

主講題目	Primary Fracture Prevention
摘要內容 (100~300 字)  用途: 非刊登 在大會手冊中, 僅用於申請學 分用.	<p>Osteoporosis is a disease in which bone weakening increases the risk of a broken bone. It is the most common reason for a broken bone among the elderly. Bones that commonly break include the vertebrae in the spine, the bones of the forearm, and the hip. Until a broken bone occurs there are typically no symptoms. Bones may weaken to such a degree that a break may occur with minor stress or spontaneously.] After a broken bone, Chronic pain and a decreased ability to carry out normal activities may occur.</p> <p>Prevention of osteoporosis includes a proper diet during childhood and efforts to avoid medications that increase the rate of bone loss. Efforts to prevent broken bones in those with osteoporosis include a good diet, exercise, and fall prevention. Lifestyle changes such as stopping smoking and not drinking alcohol may help. Biphosphonate medications are useful to decrease future broken bones in those with previous broken bones due to osteoporosis. In those postmenopausal women with osteopenia but without osteoporosis, Zoledronic acid had been shown its protective effect on fracture prevention.</p>

主講題目	<b>ASBMR Task Force Report : Secondary Fracture Prevention</b>
摘要內容 (100~200 字)	<p>The American Society for Bone and Mineral Research assembled a multistakeholder coalition to develop clinical recommendations for the optimal prevention of secondary fracture among people aged 65 years and older with a hip or vertebral fracture in 2019. The coalition developed 13 recommendations (7 primary and 6 secondary) strongly supported by the empirical literature. The coalition recommends increased communication with patients regarding fracture risk, mortality and morbidity outcomes, and fracture risk reduction. Oral, intravenous, and subcutaneous pharmacotherapies are efficacious and can reduce risk of future fracture. Patients education, medication duration, referral of subspecialist and life style recommendations will all be discussed in this speech.</p>

主講題目	Prevent rebound effect after RANKL mAb cessation
摘要內容	<p>RANKL mAb 上市後，因其使用便利等優勢，使其快速且廣泛地獲得許多臨床醫師的青睞，然而在 real world 中僅 50% 患者能堅持治療 2 年。此外，自 2015 年起，陸續有許多停藥後造成的多發性脊椎骨折案例報告出現，讓國內外骨鬆界開始探討其藥理機轉與此現象之關係，以及如何避免停藥後快速骨質流失的現象。在此次演講將介紹反彈性現象的背景知識，RANKL mAb 停藥後骨鬆脆弱性骨折發生機率，以及國外文獻發表預防此反彈性現象發生接續其他治療的成效。</p>

主講題目	<b>Management of Acute Phase Responses Following First-time Using Zoledronate</b>
<p>摘要內容  (100~300 字)  用途：非刊登在手冊中，僅用於申請學分用。</p>	<p>Infusions of aminobisphosphonates, such as zoledronic acid (Aclasta, ZOL), are now established therapies in osteoporosis, Paget's disease, and the prevention of skeletal-related events in cancer. Their use is associated with fever and musculoskeletal pain in some subjects, especially for those using first time. These symptoms and signs were referred to as the acute phase response (APR).</p> <p>The mechanism of APR induced by aminobisphosphonates is not completely identified. It has been considered to be associated with an increase in levels of tumor necrosis factor (TNF), interleukin 6 (IL-6), and gamma interferon (<math>\gamma</math> IFN), which are produced by activated gamma delta (<math>\gamma</math> <math>\delta</math>) T cells after stimulation of aminobisphosphonates. These systemic acute inflammatory responses have been managed with concomitant use of acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDS), statins, or pre-treatment bisphosphonate or calcitonin. However, most of these early reports only focused on fever as the defining characteristic of APRs and did not present satisfied results.</p> <p>Although the majority of these APRs are generally mild to moderate and occur within the first three days following ZOL administration, it may not only decrease the persistence of medication but also affect the prescription by physicians. Thus, the clinical factors related to APRs and effective prevention and management for APRs will be presented.</p>