Glucocorticoids are a family of medications that are structurally and pharmacologically similar to cortisol, a hormone produced in the body.1 Glucocorticoids are powerful anti-inflammatory drugs that have been used for many decades to treat several diseases since their first encounter with rheumatoid arthritis in 1949.2 They are typically used to treat inflammatory conditions, such as asthma, rheumatoid arthritis, and inflammatory bowel disease.2 Regardless of the duration of use, glucocorticoids have a range of minor side effects as well as serious ones, such as osteoporosis, gastrointestinal, hepatic, ophthalmologic effects, hyperlipidemia, growth suppression, adrenal insufficiency, and probable fetal problems.3 Glucocorticoid-induced osteoporosis (GIOP) is a significant side effect.These clinical risk variables include sex, age, body mass index (BMI), alcohol consumption, smoking status, glucocorticoid medication use, rheumatoid arthritis, prior fracture, history of parenteral fracture, BMD, and conditions strongly linked to secondary osteoporosis.Although the quality of GIOP preventative care has improved, it remains unsatisfactory, as only a quarter of patients receiving long-term glucocorticoid therapy have undergone BMD testing or osteoporosis treatment.13 A previous study conducted in Saudi Arabia to assess whether patients with prolonged steroid use were being screened for osteoporosis reported that doctors did not follow preventive measures and that they lacked awareness of screening patients with prolonged steroid use.8 Moreover, a Korean study reported that appropriate preventive measures were undertaken for only 3.7% of patients receiving prolonged glucocorticoid therapy for osteoporosis and fragility fractures, 1.6% receiving osteoporosis medications, 1.7% receiving calcium and vitamin D supplements, and 1.5% who underwent BMD testing.Only 9% of the patients were on bisphosphonates, whereas 22% of postmenopausal women received hormone replacement therapy.10 Another study conducted in Chiang Mai in 2007 to investigate physician awareness of GIOP prevention reported that internal medicine specialists failed to prevent GIOP,11 similar to another study conducted in Groningen in 2011 to assess prescribers' knowledge and likely prescribing patterns regarding GIOP diagnosis and treatment, which indicated a lack of knowledge, particularly regarding BMD testing.12 Further investigations in Manitoba, Canada showed changes in GIOP preventative care from 1998 to 2008, revealing a moderate increase in the use of osteoporosis therapy from 15 to 24%, BMD testing from 4 to 6%, and testing or treatment from 17 to 27%.Despite the development of more sophisticated approaches for fracture risk assessment and the availability of several effective treatment options, the clinical management of GIOP remains suboptimal, with bisphosphonates currently being the most popular medications for protecting the bones of patients using glucocorticoids.9 A study conducted in Iceland in 2001 to assess glucocorticoid use in the community and the frequency of active interventions for GIOP in daily clinical practice showed that 52% and 37% of patients received vitamin D and calcium supplementation routinely, respectively, whereas 91% consumed milk products regularly.The average number of osteoporosis-related fractures in hospitals was 12.6 per year compared with an overall average of 15.1 per year for GIOP-related fractures.16 The updated recommendations of the Saudi Osteoporosis Society in 2023 for the screening of osteoporosis include screening all Saudi men and women aged >=60 years, women aged =7.5 mg or its equivalent for more than six months during the study period.Of these, 140 (84.9%) patients had no fractures and 25 (15.2%) sustained an osteoporotic fracture.Osteoporosis is the most prevalent bone disease.Therefore, their use as an adjunct to

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glucocorticoid therapy should be considered.

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