ERRATUM

European guidance for the diagnosis and management of osteoporosis in postmenopausal women

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on behalf of the European Society for Clinical
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In the last row of Table 7, the fracture incidence data for the placebo and drug groups were the wrong way around. The correct rates are 2.5% for the placebo group and 1.4% for the zoledronic acid group. The corrected table is reproduced here.

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Table 7 Study details and antifracture efficacy (relative risk [RR] and 95% confidence intervals [CI]) of the major pharmacological treatments used for postmenopausal osteoporosis when given with calcium and vitamin D, as derived from randomized controlled trials

Intervention	Study	Entry criteria	Mean age (years)	Number of patients randomised	Fracture incidence (percentage over 3 years)[d]		RR (95%CI)
					Placebo	Drug	
Vertebral fracture (high-risk population)							
Alendronate 5–10 mg	[51]	Vertebral fractures, BMD≤0.68 g/m^2	71	2,027	15.0	8.0	0.53 (0.41–0.68)
Risedronate 5 mg	[55]	2 vertebral fractures or 1 vertebral fracture and T-score ≤−2.0	69	2,458	16.3	11.3	0.59 (0.43–0.82)
Risedronate 5 mg	[56]	2 or more vertebral fractures–no BMD entry criteria	71	1,226	29.0	18.0	0.51 (0.36–0.73)
Raloxifene 60 mg	[45]	Vertebral fractures–no BMD entry criteria	66	7,705	21.2	14.7	0.70 (0.60–0.90)
Teriparatide 20 μg[a]	[65]	Vertebral fractures and FN or LS T-score ≤−1 if less than 2 moderate fractures	69	1,637	14.0	5.0	0.35 (0.22–0.55)
Ibandronate 2.5 mg	[58]	Vertebral fractures and LS −5< T-score ≤−2.0	69	2,946	9.6	4.7	0.38 (0.25–0.59)
Ibandronate 20 mg	[59]	Vertebral fractures and LS −5< T-score ≤−2.0	70	708	9.6	4.9	0.50 (0.34–0.74)
Strontium ranelate 2 g	[68]	Vertebral fractures, LS BMD≤ 0.840 g/m^2	69	1,649	32.8	20.9	0.59 (0.48–0.73)
Zoledronic acid 5 mg	[63]	FN T score ≤ −2.5, ± vertebral fracture, or T-score ≤ −1.5 and 2+ mild or 1 moderate vertebral fracture	73	7,765	10.9	3.3	0.30 (0.24–0.38)
Vertebral fracture (low-risk population)							
Alendronate 5–10 mg[b]	[54]	FN T-score ≤−2	68	4,432	3.8	2.1	0.56 (0.39–0.80)
Alendronate 5–10 mg[b]	[54]	Subgroup of women, T-score <2.5	NA	1,631	4.0	2.0	0.50 (0.31–0.82)
Raloxifene 60 mg	[45]	FN or LS T-score ≤−2.5, ± vertebral fractures	66	7,705	4.5	2.3	0.50 (0.40–0.80)
Hip fracture							
Alendronate 5–10 mg	[51]	Vertebral fractures with BMD≤0.68 g/m^2	71	2,027	2.2	1.1	0.49 (0.23–0.99)
Alendronate 5–10 mg[b]	[54]	FN T-score ≤−2[c]	68	4,432	0.8	0.7	0.79 (0.43–1.44)
Alendronate 5–10 mg[b]	[54]	FN T-score ≤ − 2.5[c] (subgroup analysis)	NA	1,631	1.6	0.7	0.44 (0.18–1.97)
Risedronate 2.5 and 5 mg	[57]	T-score <−3[c] or <−2[c] and ≥1 non-skeletal risk factor for hip fracture (subgroup analysis osteoporotic patients 70–79 years)	77	9,331	3.2	1.9	0.60 (0.40–0.90)
Raloxifene 60 and 120 mg	[45]	FNorLST-score ≤−2.5, ± vertebral fractures	66	7,705	0.7	0.8	1.10 (0.60–1.90)
Strontium ranelate 2 g	[69]	Osteoporosis (T-score < −2.5) with or without prior fracture	77	4,932	3.4	2.9	0.85 (0.61–1.19)
Strontium ranelate 2 g	[69]	Age ≥ 74 with T-score ≤−2.4[c] (subgroup analysis)	80	1,977	6.4	4.3	0.64 (0.412–0.997)
Zoledronic acid 5 mg	[63]	FN T score ≤ −2.5 or less, ± vertebral fracture, or T-score ≤ −1.5 and 2+ mild or 1 moderate vertebral fracture	73	7,765	2.5	1.4	0.59 (0.42–0.83)

FN: femoral neck; LS: lumbar spine: NA: not available

[a] 20-month study

[b] 4.2-year study

[c] BMD adjusted to NHANES population

[d] Except where indicated in column 1