

To Senate Committee Secretary

I write as a specialist in the treatment of osteoporosis, working as a clinician in the care of patients with osteoporosis on a daily basis, and having first hand experience of the different drug treatments available, to indicate that I am concerned at the arbitrary approach/lack of consultation in creating the bisphosphonate therapeutic groups.

There are differences in the biology and hence clinical usage of the various bisphosphonates and to group them together because of a linking group "name" is incorrect and will lead to altered and inappropriate clinical practice. My concern is that patient care will deteriorate . Osteoporosis is a serious and common disorder with high morbidity and mortality - the drugs currently in use for osteoporosis are not equivalent -deviations from accepted evidence-based practice will have detrimental patient consequences.

Alendronate is not equivalent to risedronate and should not be grouped as such.

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Geoff Littlejohn

Associate Professor/Director Rheumatology

Monash University/Monash Medical Centre