Secondary hyperparathyroidism in a patient on dialysis can be treated with a combination of the active form of vitamin D ($1,25[OH]_2D_3$ [calcitriol] or analogues), calcium supplementation, phosphate binders, and cinacalcet, depending on the clinical situation. Secondary hyperparathyroidism due to vitamin D deficiency should be treated with the oral parent compound, vitamin D. Other items in Table 74-1 require attention during treatment of the underlying disorder.

These disorders are commonly amenable to treatment, and patients can have dramatic and satisfying responses to therapy. The main stumbling block is that these diagnoses may not be considered; instead, the DEXA report of osteoporosis is passively accepted without further investigation. When a patient is diagnosed with osteoporosis on the basis of a bone density study or radiograph, the physician should review the checklist in Table 74-1 and eliminate or investigate alternative disorders.

For a deeper discussion on this topic, please see Chapter 242, "Approach to the Patient with Metabolic Bone Disease," in Goldman-Cecil Medicine, *25th Edition.*

SUGGESTED READINGS

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