

## **Intravenous Ibandronate in the Treatment of Osteoporosis**

### **A Viewpoint by Jean-Yves Reginster**

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Current daily and weekly oral bisphosphonates are effective in the management of osteoporosis, but poor long-term adherence limits their benefits in day-to-day clinical practice. Given the evidence, less frequent dose administration, which is more convenient and less disruptive, will quite likely further improve patient convenience and acceptability.

Oral bisphosphonate administration is likely to remain the most appropriate therapy option for the majority of patients, as it can be self-administered. However, intravenous administration may be the preferred option for patients who are confined to bed or otherwise cannot comply with the stringent pos-

tural requirements of oral regimens. It may also be more suitable for those who cannot tolerate, or swallow, oral bisphosphonates. There are several other advantages for intravenous administration over oral formulations; they must be given by a health professional, which ensures compliance, and they avoid the possibility of upper gastrointestinal adverse events and the need to follow strict dose instructions.

Compared with previous medications, the high potency, favourable binding characteristics and tolerability profile of ibandronate allow this compound to be given by rapid intravenous injection (over 15–30 seconds). Importantly, no indicators of renal toxicity (acute or chronic) were detected with intravenous ibandronate therapy. Ultimately, this regimen is likely to support improved therapeutic adherence, leading to optimal therapeutic benefits for the patient. ▲