



Bisphosphonate drug holidays

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Dear Editor,

We appreciate Dr. Anagnostis and colleagues' thoughtful comments on our recent study [1]. We agree that our findings are generally in accordance with Anagnostis et al.'s systematic review performed to inform a position statement of the European Menopause and Andropause Society (EMAS) in 2017 [2]. With respect to the evidence for risedronate, although there is a study that has shown that after 3 years of prior risedronate treatment, discontinuation of treatment for 1 year resulted in retained reduced incidence of new morphometric vertebral fractures in the former risedronate group compared with the former placebo group [3]; we are not aware of any study that has compared fracture risk in individuals who continued on risedronate treatment beyond 3 years with individuals who received treatment for at least 3 years and subsequently discontinued. Thus, evidence is still lacking to inform whether there is benefit to continuing risedronate beyond 3 years compared with taking a drug holiday after 3 years of risedronate treatment. We agree with Anagnostis et al.'s point that there was significant heterogeneity between the cohort studies included in the meta-analyses we performed, and that the null results for the impact of bisphosphonate discontinuation on risk of hip fracture or any clinical fracture do not necessarily apply to all patients with osteoporosis. Finally, we agree with Dr. Anagnostis and colleagues' assertion that

given the current evidence base, bisphosphonate discontinuation decisions should be individualized.

Compliance with ethical standards

Conflict of interest Smita Nayak declares no conflict of interest. Susan L. Greenspan receives research funding from Amgen and Radius.

References

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