

A interventional study in a real life setting to assess the clinical efficacy and effect to fracture in the 1 year after the injection of zoledronic acid in osteoporotic patients with long bone or spine, pelvic fractures

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Introduction



Zoledronate

Oral bisphosphonate has gastrointestinal side effect, and low compliance. Zoledronate provide an alternative for patients w ho cannot tolerate oral bisphosphonate.

HORIZON-PFT trial (7765 postmenopausal women)

Once-yearly infusion of zoledronic acid during 3 year significa ntly reduced the incidence of vertebral, hip, and non-vertebra I fracture.

Introduction



To investigate

- The change in bone mineral density (BMD)
- Change in back pain (VAS)
- Fracture healing
- Newly developed fracture
- Adverse effect

in elderly postmenopausal osteoporosis patients who has had ver tebral fracture or non-vertebral fracture treated with zoledronate

Materials & Methods



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Postmenopausal women who had osteoporosis (T score < -2.5)
with osteoporotic vertebral fracture or non-vertebral fracture
who approved the informed consent

Exclusion: patients who has contraindications of IV zoledronate fracture not related with osteoporosis

Zoledronate injection

- IV zoledronate (Aclasta®, 5mg/100ml)
- •1 time injection
- •3 days after the fracture diagnosed



Safety assessment

Adverse events

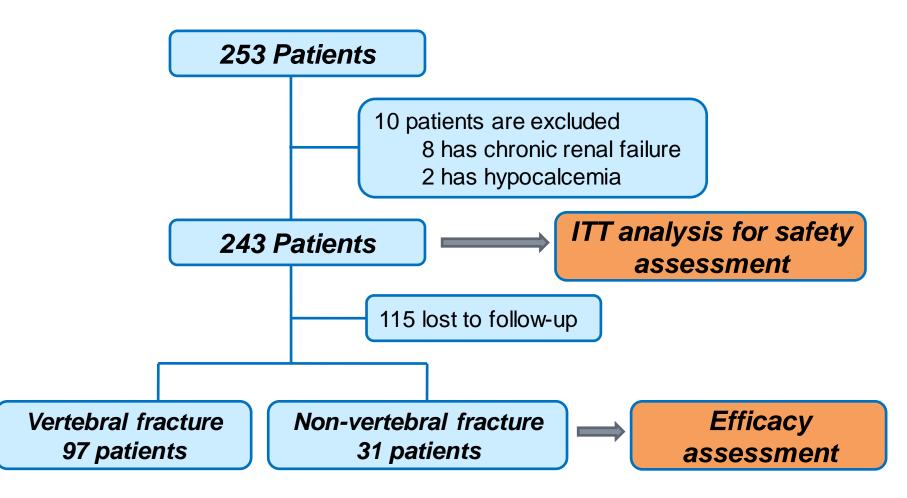
Efficacy assessment

•BMD

- •Change of back pain
- •Healing status of fracture
- •Newly developed fracture

Materials & Methods





Results - BMD



Study groups (N=130)

Mean age (yrs.) = 71.1 ± 9.1

	Baseline	12 months after Zoledronate injection	P-value
Vertebra T-score	<i>-3.00 ±0.77</i>	<i>-2.70 ±1.47</i>	<i>P<0.05</i>
Femoral neck T-score	<i>-2.80 ±0.77</i>	<i>-2.70 ±0.87</i>	<i>P<0.05</i>
Lowest T-score	-3.40 ±0.70	-3.20±0.76	<i>P<0.05</i>



Vertebral fracture group (N=97)

Mean age (yrs.) = 71.9 ± 9.4

	Baseline	12 months after Zoledronate injection	P-value
Vertebra T-score	<i>-3.14 ±0.85</i>	-2.76 <i>±</i> 1.61	<i>P<0.05</i>
Femoral neck T-score	-2.92 ±0.84	-2.76 <i>±</i> 1.09	<i>P<0.05</i>
Lowest T-score	-3.55 ±0.71	-3.30±0.79	<i>P<0.05</i>



Non-vertebral fracture group (N=31)

Mean age (yrs.) = 70.3 ± 8.5

	Baseline	12 months after zoledronate injection	P-value
Vertebra T-score	-2.85 ±1.03	<i>-2.71 ±0.84</i>	<i>P<0.05</i>
Femoral neck T-score	-2.71 ±0.61	-2.66±1.01	<i>P<0.05</i>
Lowest T-score	-3.26±0.99	-2.94 ±0.80	<i>P<0.05</i>





Delayed healing, Nonunion : 0 case

New developed fracture : 3 cases

- ✓ Vertebral fracture : 2 cases
- ✓ Distal radius fracture : 1 case

Results – Adverse Effects



Reported side effects : 11 cases (4.5%)

- ✓ Flu-like symptom : 6 cases
- ✓ Nausea/vomiting : 1 case
- ✓ Dyspepsia : 1 case
- ✓ Joint swelling : 1 case
- ✓ Arthralgia : 1 case
- ✓ Dizziness : 1 case

Conclusions



Administration of zoledronate in postmenopausal osteoporosis patient who had vertebral fracture or non-vertebral fracture

- ✓ Bone mineral density improvement
- ✓ Reduced back pain
- ✓ No influence on fracture healing

Control Zoledronate is effective treatment for osteoporosis of elderly postmenopausal patients who had vertebral fracture or non-vertebral fracture.