







Bone Disorders Related to Calcium

- Rickets
 - Defective bone growth from lack of Vitamin D
 Deformities due to softened bone
- Osteomalacia: Adult form of rickets
- Paget's Disease
 - Increased Bone resorption
 - Replacement with abnormal bone
 - Most asymptomatic
 - Fractures, deformities, deafness
- · Osteoporosis: Demineralization of bone

Osteoporosis

- Demineralization of bone with age
- Demographics
 - 10 million outright, and 34 million with osteopenia
 Women: 80%
 - Men 20%
- Pathophysiology
 - Maximum bone density ~30 years
 - Stable until ~50
 - Decreases after 50, accelerated for women 1% vs 2-3%
 - Decreased bone deposition occurs with age
 - Loss of calcium deposits and density leads to fragility

Osteoporosis

- Manifestations
 - Loss of height
 - Kyphosis, scoliosis
 - Increased risk of fracture
 - Wrist fractures
 - Compression fractures
 - Femoral neck





Osteoporosis

• Evaluation

- X-ray: typically once a fracture is suspected
- BMD: Dua-energy x-ray absorptiometry (DEXA)
 - Results reported in standard deviations
 - 1SD = 10% bone loss
 1 2SD bellow normal = ostopenia
 - 1 2SD bellow normal = 09
 < 2.5SD = osteoporosis
 - < 2.55D = Osteoporosis
 Site of measurement: wrist, vertebrae, femoral neck
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 BMD is higher predictor of fracture risk than BP of stroke
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- Family Hx of osteoporosis
 Personal hx of fractures
- Propensity to fall

Osteoporosis

- Treatment

 - Prevent bone loss
 - Promote bone formation

Calcium salts

- Indications
 - Mild hypocalcemia
 - Osteopenia, osteoporosis
- Adverse effects
 - Hypercalcemia with chronic high doses
 - Interactions with some drugs

Calcium Salts: Dose/Age

Age	Adequate Level of Calcium Intake
9 - 18	1300 mg daily
19 – 50	1000 mg daily
> 51	1200 mg daily

- Must take into account elemental calcium
 Calcium carbonate (most common)
 - Calcium citrate (best absorbed)
 - Calcium clusenete (mest absorbed)
 - Calcium gluconate (most common IV form)
- Orally: no more than 600mg at one time



Calcitonin (Miacalcin)

- Injection or nasal spray
- Inhibits osteoclasts
- Inhibits resorption of calcium in kidney.
- Used for
 - Treatment of osteoporosis, but not prevention
 - Hypercalcemia

Biphosphonates

- Structural analogs of pyrophosphonate
- Inhibit resorption of bone
- Therapeutic uses
 - Postmenopausal and glucocorticoid osteoporosis
 Paget's disease
- Preparations: 6 on market
 - Alendronate (Fosamax) (weekly or daily)
 - Actonel (weekly or daily)
 - Boniva (monthly)



Biphosphonates

- Administration considerations
 - Must give on empty stomach (OJ or coffee decreases absorption by 60%)
 - Must stay upright for 30 minutes afterward (GI upset)
 - Can be given either daily or weekly
 - Do not chew or suck on tablet
 - Full glass of water (min 8 oz)
- Adverse effects
- Esophagitis

Raloxifene (Evista)

- Selective Estrogen Receptor Modifiers
- Mimics estrogen in bone, lipids, blood clotting
- Blocks estrogen effects: breast and endometrium
- Postmenopausal Osteoporosis
- Adverse effects
 - Fetal Harm
 - Not for use in women who can become pregnant
 - Caution in patients who smoke: DVT
 - Hot flashes

Teriparatide

- Parathyroid hormone
- Only drug that increase bone formation
- If given continuously causes bone loss
- If given intermittently causes bone formation