

Preface

Osteoporosis



Stuart L. Silverman, MD
Guest Editor

This issue of *Rheumatic Disease Clinics of North America* is dedicated to the efforts of rheumatologists worldwide to study, diagnose, and treat osteoporosis. Rheumatologists are uniquely positioned to treat osteoporosis as patients with osteoporosis often present with the painful symptoms of fracture. Rheumatologists treat patients with diseases associated with increased risk of fracture such as rheumatoid arthritis or use medications like glucocorticoids, which increase the risk of fracture. Rheumatologists are often the champions for osteoporosis in their own institutions and local communities.

Rheumatologists have taken the lead in many aspects of the osteoporosis world globally, nationally, and locally. Rheumatologists have led national organizations such as International Society of Clinical Densitometry (ISCD) and American Society for Bone Mineral Research (ASBMR).

The American College of Rheumatology or ACR has had a study group in osteoporosis metabolic bone disease for almost two decades. The ACR has taken the lead in developing guidelines for glucocorticoid-induced osteoporosis.

Rheumatologists have participated in ASBMR taskforces on system-wide intervention, osteonecrosis of the jaw, and atypical fractures.

Rheumatologists have participated in developing new accreditation criteria for osteoporosis for the Joint Commission.

Rheumatologists have taken the lead studying the health-related quality-of-life impact of osteoporosis.

In this issue, we invited rheumatology osteoporosis experts and their colleagues to discuss the ten following topics related to the assessment and treatment of osteoporosis.

1. Sandy Baim from the University of Miami updates us on the strengths and limitation of FRAX, the new WHO fracture risk algorithm, which helps us to target the patients who need treatment the most.
2. David Silver from Cedars-Sinai tries to make sense of the current calcium and vitamin D controversy.

3. Jie Zhang, Ken Saag, and Jeff Curtis from the University of Alabama at Birmingham address the adverse effects associated with long-term bisphosphonate therapy and discuss osteonecrosis of the jaw and atypical fractures.
4. Andy Laster from Arthritis and Osteoporosis Consultants of the Carolinas, and Bobo Tanner from Vanderbilt University have cogently reviewed the issues of discontinuing long-term bisphosphonate therapy and possibly taking a holiday. We can no longer treat patients with risk for fracture with a single drug during their lifetime.
5. Robin Dore from UCLA shares with us new data of up to 5 years on denosumab, the first RANK-ligand inhibitor.
6. Mike Maricic from the University of Arizona updates us on glucocorticoid osteoporosis, both the identification of patients who should be treated by ACR criteria as well as the new management options.
7. As we begin to place our bisphosphonate patients on holidays, the importance of being able to monitor patients has increased. J.P. Devogelaer, Yves Boutsen, Damein Gruson, and Daniel Manicourt from the Université Catholique de Louvain give us some guidelines on the place of bone turnover markers in osteoporosis assessment and treatment.
8. Denise Orwig, Nancy Chiles, Mark Jones, and Marc Hochberg from the University of Maryland update us on the treatment of osteoporosis in men.
9. Chad Deal from the Cleveland Clinic discusses exciting data on new osteoporosis drugs, particularly the new anabolics.
10. Finally, with my colleague Keaton Nasser from Cedars-Sinai, I discuss an update on teriparatide, the first approved anabolic therapy.

Enjoy!

Stuart L. Silverman, MD
Cedars-Sinai Bone Center of Excellence
8641 Wilshire Boulevard, Suite 301
Los Angeles, CA 90211, USA

E-mail address:
stuart@omcresearch.org