The Skeleton Crew

Protecting your bones from HIV

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Grace McComsey, MD, of Case Western Reserve University in Cleveland, offers *POZ* a summary of the latest useful information on bone health for people living with HIV.

Med Alert: In trials, Truvada depleted bone density more than Epzicom, and Norvir-boosted Reyataz more than Sustiva. Reyataz was not compared with other protease inhibitors, McComsey says, “So this doesn’t mean Reyataz is the worst PI—it might turn out to be the best. All we know is it’s worse than [Sustiva].”

This only affects choosing a first HIV combo, McComsey says, if you have osteoporosis (serious bone weakening) or a risk factor such as being postmenopausalor having had fragility fractures (when bones break from a fall from standing height or lower). The extra bone loss from Reyataz and Truvada, she adds, is not extreme.

The long run: The common drug to treat osteoporosis or fragility fractures is Fosamax, a bisphosphonate. But recent studies show Fosamax itself can cause fractures when taken for more than a year. In people with HIV, too, a year is the longest McComsey says it’s safe to take bisphosphonates. If you have osteopenia, mild bone thinning, McComsey recommends trying interventions other than bisphosphonates. (She lists testosterone replacement, exercise and kicking cigarettes.) If you do need bisphosphonates, she says, get regular monitoring by an endocrinologist.

D-fense: Many people with HIV are deficient in vitamin D, crucial for bone health. But if you’ve been reading POZ, you already know that. If not, bring it up with your doctor. A simple test can help determine your D grade and calculate how much supplementary D you might need.

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