

# ARTHRALGIA AND OSTEOPENIA

- Before renal transplantation, intact parathyroid hormone levels should be maintained in the range of 100 to 250 pg/ml to avoid low turnover or hyperparathyroid bone disease.<sup>(1)</sup>
- In those recipients receiving corticosteroids in their immunosuppressive regimen, it is important to monitor bone mineral density by dual-energy x-ray absorptiometry (DEXA) at the lumbar spine and the hip in the first few days after grafting and 3 or 6 months later.<sup>(1)(2)</sup>
- With the new immunosuppressive regimens combining anticalcineurin agents with sirolimus, the prednisone dose can be safely reduced to 10 mg/day by the first month in most recipients.
- Significant osteopenia may be observed with doses as low as 7.5 mg/day of prednisone, maintenance dose at long-term should not be above this value.<sup>(3)</sup>

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- (1) Torres, Armando, Victor Lorenzo, and Eduardo Salido. 2002. "Calcium Metabolism and Skeletal Problems after Transplantation." *Journal of the American Society of Nephrology: JASN* 13 (2): 551–58.
  - (2) Cunningham, John Posttransplantation Bone Disease, *Transplantation*: March 27, 2005 - Volume 79 - Issue 6 - p 629-634 doi: 10.1097/01.TP.0000149698.79739.EF
  - (3) Grotz, Wolfgang, Christian Nagel, Daria Poeschel, Markus Cybulla, Karl-Georg Petersen, Markus Uhl, Christoph Strey, et al. 2001. "Effect of Ibandronate on Bone Loss and Renal Function after Kidney Transplantation." *Journal of the American Society of Nephrology: JASN* 12 (7): 1530–37.

