NO VTE RISK WITH
BISPHOSPHONATES

Oral bisphosphonates are frequently prescribed to prevent osteoporotic fracture, but emerging data suggest a possible link between these agents and the development of atrial fibrillation. With this in mind, Lamberg and colleagues sought to examine the risk of another cardiovascular disease—venous thromboembolism (VTE)—in patients treated with bisphosphonates.

The investigators gathered prescription and comorbidity data on 4,193 women with a hospital-based diagnosis of VTE who were registered in the Danish National Registry of Patients between 1999 and 2006, and compared their findings with matched population controls. Using logistic regression, the estimated odds ratio (OR) for VTE in bisphosphonate users was 1.37 compared with nonusers. The OR decreased to just 1.03 after adjustments were made for factors known to be associated with the development of VTE, including osteoporosis, concomitant glucocorticoid use, and history of cardiovascular disease. For the individual agents, etidronate was associated with a greater risk of VTE than alendronate (OR 1.32 versus 0.86).

The researchers admit that one limitation of their study was a lack of data on the prevention of vertebral fracture, which meant that the findings could not be fully adjusted for this variable. In Denmark, vertebral fracture is treated in a primary care setting and, therefore, is not included in the national registry. Nonetheless, this database has previously been identified as a high-quality source of diagnostic data.

“The results of our study show no evidence of an association between bisphosphonate use and the risk of venous thromboembolism, and are consistent with two other recently published studies,” remarks Anna Lamberg, the study’s lead investigator. “This information is very important for both patients and physicians.”

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