THERAPY

BISPHOSPHONATES AND BACK PAIN

The bisphosphonate alendronate, in addition to its antifracture efficacy, has been shown to reduce the number of days of disability or limited activity due to back pain experienced by women with postmenopausal osteoporosis. Two recent studies have further examined the effectiveness of bisphosphonates for improving back pain and quality of life in women with this condition.

Cauley *et al.* performed a subanalysis of data from the 3-year HORIZON trial—a large, international, randomized, placebo-controlled study of the antifracture efficacy of once-yearly zoledronate infusion—in order to determine the effects of zoledronate on the number of days of back pain and the number of days of disability due to back pain or fracture. Over the 36-month follow-up period, women in the zoledronate group experienced significantly fewer days of back pain ($P=0.0092$) and days of limited activity due to back pain ($P=0.0017$), and were less likely than placebo-treated participants to experience prolonged (≥ 7 days) periods of disability due to fracture.

In the second study, by Iwamoto and colleagues, the short-term effects of weekly alendronate therapy on back pain and quality of life were compared with those of weekly intramuscular injections of elcatonin, an eel calcitonin derivative that is used widely in Japan primarily for pain relief in individuals with osteoporosis. Back pain (assessed using the Faces Pain Scale) and quality of life (according to the 8-item Short-Form Health Survey) improved significantly in both groups of women at 1, 3 and 6 months, but to a significantly greater extent in the alendronate group than in the elcatonin group ($P<0.0001$ for both outcomes at all time points).

Nick Warde

Original articles Cauley, J. A. *et al.* Once-yearly zoledronic acid and days of disability, bed rest and back pain: randomised controlled HORIZON pivotal fracture trial. *J. Bone Miner. Res.* doi:10.1002/jbmr.292 | Iwamoto, J. *et al.* Alendronate is more effective than elcatonin in improving pain and quality of life in postmenopausal women with osteoporosis. *Osteoporos. Int.* doi:10.1007/s00198-010-1495-8