

Osteoporosis in Old Women, Therapeutic Selection

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Abstract

The prevalence of osteoporosis in large population of old women is a serious healthcare and social burden globally. The therapeutic selection is very important for better managements of osteoporosis in the clinic. The therapeutic know-how has to be expanded and optimized. This editorial aims to introduce new insights into this medical discipline of old women.

Keywords: Osteoporosis; Drug Development; Cost-Effective; Drug Selection

Introduction

The prevalence of osteoporosis in old women is a serious healthcare and social burden globally. Osteoporosis-induced bone-fracture and immobility has high possibility of human mortality. Due to huge medical significance for osteoporosis prevention and treatments, many clinical interventions are commonly utilized.

Available Therapeutics

Major counteractive measures against osteoporosis progress are provided:

- Inorganic and organic calcium tablets (low therapeutic efficiency for old people)
- Estrogen + progesterone hormone support (higher risk of estrogen-induced female cancer)
- Chemically modified calcitonin (fish-origin) (effective yet expensive for long-term utility)
- Proper exercise (neither too much nor too little)
- Milk or meat consumption (necessary yet not to all patients)
- Natural chemicals (soy isoflavin and others); assistant agents

Therapeutic selection in the clinic

Different symptom and divergent therapeutics call for in depth information and knowledge of patho-therapeutic relation for osteoporosis in old ladies. Some types of counteractive measures with high symptomatic relieving, such as estrogen fortification have the high risks of different subtypes of female cancer in women patients. This is an open question for further study.

A lot of things can be done for sexual hormone treatment study. Now some forms of other sexual human hormones are added to reduce these cancer risks and clinical mortality. Thus expanding clinical osteoporosis therapeutic know-how and cost-effective evaluation is important and indispensable. In summary, therapeutic selection in the clinic may be promoted via above-mentioned pathways. Additionally, novel drug developments and mechanisms of candidate drug targets will continue to be carried out in the future.

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