

DEAR MAYO CLINIC: Eleven years ago I was diagnosed with osteoporosis. Since then, I have taken Fosamax, calcium citrate and vitamin D. Regular bone density tests have shown improvement to osteopenia. Now, at age 75 and in excellent health, I wonder if I should continue taking Fosamax. Doctors' advice ranges from "don't think of stopping" to "it's dangerous to continue after 11 years." I've compromised and take it every two weeks instead of every week. Is this the answer?

ANSWER: Fosamax (alendronate) is one of a group of medications called bisphosphonates, which help slow bone loss and decrease fractures. And it can sometimes increase bone density. To make a decision about continuing this medication, you and your doctor need to consider your risk of bone fracture. For American women, beginning at age 50, there's a 40 percent lifetime risk of a fracture of the hip, wrist or spine.

It's important to know if you have had previous spine or hip fractures, because this would indicate a high risk of fractures in the future. Since many people experience a spinal compression fracture and don't seek medical attention, I'd recommend an X-ray of the spine. A change in height is a clue to spine fractures. While some loss in height is normal with age, if you've lost more than 1.5 to 2 inches, it's possible that you've experienced a spinal compression fracture.

If there's no spine fracture on your X-ray, and you have never had a hip fracture, then it's reasonable to take a "drug holiday" and stop taking Fosamax, since your bone density has improved into a mild bone-loss range (osteopenia).

Here's why it's reasonable. A recent study looked at postmenopausal women who took Fosamax for osteoporosis or osteopenia. After five years on the medication, half continued for another five years and half stopped taking it. The group that stopped didn't experience more fractures than the group that continued to take the drug. Although bisphosphonates such as Fosamax continue working in the bones for years after you stop taking them, we do not have data to know if it's OK to stop other medications in this class.

There's no rule on how long a drug holiday should last. If you stop taking Fosamax, I recommend that you have another bone density test in one to two years to check for changes.

If you are at high risk because of previous bone fractures, I'd suggest continuing the medication. The study mentioned above suggested that women at highest fracture risk, with very low bone densities (osteoporosis range) or prior fractures, benefited from staying on Fosamax. There's no evidence that long-term use causes any dangerous side effects or harm to the bones after 10 years or more of treatment.


Taking Fosamax every other week, instead of the recommended once-a-week dose, is not a good idea. We don't know if this approach provides any benefits.

Whatever your decision, continue taking other steps to maintain bone health. Take calcium and vitamin D and don't smoke. Avoid excessive use of alcohol as the risk of hip fracture nearly doubles if you have more than two drinks per day. Make low-impact, weight-bearing exercise, such as walking and strength training, a part of your daily routine. - **Robert Wermers, M.D., Endocrinology, Mayo Clinic, Rochester, Minn.**

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