

mi HCT ani s délkou trvania léčby. Potenciálne riziko predstavujú vyššie dávky glukokortikoidnej substituční terapie (HCT v dávke > 25 mg denne) a typická konštelácia steroidov (znížené adrenokortikálne androgény DHEA a DHEAS, u žien aj estradiol). Zvýšený pomer RANKL/OPG

môže svedčiť pre relatívny nedostatok OPG. Možno tak predpokladať, že pacienti ženského pohlavia majú napriek adekvátnej substitúcií zvýšený kostný obrat, a tým aj relatívne vyššie riziko znižovania BMD.

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