

## Authors' Reply

We thank Tabibzadeh *et al.* for their comments. We agree that bisphosphonates are safe and the fear of adynamic bone disease should not be a reason to preclude its use in kidney transplant recipients. We believe that this is one of the main findings of our study.<sup>1</sup> Our data confirmed that we should not have safety concerns with these drugs.

Moreover, besides not having safety issues, bisphosphonates should be used in kidney transplant patients, as suggested by our data. Findings of bone mineral gain on central skeleton assessed by dual-energy X-ray absorptiometry that have been shown by Segaud *et al.*,<sup>2</sup> our group, and others, must be confronted with the bone loss at peripheral sites. Therefore, we agree that pretransplant bone evaluation should include either high-resolution peripheral quantitative computed tomography or forearm dual-energy X-ray absorptiometry.

As stated in the article and emphasized by Tabibzadeh *et al.*, the design of our study precluded the inclusion of deceased-donor kidney transplant. However, in Brazil and worldwide, this is the most common type of kidney transplant.<sup>3</sup> Usually, these patients are older, with longer dialysis duration, a more severe form of CKD-mineral and bone disorder, and lower baseline bone mineral density than the patients included in our study. Indeed, a recent study in our center found that almost half of the patients on dialysis had low bone mineral density.<sup>4</sup> Therefore, the benefits of zoledronic acid would be more prominent in these patients. We believe that the next step would be performing prospective and placebo-controlled studies, evaluating the effects of prophylactic use of bisphosphonates on fracture prevention. This would help us to identify the subset of patients that would benefit from this therapy and perhaps include

bisphosphonates in the standard care of some kidney transplant recipients.

### DISCLOSURES

None.

### REFERENCES

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See related Letter to the Editor, "Biphosphonate Therapy, Risk of Fracture, and Sites of Bone Mineral Density Assessments in Kidney Transplantation," on page 905.

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