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IN BRIEF

THERAPY

Oral calcitonin—a new therapeutic option for osteoporosis?

Oral recombinant calcitonin might be more effective than nasal spray calcitonin in women with postmenopausal osteoporosis, according to the ORACAL trial researchers. This 48-week randomized, double-blind, double-dummy, multicenter study included 565 women aged 46–86 years. Participants received one of three treatments: oral tablets containing 0.2 mg of calcitonin per day plus a nasal spray placebo; 200 IU of nasal spray calcitonin per day plus placebo tablets; or placebo tablets and placebo nasal spray. Oral calcitonin therapy was associated with a small but significant increase from baseline in lumbar spine BMD ($1.5\% \pm 3.2\%$) and increased bone resorption marker levels. Both measures were superior to those seen with calcitonin nasal spray therapy or placebo intake. The two calcitonin therapies and placebo were equally well tolerated.

Original article Binkley, N. *et al.* A phase 3 trial of the efficacy and safety of oral recombinant calcitonin: the ORACAL trial. *J. Bone Miner. Res.* doi:10.1002/jbmr.1602

NUTRITION

White rice consumption increases risk of T2DM

Consumption of white rice significantly increases the risk of type 2 diabetes mellitus (T2DM), a new meta-analysis reveals. The researchers analysed seven prospective cohort studies including 13,284 new cases of T2DM in 352,384 individuals. Each daily serving of white rice increased the relative risk of T2DM by 1.11 (95% CI 1.08–1.14). The risk of T2DM associated with white rice consumption was especially high in Asian populations, who tend to eat more white rice than Western populations. The relative risk of T2DM for the highest category of white rice consumption in Asian individuals, when compared with the lowest category, was 1.55 (95% CI 1.20–2.01). By contrast, the difference in risk between the highest and the lowest categories of white rice intake in Western individuals was 1.12 (95% CI 0.94–1.33).

Original article Hu, E. A. *et al.* White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review. *BMJ* **344**, e1454 (2012)

BONE

Acetylcholinesterase inhibitors associated with decreased hip fracture risk in patients with Alzheimer disease

Use of donepezil and rivastigmine, two acetylcholinesterase inhibitors frequently used to treat Alzheimer disease, has been linked to decreased risk of fracture in a case–control study. The researchers analysed data for patients with Alzheimer disease aged ≥ 75 years who were treated at a single hospital in Spain; the 80 recorded cases of hip fracture were compared with 2,178 controls without hip fracture. Patients receiving acetylcholinesterase inhibitors had a lower risk of hip fracture than patients not taking this class of drugs (OR 0.42, 95% CI 0.24–0.72). Of the three agents tested, rivastigmine was associated with the lowest risk of hip fracture (OR 0.22, 95% CI 0.10–0.45), followed by donepezil (OR 0.39, 95% CI 0.19–0.76). Patients receiving galantamine had the same risk of hip fracture as individuals who were not receiving any acetylcholinesterase inhibitor.

Original article Tamimi, I. *et al.* Acetylcholinesterase inhibitors and the risk of hip fracture in Alzheimer's disease patients: a case–control study. *J. Bone Miner. Res.* doi:10.1002/jbmr.1616