## TBMJ 台灣骨鬆肌少關節防治學會 課程摘要表

## 《本表資料內容僅做為學分申請使用》

主講題目	Spondyloarthropathy(SPA) 診斷及治療的新進展
<b>摘要內容</b> (100~200 字)	脊椎關節病變是一群脊椎和周邊關節慢性發炎的疾病,主要表現是慢性,發炎性背痛,周邊關節炎,接骨點發炎或香腸指(趾)等,僵直性脊椎炎即為其中一種表現。同時也有40%左右的病人可能會有關節之外的表現,包括眼睛虹彩炎,發炎性腸炎等。良好的控制發炎得以避免長期組織關節破壞或脊椎沾黏。相關治療近年來發展迅速,效果良好,使得病友得以恢復功能。早期發現及早期的達標治療更能改善病友的生活品質。

十雄蹈口	Remodeling and Modeling based bone formation: Teriparatide Gains Bone
主講題目	Quality and Improves Life Quality
	世界衛生組織(WHO)認定骨質疏鬆症是全球僅次於冠狀動脈心臟病的重要疾
	病。國民健康署的調查結果顯示,在臺灣,骨質疏鬆症是 65 歲以上老人常見
	慢性病的第4位。近期的研究也呈現台灣髖骨骨折發生率 是亞洲區第1名,
摘要內容	全世界第9名。骨質疏鬆症是一種常見的慢性疾病,需要根據患者疾病嚴重程
(100,900 ↔ )	度、合併症、其他藥物治療、性別、年齡和患者偏好來制定長期管理計劃,才
(100~200 字)	能有效改善與控制病情。
	本課程討論對於骨鬆治療的國際規範建議, Teriparatide 在臨床治療上的角色
	以及分享療效和安全性相關的研究

主講題目	維生素D與鈣在骨質疏鬆防治中的角色
摘要內容	骨質疏鬆症已是全球第二大的流行病,發生骨質疏鬆時,往往沒有明顯的症狀,因此常常被忽略,等到真的發生骨折,或是累積一些傷害後,才會引起明顯的症狀。增加維生素 D 與鈣攝取,是骨質疏鬆症的預防方法之一。50 歲以上成人每日至少需攝取鈣 1200 毫克和維生素 D 800 至 1000 國際單位。同時
(100~200 字)	補充足量鈣與維生素 D,可以有效降低骨折風險。但單獨補充鈣或單獨補充維生素 D,則無足夠證據顯示可以有效降低骨折風險。

Osteoporosis is characterized by skeletal fragility and microarchitectural deterioration. The conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to lead to the conceptual definition of osteoporosis links the high risk of postmenopausal fractures to the conceptual definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the high risk of postmenopausal definition of osteoporosis links the links are conceptual definition of osteoporosis links are conceptual definition of osteoporosis links are conceptua
BMD and qualitative changes in microarchitecture. It is a silent condition, however, osteoporotic fractures can lead to significant pain and disability. It is estimated that postmenopausal woman has a 15 to 20% lifetime risk of hip fracture and a 50% risk of an osteoporotic fracture. Hip fractures can result in poor quality of life, a dependent living situation, and an increased risk of death. Spine fractures are also associated with an increased risk of death, are strong predictors of future fractures, and may result in chronic pain, kyphosis, and a loss of self-esteem needs. Clinical approach to the management of postmenopausal osteoporosis included the risk assessment, investigations, and the variou pharmacological and non-pharmacological options used in the treatment of osteoporosis. Individualized pharmacological options either with anti-resorptive or anabolic agents included their mechanism of action, safety profile, effects on bone mineral density and fracture risks, and duration of use. Menopausal hormone therapy and SERM can also effectively prevent bone loss, osteoporosis and fractures in postmenopausal women. The importance of sequence in the use of osteoporotic medicine is also highlighted in the artic An understanding of the different treatment options will hopefully help in the management of this very common and debilitating condition.

