**COMMENTARY**

The MORE trial shows that treatment of postmenopausal osteoporosis with raloxifene, a selective oestrogen receptor modulator (SERM), reduced 3 year fracture risk at the spine, but not at the hip or most other appendicular sites. In women with a previous vertebral fracture, the magnitude of this reduction was dose dependent and at least 4 times greater than in women with no previous fracture.

The results are consistent with evidence that oestrogen preserves bone even when introduced many years after menopause; the control data illustrate the immense effect of a history of osteoporotic fracture on the risk for subsequent fracture. In addition to modifying that risk, raloxifene reduced the incidence of breast cancer and increased the risk for thrombosis. Each of these events occurred once in women without previous fractures for every 3 fractures prevented.

Women who value the vasomotor and urogenital effects of oestrogen will reject SERMS, but many others will wish to choose between a SERM and a bisphosphonate. In the Fracture Intervention Trial, alendronate reduced fracture risk at the spine and hip in women with previous vertebral fractures, and it reduced the risk for vertebral fractures in women without previous fractures. Alendronate also produced greater increases in bone mineral density than raloxifene did in the MORE study, and it was not more toxic than placebo. Because alendronate is available, effective, and relatively benign, prescription of raloxifene for the sole purpose of treating osteoporosis will be difficult to justify. However, for women who conclude that the combined benefits of fracture reduction and breast cancer prevention outweigh the risk for thrombosis, raloxifene may be the best choice.

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Raloxifene reduced vertebral fractures in postmenopausal women

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