



SECOND JOINT MEETING OF THE

European Calcified Tissue Society AND THE International Bone and Mineral Society

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Palexpo Congress Centre, Geneva, Switzerland

SPORADIC STEROID USE DOES NOT INCREASE BONE FRACTURE RISK

Geneva, Switzerland (27 June 2005)—Research has shown that prolonged use of oral steroids is linked to osteoporosis and an increased risk of bone fracture, but Frank de Vries, M.Sc. and his research team have concluded in a recent study that short-term, high-dose usage appears to be safe. The findings were presented today at the [Second Joint Meeting of the European Calcified Tissue Society and the International Bone and Mineral Society](#).

Steroids are effective in the treatment of respiratory diseases, such as asthma and chronic bronchitis, as well as rheumatoid arthritis and inflammatory bowel disease. A continuous steroid regimen keeps these diseases under control, while short-term, high-dose treatment suppresses symptoms during attacks.

Dr. de Vries studied 92,000 patients from the U.K. General Practice Research Database who were over age 40 and were using oral steroids for respiratory diseases. Odds ratios were estimated using Cox proportional hazards models, adjusted for age, gender, body mass index, smoking and disease and drug history. Fractures included were those of the radius/ulna, humerus, rib, femur/hip, pelvis or vertebrae. Short-term of six to 14 days use of prednisolone, which a commonly prescribed steroid, of more than 15 mg per day did not show a statistically significant increase in risk for osteoporosis or fracture, and doses greater than 30 mg only indicated a small increase in risk. Hip fracture risk did not increase at all. Long-term users who used more than 5 grams of prednisolone during a continuous period of time have a three-fold risk of fracture.

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Sporadic Steroid Use Does Not Increase Bone Fracture Risk, Page 2

“It is evident from this study that occasional short-term use of high-dose steroids does not increase fracture risk in patients,” says Dr. de Vries. “However,” he adds, “bone health of patients who regularly use even low-dose steroids should be monitored and they should receive bone-protecting treatment.”

For more information about Dr. de Vries’ study, please visit www.ects-ibms-2005.org.

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[The European Calcified Tissue Society \(ECTS\)](#) is the major organization in Europe for researchers and clinicians working in the field of calcified tissues. [The International Bone and Mineral Society \(IBMS\)](#) is the international society working to promote the generation and dissemination of knowledge about bone and mineral metabolism.

The [ECTS-IBMS Second Joint Meeting](#), held in Geneva, Switzerland, 25-29 June 2005, brings together some 3,000 researchers, clinicians, physicians and other allied health professionals, will offer participants the opportunity to enhance their knowledge of bone biology, bone diseases and their correlation to mineral metabolism.

State-of-the-art research on bone and mineralized tissue, along with diagnostic and therapeutic aspects of metabolic bone diseases will be presented through symposia, workshops, training courses, lectures, posters and Meet the Professor sessions. Topics covered at the meeting include: osteoporosis assessment, treatment, genetics and physiology; clinical disorders other than osteoporosis; stem cells and bone cells; nutrition and bone; metabolic bone disease; bone imaging and assessment; and bone development.

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