRT in clinical practice www.rcpe.ac.uk/esd/consensus/hrt_03.html

Further news on osteoporosis and fragility fractures.

An all-Ireland conference on osteoporosis was held in Dublin on February 11 2004 organised jointly by the Irish Osteoporosis Society, the Irish Orthopaedic Association, the NI Trauma and Rehabilitation RRG and the International Osteoporosis Foundation. The meeting was notable for the multidisciplinary mix of surgeons, physicians, primary care doctors, nurses, AHPs, epidemiologists and bioengineers who attended. The need for better care for fragility fracture patients – surgical, medical and rehabilitation – was demonstrated. Furthermore, the epidemiological prediction of a doubling of incidence by 2050 highlighted the urgent need for prevention, particularly secondary prevention in the high-risk group of people who have already sustained one fragility fracture. Following the meeting, an Irish Osteoporosis Network was established, to define the requisite tasks and campaign for concrete action. Anyone interested in helping should email his or her contact details to h.mcbrinn@ulster.ac.uk.