

Dear Editor:

Research into side effects makes both physicians and patients aware of the risks of taking medications, particularly for chronic and life altering diseases, like osteoporosis. But research reported today must be balanced and not send physicians, patients or the public down the wrong path; one of no treatment, or under treatment of osteoporosis.

As one of the study authors importantly pointed out, esophageal cancer is uncommon and presents a very small risk to patients taking bisphosphonates. The study cited was “observational” and does not offer the kind of scientific evidence that shows whether bisphosphonates cause cancer.

Leading Canadian osteoporosis researchers report that one in four Canadian women, and at least one in eight Canadian men over 50, has osteoporosis. At least 80% of fractures in people 60+ are related to osteoporosis, and hip fractures related to osteoporosis result in death in up to 30% of cases. Each hip fracture costs the system \$21,285 in the first year after hospitalization and \$44,156 if the patient is institutionalized. Osteoporotic hip fractures consume more hospital bed days than stroke, diabetes, or heart attack.

Given these statistics, the impact of not appropriately treating osteoporosis with bisphosphonates – particularly in older people – is enormous.

The most important, well documented “take home” messages for people suffering from the disease were not included in today’s story:

- Developing esophageal cancer after taking bisphosphonates are much smaller than from known causes like being obese, smoking or drinking;
- Take bisphosphonates carefully, with a full glass of water before eating and not reclining for at least 30 minutes afterward;
- Report to your doctor difficulty in swallowing and throat, chest or digestive discomfort to investigate whether they are experiencing a serious side effect.

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