主講題目	Long-term Treatment Goal for Osteoporosis Care
摘要內容 (100~200 字內即 可)	糖尿病是骨質疏鬆症其中一項重要的風險因子,有高達 44.8%的第二型糖尿病患可能同時罹患骨質疏鬆症。 新陳代謝科醫師治療第二型糖尿病合併有骨鬆的病患,可以運用慢性病治療的觀念與邏輯,長期控制病患的血糖值以及骨密度,以降低大小血管併發症以及骨鬆性骨折的發生風險。 抗骨流失藥物 Prolia 保骼麗具有臨床實證,證實十年持續使用期間能持續提升病患骨密度,且安全性及耐受性與 placebo 組別相當,而半年一次的給藥週期、皮下注射方式、不須依照病患腎功能調整劑量,是臨床推薦的用藥選
	擇之一。

主講題目	Sequential Osteoporosis Therapies
摘要內容 (100~200字)	It is now widely acknowledged that treating osteoporosis and reducing fracture risk requires multiple medications throughout a patient's lifetime. While there are currently gaps in osteoporosis therapy, these can potentially be addressed through sequential and combination regimens. However, the optimal way to transition between the various available treatments for sustained effectiveness remains unclear. Recent studies indicate that starting with an anabolic agent like teriparatide or romosozumab, followed by an antiresorptive medication, yields the greatest increase in bone mineral density (BMD) and potentially better and earlier reduction in fracture risk compared to the reverse sequence. Sequentially transitioning from an anabolic agent, such as abaloparatide, to a bisphosphonate like alendronate has also been shown to maintain the fracture reduction benefits seen with the former. This particular sequence, starting with an anabolic agent and then using an antiresorptive, should especially be considered for high-risk patients with imminent fracture risk to rapidly decrease the likelihood of subsequent fractures. The optimal timing for initiating bisphosphonate therapy after discontinuing denosumab is still unclear. This talk explores the existing evidence on various approaches to sequential and combination therapy and their potential role in improving the management of osteoporosis.

主講題目	Current unmet needs for treating osteoporosis
摘要內容	骨鬆對病患會增加病患骨鬆性骨折的風險,對病患及其家屬都影響甚大,而臨床上藥物治療須要長期使用才能看出骨密度的變化,故此文獻回顧證實使用雙磷酸鹽類藥物的病患在中斷用藥後的骨密變化與一般病患無異,所以臨床上可以運用在尚未確認病患長期治療遵醫囑性前的用藥,也同時分享雙磷酸鹽類藥物的療效與安全性資料

主講題目	Role of Bone turnover markers in Osteoporosis treatment
	Bone turnover markers have not been established in the diagnosis of
	osteoporosis, even though they can increase the prediction of future
	fracture risk significantly. A major advantage of bone turnover markers
	is that they can be utilized early in follow-up while waiting for DXA
	scans to show improvement. In addition, treating osteoporosis in the
摘要內容	presence of any causes of secondary osteoporosis, especially vitamin
(100~200 字)	D deficiency and hyperparathyroidism, cannot be successful. It should
	be considered that as the condition of vitamin D deficiency and
	hyperparathyroidism, mineralization will never be optimal, despite
	normalized bone turnover, leaving bones fragile. It is imperative to
	exclude at least these two conditions in screening for osteoporosis
	and/or prior to initiating treatment.

主講題目	三鐵運動與骨肌關節的平衡
	要預防肌少症、骨質疏鬆,最重要的就是運動。
	然而要如何正確運動又不受傷,並不容易。
	鐵人三項運動是近年風靡全球的運動項目,簡單介紹如何做的到。
摘要內容	
(100~200 字)	

主講題目	運動賦予我們面對退化與疼痛的力量-多面向整合照護分享
	隨著年紀增長,許多人受關節退化、肌肉流失、骨鬆與慢性疼痛問
	題所苦,花費大量時間與精力復健,身心俱疲但效果有限。
	以 2~3 個案例分享,一同探討整合性的復健計畫,透過運動開啟身
摘要內容	體自我療癒力,結合不同專業領域的協助,如:醫師、營養師、心
(100~200 字)	理師、物理治療師、肌力與體能教練等。
	更加全面地看待人體,包含:睡眠品質、用藥狀況、壓力情緒等環
	境因素影響、筋膜平衡、動作評估與檢測、組織觸診或影像檢查等…。
	讓復健不再只是復健,而是真正提升生活品質的服務!

主講題目	骨鬆肌少怎麼吃?
<b>摘要內容</b>	(簡略即可)
(100~200 字)	很多阿公阿嬤年紀到了就容易有關節酸痛的問題,這類關節炎的部分最重要的就是維持理想體重,可以透過飲食來調整體重,均衡的概念大家知道,但要怎麼實際應用在生活中更是重要,以及該如何讓長輩改變觀念,自己會主動改變飲食,進而改善體態,需要有實際的作法讓他們能夠學著做,如何透過自媒體的力量,讓更多人能夠簡單的將硬知識放入腦中。