

Telephone Consultations

Wilton Braund and George Tallis are both practicing endocrinologists at EndocrineSA and are available to discuss patient management by telephone. This often occurs in the context of a situation too complicated to address in a standard report.

A consultation may be arranged by telephoning Lisa on 1300 791 996.

Calcium, vitamin D – safety and efficacy

Most doctors and many patients will have been perturbed by the suggestion from Reid and Bolland’s group in Auckland that calcium supplementation may be associated with cardiovascular events. When first released a few years ago this stirred up a hot controversy, as it was initially based on retrospective, post-hoc analyses of trials that were not designed to investigate this specific question. A prospective, cohort study conducted in Melbourne and including over 40,000 participants has now shown that higher calcium intakes are associated with a reduced incidence of fractures, cardiovascular events and mortality in older men and women. Weaver et al published an updated meta-analysis of trials investigating calcium & vitamin D supplementation and fracture prevention, showing a 15% risk reduction for all fractures and 30% risk reduction for hip fracture. Together with other observational studies released since Bolland’s initial paper, these recent papers provide substantial reassurance for the safety and efficacy of dietary and supplementary calcium.

The dilemma of long-term bisphosphonate users

Many doctors and patients are asking whether they should remain long-term on bisphosphonates. A new algorithm which may help the decision-making process has been produced by an ASBMR task force.

The authors note “The suggested approach for long-term BP use is based on limited evidence, only for vertebral fracture reduction, in mostly white postmenopausal women, and does not replace the need for clinical judgment. It may also be applicable to men and patients with glucocorticoid-induced osteoporosis, with some adaptations. It is unlikely that future trials will provide data for formulating definitive recommendations”. In other words, it will be difficult to further refine the above algorithm. “Clinical judgement” will remain central to this discussion and we again emphasise that we will give you our opinion.....don’t forget to ask the question!

High-dose vitamin D bolus supplementation

Some of you will remember from several years ago that Kerrie Sanders’ group from Geelong showed an annual mega-dose of vitamin D (500,000 IU orally) in elderly, community-dwelling individuals resulted in an unexpected excess of falls and fractures. This was first observed about 3 months after administration. The mechanism has been the subject of much speculation and remains unknown. Of more relevance to typical Australian general practice is the recent paper by Bischoff-Ferrari et al which showed an increased risk of falls in elderly individuals receiving 60,000 IU monthly. A second group receiving 24,000 IU monthly showed no such increase. The safety cut point for bolus/monthly vitamin D appears to lie somewhere between these 2 doses, but until we have more information it may be safer to use daily supplementation (assuming reasonable compliance), especially in those already at higher risk of falls and fractures. Anecdotal, many Australian patients are using the compounded 100,000 IU dose, sometimes monthly, sometimes quarterly. The above studies suggest possible risk associated with this approach, but the evidence base is small....watch this space!

