

Medications for osteoporotic pain

Department of Anesthesia and Pain Medicine, Pusan National University School of Medicine, Yangsan, Korea

Sang Wook Shin

Patients with osteoporosis may suffer from pain, and chronic persistent pain stimuli irritates the nervous system to develop to a vicious cycle of chronic pain [1]. If there are compression fractures of vertebrae which are weak—ened by osteoporosis, back pain from that injury would affect the quality of life, and sometimes it may persist for a long period and not be well controlled. Therefore, prevention and treatment of osteoporosis in such patients is a challenge, and diagnosing and treating osteoporosis in advance is one task in the prevention and treatment of pain in such patients.

For the treatment of osteoporosis, medications like calcitonin, parathyroid hormone, estrogen administration, etc. have been used, and bisphosphonates are also commonly used. Bisphosphonates bind to the minerals of the bone and inhibit osteoclastic action, so they are known to inhibit bone resorption. Until recently, they were the most effective pharmacological agents for the prevention and treatment of osteoporosis. But they have remained medications that are difficult to take, even though many improved types have been developed. Patient compliance is still a big problem with any those who have difficulty due to side effects such as gastrointestinal discomfort [2].

Among the drugs approved by the U.S. Food and Drug Administration for osteoporosis, denosumab, a receptor activator of the nuclear factor kappa B ligand (RANKL) in-

hibitor has been introduced [3]. It works in receptor-based action during bone remodeling. This drug could overcome the compliance problems with patients, as it is administered biannually. In this issue, medications for the treatment of osteoporosis, with related mechanisms, are reviewed with an emphasis on the introduction of the newly approved drug denosumab [4]. It could become another essential weapon in the treatment of pain from osteoporosis along with bisphosphonates [5].

REFERENCES

- Mattia C, Coluzzi F, Celidonio L, Vellucci R. Bone pain mechanism in osteoporosis: a narrative review. Clin Cases Miner Bone Metab 2016; 13: 97–100.
- Lee YJ, Park CH, Lee YK, Ha YC, Koo KH, Which bisphosphonate? It's the compliance!: decision analysis. J Bone Metab 2016; 23: 79–83.
- 3. Cosman F, de Beur SJ, LeBoff MS, Lewiecki EM, Tanner B, Randall S, et al. Clinician's guide to prevention and treatment of osteoporosis. Osteoporos Int 2014; 25: 2359-81.
- Kim SY, Ok HG, Birkenmaier C, Kim KH. Can denosumab be a substitute, competitor, or compliment to bisphosphonates? Korean J Pain 2017; 30: 86–92.
- Tetsunaga T, Tetsunaga T, Nishida K, Tanaka M, Sugimoto Y, Takigawa T, et al. Denosumab and alendronate treatment in patients with back pain due to fresh osteoporotic vertebral fractures, J Orthop Sci 2017; 22: 230–6.

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Correspondence to: Sang Wook Shin

Department of Anesthesia and Pain Medicine, Pusan National University School of Medicine, Beomeo-ri, Mulgeum-eup, Yangsan 50612,

Tel: +82-55-360-2129, Fax: +82-55-360-2129, E-mail: shinsw@pusan.ac.kr

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