International Journal of Rheumatic Diseases

Volume 17, Issue 7, 7.19, Pages 171-170

Reduced bone density in patients on long-term warfarin

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View references (Yo)

Abstract

Aim: Vitamin K is an essential factor for carboxylation of bone matrix protein. Low vitamin K may be associated with reduced bone mineral density (BMD). The issue of whether long-term sodium warfarin therapy as oral anticoagulant that antagonizes vitamin K, results in decreased bone density, is controversial. Our purpose in this study was to assess the effects of warfarin on BMD. Methods: We performed a case control study survey of bone density in $^{\vee}$ patients with rheumatic valvular heart disease 'mechanical valve replacement' on long-term warfarin compared with $^{\vee}$ randomly selected matched controls. Results: There was a marked reduction in BMD (g/cm $^{\vee}$) and T-score of lumbar spine between patients and controls ($P = \cdots \in A$, $\cdots \in A$). Duration of warfarin use was the only risk factor of significant importance respectively on spinal T-score ($P < \cdots \in A$). Conclusions: Screening of patients on long-term warfarin for reduced bone density should be considered. We strongly suggest the prophylactic use of calcium-vitamin D supplements for these patients. © $^{\vee}$ Asia Pacific League of Associations for Rheumatology and Blackwell Publishing Asia Pty Ltd.

Reaxys Database Information

Author keywords

Bone mineral density; Vitamin K; Warfarin

Indexed Keywords

EMTREE drug terms: warfarin

EMTREE medical terms: adult; article; bone density; case control study; controlled study; female; health survey; heart valve replacement; human; long term care; lumbar spine; major clinical study; male; osteoporosis; physical activity; priority journal; rheumatic heart disease; risk factor; scoring system; side effect; treatment duration; valvular heart disease

MeSH: Absorptiometry, Photon; Adult; Anticoagulants; Bone Density; Case-Control Studies; Female; Femur; Health Surveys; Heart Valve Prosthesis; Humans; Lumbar Vertebrae; Male; Middle Aged; Osteoporosis; Rheumatic Heart Disease; Vitamin K; Warfarin

Medline is the source for the MeSH terms of this document.

Chemicals and CAS Registry Numbers: warfarin, ۱۲۹-۰٦-٦, ۲٦١٠-٨٦-٨, ٣٣٢ ٤-٦٣-٨, ٥٥٤٣-٥٨-٨, ٨١-٨١-٢; Anticoagulants; Vitamin K, ۱۲۰۰۱-۷۹-٥; Warfarin, ٨١-٨١-٢