

# Findings support bisphosphonate use in men with osteoporosis

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0.029 to 2.238), compared to controls. Meta-analyses showed that, as a treatment category, bisphosphonates demonstrated significantly lower risk of vertebral fractures (RR, 0.368; 95 percent CI, 0.252 to 0.537) and nonvertebral [fractures](#) (RR, 0.604; 95 percent CI, 0.404 to 0.904) versus controls. However, in sensitivity analysis, the finding that bisphosphonates significantly reduce nonvertebral fracture risk was not upheld.

"These findings support the use of bisphosphonates to reduce vertebral and possibly nonvertebral fracture risk for men with [osteoporosis](#)," the authors write.

One author disclosed financial ties to Merck.

**More information:** [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Bisphosphonates reduce the risk of vertebral, and possibly nonvertebral, fractures for men with osteoporosis, according to a review and meta-analysis published online Nov. 7 in the *Journal of the American Geriatrics Society*.

Smita Nayak, M.D., from the Swedish Medical Center in Seattle, and Susan L. Greenspan, M.D., from the University of Pittsburgh, conducted a systematic literature review to identify clinical trials that evaluated the efficacy of osteoporosis treatment for adult men, as well as reported fracture outcomes.

The researchers identified 24 eligible articles reporting results for 22 studies (including 4,868 male participants). Analysis showed significantly lower risk of [vertebral fractures](#) with alendronate (relative risk [RR], 0.328; 95 percent confidence interval (CI), 0.155 to 0.692) and risedronate (RR, 0.428; 95 percent CI, 0.245 to 0.746), but not with calcitonin (RR, 0.272; 95 percent CI, 0.046 to 1.608) or denosumab (RR, 0.256; 95 percent CI,

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