PLENARY LECTURE 3 - Bone Forming Agents: Will they help to close the gap in the treatment of post-menopausal osteoporosis

BONE FORMING AGENTS: WILL THEY HELP TO CLOSE THE GAP IN THE TREATMENT OF POST-MENOPAUSAL OSTEOPOROSIS?

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During the last years, the paradigm of the treatment of osteoporosis has significantly changed, following the publication by ESCEO and IOF of an algorithm for the management of patients at risk of fractures. Now, the classical "one-size fits all" treatment approach is obsolete. Patients should be treated on the basis of their fracture risk. Patients at imminent (very high) risk for fracture should receive, as first-line, background treatment, a bone forming agent (BFA) followed by the prescription of an anti-resorptive agent. Three BFA are currently marketed, two PTH Receptor 1 Agonists and an anti-sclerostin antibody. PTH RA include Teriparatide and Abaloparatide while Romosozumab is the anti-sclerostin antibody. All of them have shown to significantly reduce fracture rates at all skeletal sites including spine, non-spine, major osteoporotic fractures and hip. They provide a greater anti-efficacy compared to anti-resorptive agents. All of them present a reasonable risk/benefit ratio with only minor concerns for the prescription of Romosozumab in patients with a previous history of cardiovascular disorders. After a BFA is stopped, an anti-resorptive agent should be prescribed to maintained the benefit obtained during treatment. When BFA are prescribed after the prolonged administration of a potent anti-resorptive agent, their beneficial effect on cortical bone is partially mitigated which suggests that an anti-resorptive agent could be prescribed during the first months of administration of the BFA. Sequential treatment associating a BFA and an anti-resorptive agent was shown to be cost-effective compared to an anti-resorptive agent alone and compared to no treatment. The benefit of BFA is particularly evident (clinically and economically) in patients at higher risk for fracture.