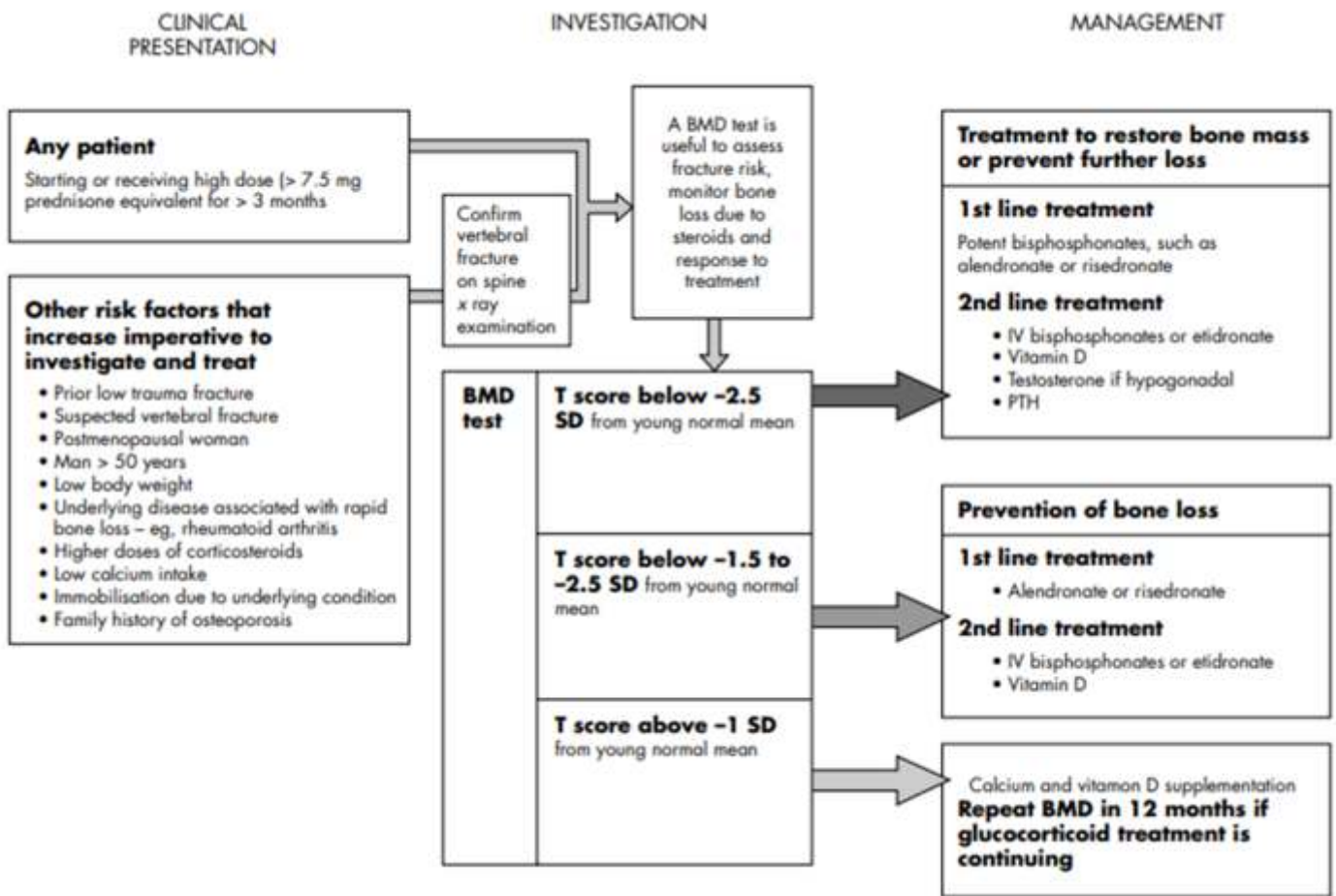


## In Endocrinology

### Steroid Osteoporosis

- Steroid induced osteoporosis is a preventable entity
  - Steroid users fracture at HIGHER BMD
  - Long term therapeutic exposure to steroids leads to osteoclast and osteoblast suppression.
    - This diminishes bone remodeling
  - Higher risk category for steroid induced osteoporosis
    - Low BMI
    - Parental history of hip fracture
    - Current smoking
    - >3 alcoholic drinks daily
    - Higher daily glucocorticoid dose
    - Higher cumulative glucocorticoid dose
    - Intravenous pulse glucocorticoid
    - Declining central BMD measurement
  - Doses posing risk
    - >5 mg/day for 3 months
  - Prevention
    - Primary prevention to all – life style modification
    - Secondary prevention to patients with BMD T score <-1 – bisphosphonates, denosumab, teriparatide
  - Calcium and vitamin D supplements to all patients
- “It is never too early to treat and never too late to treat”***
- Bisphosphonates: they are recommended in patients with BMD T score <-1
    - Alendronate, etidronate , risedronate, zoledronate
  - Teriparatide: the only available hormone which promotes new bone formation



- Denosumab: human monoclonal antibody which promotes bone formation
- Tocilizumab: new therapeutic agent against sclerostin antibody
- Beta ecdysone: under trial

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