

**Strontium ranelate for the prevention of Osteoporotic fractures**  
**ASSESSMENT REPORT –comments from the Royal College of General Practitioners**

We certainly need to use the term "established osteoporosis".

British GP's and their patients are often faced with poor access to DXA scanning and long waiting times. Because Strontium Ranelate has a higher atomic mass than calcium the improvement in T scores is greater than the "true improvement in bone strength" Therefore it seems that if a DXA scan result will influence the decision to prescribe, then Strontium Ranelate should not be prescribed before the DXA scan. It may, however be possible to use DXA scanning to monitor adherence to therapy, using this artifactual finding (ref 1) More research is needed.

It is well recognised that poor compliance is an important issue in the clinical setting. Evidence from DIN-LINK suggests that only approximately 20% of patients initiated on a bisphosphonate are persisting with treatment at 12 months. This figure is better, 40% for weekly bisphosphonates.

Furthermore if patients do not comply with the difficult dosing instructions the drug is not as effective and the patient is more likely to experience side effects. In any one year 40% of the population suffer with dyspepsia. However, the symptoms of dyspepsia do not correlate well with the findings at endoscopy (ref 2). It is therefore difficult in Primary Care to decide which patients may have the dyspeptic symptoms that may be cautions or contraindications to prescribing a bisphosphonate.

Of those patients who consult with their GP with dyspepsia whilst taking a bisphosphonate some will be referred for upper gastrointestinal endoscopy with its associated inconvenience, morbidity and cost. As the side effect profile of Strontium Ranelate does not include dyspepsia, and this is not a contraindication to prescribing it, compliance and persistence to therapy, in the clinical setting may be better with Strontium Ranelate compared to the bisphosphonates.

Ref 1 -Fogelman, I., Blake GM Strontium Ranelate for the treatment of osteoporosis BMJ 18th June 2005 330; 1400-1401

Ref 2 -NICE Dyspepsia-management of dyspepsia in adults in primary care-clinical guideline 17

And finally I think that there's a typo'-p19 line 30."Has the parent ever used corticosteroids" should refer to the patient not the parent.

**Dr Alun Cooper MRCGP**  
**9<sup>th</sup> August 2005**

**Dr Simon de Lusignan TD MRCGP** also wished to add the following statement to Dr Cooper's comments:

We have a study in analysis at present which also shows low levels of persistence with weekly bisphosphonates. I agree with Alun that more research is badly needed to understand why.