

is controversial or marginal . But this does not apply to active therapy with calcitriol/alfacalcidol for patients with established osteoporosis,

4 . *Hypoparathyroidism*).

5. *Fanconi syndrome* Vit D can raise the lowered phosphate levels that occur in this condition.

6. A non hypercalcaemic analogue of vit D *Calcipotriol/* is used locally in plaque type psoriasis,

BISPHOSPHONATES

Bisphosphonates (BP s) are analogues of pyrophosphate: carbon atom replacing oxygen in the P-O- P skeleton. They inhibit bone resorption and have attracted considerable attention because of their ability to prevent osteoporosis in addition to their usefulness in metabolic bone diseases and hypercalcaemia. They are the most effective antiresorptive drugs.

The first generation compounds are the least potent and seldom used now. The second and third generation compounds are more potent, have higher efficacy and additional mode of action.

Bisphosphonate Relative potency

First generation BPNs

Etidronate

·Tiludronate

Second generation BPNs

Pamidronate

Alendronate

Ibandronate

Third generation BPNs

Risedronate

Zoledronate

Uses The BPs are useful in conditions characterized by enhanced bone turnover.

1. **Osteoporosis** The second and third generation BPNs are effective in preventing and treating postmenopausal osteoporosis in women as well as age related, idiopathic and steroid induced osteoporosis in both men and women.

2 . **Paget's disease**

3. **Hypercalcaemia of malignancy**

4 . **Osteolytic bone metastasis** .

Oral administration of BPNs All oral BPs are to be taken on empty stomach in the morning with a full glass of water and the patient is instructed not to lie down or take food for at least 30 min. The tab/cap should not be chewed. These measures are needed to prevent contact of the drug with esophageal mucosa which results in esophagitis, erosions and ulcers. Calcium, iron , antacids, mineral water, tea, coffee, fruit juice interfere with BP absorption

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