NERIDRONATE IN THE TREATMENT OF POSTMENOPAUSAL OSTEOPOROSIS

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Oral bisphosphonates (BPs), such as alendronate and risedronate, are now considered the first choice drugs in the treatment of postmenopausal, male and glucocorticoid-induced osteoporosis (OP). Other BPs that are administered parenterally mar represent an alternative option for those patients who show upper gastrointestinal adverse events or contraindication to oral BPs. Among parenteral BPs, the aminoBP neridronate has been recently approved for the treatment of *Osteogenesis Imperfecta* and has been shown to be effective in the Paget's disease of bone, in hypercalcemia of malignancy, in the prevention of bone loss in postmenopausal osteoporotic women and in men with androgenic deprivation for prostate cancer. Aim of the present study is to assess by DXA (QDR 4500, Hologic) the 1-year changes of bone mineral density (BMD) of lumbar spine, femoral neck and total hip in women with postmenopausal OP, treated with neridronate 25 mg/monthly plus daily 1.2 calcium and 800 IU vitamin D. Thirteen patients have been evaluated, with a mean age of 66±6 years (age range 56-75). Basal and 1-year BMD (T-score, mean±SD) values were -3.14±1.07 and -2.81±1.18, respectively, at the lumbar site; -2.07±0.99 and -1.79±0.95, respectively, at the total femur; and -2.40±0.84 and -2.13±0.64, respectively, at the femoral neck. The 1-year variation was found to be statistically significant at lumbar (p=0.011) and femoral neck sites (p=0.047). During the study one patient had a post-traumatic peripheral fracture (humerus). No other adverse effects were noted. The preliminary result of this study suggests that neridronate shows a favourable effect on lumbar and femur BMD, with a good safety profile.