

**Table 3. Risedronate (Actonel) for glucocorticoid-induced osteoporosis**

Study	Regimens	Treatment Duration	N	Endpoints	Results
Reid et al <sup>6</sup> (treatment)	Risedronate: 2.5 mg/d, 5 mg/d, or placebo  Patients had to have been on at least 7.5 mg of prednisone (or equivalent) for 1 year	1 year	290	Bone mineral density (BMD) of lumbar spine, femoral neck, and trochanter	5 mg/d dose increased lumbar spine, femoral neck, and trochanter BMD by 1.6% (P < 0.001), 1.8% (P < 0.004) and 2.4% (P < 0.010), respectively. The authors claimed that risedronate decreased incidence of vertebral fractures by 70%; however, this study did not have sufficient power to determine fracture efficacy. The result was given as a relative risk ratio.  All patients were required to take Vitamin D 400 IU daily and calcium carbonate 1 gm daily.
Cohen et al <sup>5</sup> (prevention)	Risedronate: 2.5 mg/d, 5 mg/d, or placebo  Patients had to have been on at least 7.5 mg of prednisone (or equivalent) for 1 year	1 year	224	Percentage change in lumbar spine BMD, proximal femur BMD, and incidence of vertebral fractures	Lumbar spine BMD did not change significantly in the treatment groups but decreased significantly in the placebo group (-2.8% ± 0.5%; P < 0.05). There was a 5.1% difference in the femoral neck BMD of the 5 mg/d group compared to placebo (P < 0.001). There was no significant difference overall in the incidences of new vertebral fractures in the 5 mg/d group vs. placebo.  Some of the female patients were on hormone replacement therapy during the trial.  Sponsored by Proctor & Gamble Pharmaceuticals (Actonel)