Alendronate useful in treating osteoporosis

To the Editor:

An article, "Randomised trial of effect of alendronate on risk of fracture in women with existing vertebral fracture," appears in the December 7, 1996 issue of *Lancet*. This study, a Fraction Intervention Trial (FIT), is a large prospective trial undertaken to assess the efficacy of a treatment in reducing the incidence of fractures in noninstitutionalized postmenopausal women with osteoporosis. Although previous studies have shown alendronate can increase bone mineral density, the study reported in the *Lancet* concluded that alendronate also reduces substantially the frequency of clinical vertebral fractures. Each of the women in the study had had at least one vertebral fracture at the time she was enrolled.

Only 8% of the patients in the alendronate group had at least one new vertebral fracture compared with 15% of the patients in the placebo group. Forty-seven percent fewer patients in the alendronate group had at least one new vertebral fracture compared with subjects in the placebo group. In addition, 90% fewer patients in the treatment group had multiple vertebral fractures compared with patients in the placebo group.

Similar results were seen when non-vertebral fractures were examined. A 51% reduction in hip fracture risk was found in patients in the alendronate group and a 48% reduction in wrist fractures.

Because this study included only women who had vertebral fractures at recruitment, these women were thought to be at a substantially higher risk of having subsequent vertebral and non-vertebral fractures than women without fractures. No differences in the rate of adverse events were noted between the

two groups. Likewise, no significant difference was found in the frequency of esophagitis or upper gastrointestinal symptoms between the women in both groups.

Thus, this study, involving more than 2000 primarily white women with low-bone density and at least one vertebral fracture, found alendronate to be well-tolerated. Furthermore, this drug substantially reduced the frequency of morphometric and clinical vertebral fractures, as well as other clinical bone fractures. By reducing the frequency of fractures, alendronate could also decrease the disability associated with osteoporotic fractures. ♦

Bernard R. Rubin, DO

Professor of Medicine
Chief, Division of Rheumatology
University of North Texas Health Science
Center at Fort Worth
Fort Worth, Tex

Abessinio, Andrea M, KCOM '89; Suite 5,
20861 Mack Ave, Grosse Pt Woods, MI
48236

Alevizos, John, CCOM '90; 7569 E Bridge-
wood Dr, Anaheim, CA 92808-1407

Bachove, Stephen W, PCOM '73; No. 111,
503 Polaris Loop, Casselberry, FL
32707-6801

Bartz, Nicholas W, UOMHS '81; PO Box
1392, Jackson, MI 49204-1392

Bellovich, Keith A, MSUCOM '89; No. 150,
22201 Moross, Detroit, MI 48236

Bergquist, Michael Victor, UOMHS '87;
4444 Kalamazoo, Kentwood, MI 49508

Brixey, James R, UHSCOM '68; No. 101,
1500 E Downing, Tahlequah, OK
74464-3234

Brodzik, Lee Ann, NYCOM '85; Apt A209,
903 Parkview Dr, King of Prussia, PA
19406-1019

Cassani, John Joseph, OSUCOM '80; 3967
S McCarran Blvd, Reno, NV 89502-
7510

Castle, Stephen P Maj, UOMHS '87; Suite
370, 1800 15th St, Greeley, CO 80631

Citta-Pietrolungo, Thelma Jean, PCOM '86;
2591 Fenwick Rd, University Hts, OH
44118-4426

Cubina, Maria, NYCOM '89; 129 Birch
Hollow Dr, Bordentown, NJ 08505-
4235

Daly, Stephen J, UOMHS '76; 6 Jasmine
Ln, Sicklerville, NJ 08081-4106

Dawson, John M Lt, KCOM '81; 2612 W
Pine Lake Rd, Columbiana, OH 44408-
9770

Dean, David A, UHSCOM '92; PO Box
10041, Ft Irwin, CA 92310-0041

Donaldson, John R, UNTHSC '89; 4105
Kirkman St, Lake Charles, LA 70607-
4603

Duckett, Laurie A, OSUCOM '89; 1844 E
15th Street, Tulsa, OK 74104-4611

Frohlich, Douglas J, CCOM '85; 7108 N
Crawford Ave, Lincolnwood, IL 60646-
2304

Gilreath, V Shearman, UHSCOM '73; 511
Elmwood, Dearborn, MI 48124-1661

Goldstein, Martin Barnett, CCOM '59; No.
2506, 2400 Chestnut St, Philadelphia,
PA 19103-4316