

# TBMJ 台灣骨鬆肌少關節防治學會

## 課程摘要表《本表資料內容僅做為學分申請使用》

主講題目	「認識個資法—以醫療為中心」
摘要內容 (100-200 字)	<p>一、個人資料保護法第六條將有關醫療、基因、性生活、健康檢查及犯罪前科等五類個人資料，列為敏感性個資，其蒐集、處理或利用較一般個人資料更為嚴格，須符合所列要件，始得為之，以加強保護個人之隱私權益。該條第 1 項第 2 款規定公務機關執行法定職務或非公務機關履行法定義務必要範圍內，且事前或事後有適當安全維護措施時，得為蒐集、處理或利用敏感性個資。由於民眾對於隱私權與個資保護意識提升，醫師進行診療工作，對於個人資料保護法之相關規定應有所瞭解，以免產生不必要的另類醫療糾紛。</p> <p>二、本次課程除介紹何謂「個人資料」，「蒐集」、「處理」、「利用」、「公務機關」、「非公務機關」等名詞之法律意涵外；並將解析病患之權利，如病患得否請求醫師停止處理或利用其就診或檢查之資料？於就診後得否請求醫師刪除資料？及介紹個資法案例，期讓與會之醫師對尊重他人隱私、安全使用他人病歷資料與保護自身權利等均得有更深入之認識。</p>

主講題目	Sequential therapy for Osteoporosis - Anabolic and antiresorptive agents
摘要內容 (100-200 字)	<p>根據國際以及台灣本土骨鬆學會治療指引，針對高風險的骨鬆性骨折病患，先使用骨生成藥物快速提升骨質密度，降低骨折後驟高的 fracture risk，並且在療程後經醫師評估，風險相對高的病患持續處方抗流失藥物，長期看下來能有效的確保病患將骨折風險降至最低。演講中將分享剛上市的 Sclerostin inhibitor - Romosozumab 的臨床試驗證據 FRAME study 以及較早 Denosumab 及 Teriparatide 合併的 DATA study 為例來佐證此建議，也會針對 Romosozumab 的藥物效果有較多的資料介紹。</p>

主講題目	Application of Bone Markers for Patients with Osteoporosis/Fracture in Taiwan
摘要內容 (100-200 字)	<p>Osteoporosis is characterized by low bone mass, microarchitectural disruption, and skeletal fragility, which results in decreased bone strength and an increased risk of fracture. Bone mineral density (BMD) measurement using dual energy X-ray absorptiometry (DXA) is the most commonly used diagnostic criteria for osteoporosis, as well as used for the evaluation of bone loss rate or treatment response. However, BMD may not completely capture the osteoporotic fracture risk, and the changes in BMD are reflected at a slow rate. Since the changes of bone strength are significantly associated with the changes of bone turnover rate, measurement of bone turnover markers has been considered to reflect bone strength, to predict fracture risk, and to monitor treatment. However, the use of bone turnover markers is still insufficient in Taiwan. Thus, the clinical application of bone turnover markers in patients with osteoporosis/fracture risk would be discussed in the presentation.</p>

主講題目	Recognizing and Correct Reporting Osteoporotic Vertebral Fractures
摘要內容 (100-200 字)	一項針對 2,041 名在 6 個月內接受腹部多排螺旋 CT 和 DXA 檢查的成年患者的研究[1]顯示：84% (81/97) 中、重度脊椎壓迫性骨折的患者未被前瞻性診斷；64% (52/81) 腹部 CT 未報告中、重度脊椎壓迫性骨折的患者，未得到臨床注意，而其中約有一半 (39/81) DXA 檢測 T 值大於 -2.5，未達骨質疏鬆的診斷標準，這表示許多脊椎壓迫性骨折的患者單憑 T 值可能無法得到適當的治療。因此，仔細檢查所有相關的影像(包括胸部 X 光片和 DXA) 是否存在椎骨骨折是二級預防老年骨折的重要工作。

主講題目	Make the First Fracture the Last - Role of Surgeons in the Management of Postoperative Osteoporosis Patients
摘要內容 (100-200 字)	Osteoporotic fracture contributes to high mortality and adverse outcomes in the geriatric population. Moreover, Osteoporotic vertebral fractures (OVFs) are associated with a compromised quality of life, morbidity, and mortality. The lecture will highlight the role of orthopedic surgeons on managing postoperative osteoporosis patients who experience fragility fractures since orthopedic surgeons are usually the first and even only doctor that patients were facing. The concept will explain how surgeons should not only take care of their fractures but underlined diseases, particularly osteoporosis, to make the first fracture the last. In this case, we show how we can prevent next fracture and help patients get a better quality of life. The treatment of common osteoporosis therapies will be reviewed, including antiresorptive and anabolic agents on bone strength, bone quality, and bone mineral density perspectives.

主講題目	Prevent rebound effect after RANKL mAb cessation
摘要內容 (100-200 字)	Denosumab 停藥後會造成骨代謝指標反彈性反應，及因治療增加的骨密度快速流失，甚至多重脊椎骨折的現象。在臨床上是否增加脊椎或非脊椎骨折的風險可能更為重要，應需更加關注。 在此次演講將介紹反彈性現象的背景知識，Denosumab 停藥後骨鬆脆弱性骨折發生風險，以及可能的解決方法。

主講題目	New IOF algorithm and role of MHT
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<p><b>摘要內容</b> (100-200 字)</p>	<p>Translation of the updated guideline of IOF/ESCEO for the diagnosis and management of postmenopausal osteoporosis into easy to use, practical algorithms is needed to facilitate the recognition and treatment of women at increased risk of fracture. This translation could also enable the incorporation of several recent developments that significantly impact on strategies for the management of patients.</p> <p>Initial risk assessment uses FRAX with clinical risk factors alone. FRAX probability indicated very high risk and that an initial course of anabolic treatment followed by antiresorptive therapy may be appropriate. FRAX probability indicated low risk, with advice to be given on lifestyle, calcium and vitamin D nutrition and menopausal hormone treatment considered. FRAX probability in the intermediate risk should be followed by BMD assessment and recalculation of FRAX probability including femoral neck BMD. After recalculation, risk may be changed.</p> <p>MHT reduce the accelerated bone turnover induced by the menopause and prevent bone loss at all skeletal sites regardless of age and duration of therapy. Results from observational studies and randomized placebo-controlled trials have shown that estrogens decrease the risk of vertebral and nonvertebral fractures (including hip fracture) by about 30%, regardless of baseline BMD. When hormone replacement therapy is stopped, bone loss resumes at the same rate as after the menopause, but fracture protection may persist arguably for several years.</p>
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<p><b>主講題目</b></p>	<p>脆弱性骨折急性後期照護 Post-acute care for fragility fracture</p>
<p><b>摘要內容</b> (100-200 字)</p>	<ol style="list-style-type: none"> <li>1. 介紹脆弱性骨折(fragility fracture)急性後期照護模式</li> <li>2. 以髖關節骨折為例，介紹各階段之復健訓練</li> <li>3. 對治療黃金期之病患提供持續性、積極性之整合性照護服務，使其恢復功能或減輕失能程度，減少後續再住院醫療支出；提升病患獨立生活能力進而改善其生活品質。</li> </ol>