Letters to the Editor

Dear Dr. Walson:

In their article "Risedronate: A New Oral Bisphosphonate,"[1] Drs. Umland and Boyce provided a comprehensive review of the efficacy and gastrointestinal tolerability profile of risedronate. The addition and clarification of several important facts may further benefit your readers.

The authors reported reductions in 1-year vertebral fracture risk of 65% in postmenopausal women in the North American arm of the Vertebral Efficacy with Risedronate Therapy (VERT-NA) trial[2] and 70% in patients treated with glucocorticoids.[3] However, they did not mention the reduction in 1-year fracture risk of 61% in VERT-MN[4] (the multinational arm of VERT). These data provide evidence that risedronate consistently and reproducibly reduces the risk of vertebral fracture within 1 year. This is of particular importance when considering the recent work by Lindsay et al[5] showing that ~20% of postmenopausal women who experience a vertebral fracture will have another fracture within 1 year.

In their discussion of the Hip Intervention Program, Drs. Umland and Boyce mistakenly reported that the reduction in hip fracture risk among patients aged 70 to 79 years with confirmed osteoporosis was not statistically significant. For clarification, the 40% reduction in hip fracture risk among women treated with risedronate was statistically significant ($P = 0.009$). In addition, in women aged 70 to 79 years with confirmed osteoporosis and a vertebral fracture at baseline, a 60% reduction in hip fracture risk was observed ($P = 0.003$).[6]

Finally, it is important to distinguish between prevention and treatment of glucocorticoid-induced osteoporosis—2 separate indications—when evaluating the efficacy of bisphosphonates. Risedronate is the only drug that is approved by the US Food and Drug Administration for both prevention and treatment of glucocorticoid-induced osteoporosis.

Kevin T. Roll, PharmD
Principal Scientist
Procter & Gamble Pharmaceuticals
Mason, Ohio

References

1. Umland EM, Boyce EG. Risedronate: A new oral bisphosphonate. *Clin Ther.* 2001;23:1409–1421.
2. Harris ST, Watts NB, Genant HK, et al, for the Vertebral Efficacy with Risedronate Therapy (VERT) Study Group. Effects of risedronate treatment on vertebral and nonvertebral fractures in women with postmenopausal osteoporosis: A randomized controlled trial. *JAMA.* 1999;282: 1344–1352.
3. Wallach S, Cohen S, Reid DM, et al. Effects of risedronate treatment on bone density and vertebral fracture in patients on corticosteroid therapy. *Calcif Tissue Int.* 2000;67:277–285.

4. Reginster J, Minne HW, Sorensen OH, et al, for the Vertebral Efficacy with Risedronate Therapy (VERT) Study Group. Randomized trial of the effects of risedronate on vertebral fractures in women with established postmenopausal osteoporosis. *Osteoporos Int.* 2000;11:83–91.

5. Lindsay R, Silverman SL, Cooper C, et al. Risk of new vertebral fracture in the year following a fracture. *JAMA.* 2001;285:320–323.

6. McClung MR, Geusens P, Miller PD, et al, for the Hip Intervention Program Study Group. Effect of risedronate on the risk of hip fracture in elderly women. *N Engl J Med.* 2001;344:333–340.