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ERRATUM

Treatment of Osteoporosis with Parathyroid Hormone and Teriparatide

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After publication of the above-mentioned article, we detected an important mistake in the "Tolerability and Adverse Events" section of the manuscript. Due to a spell-checking software the term "hypocalcemia" was used instead of "hypercalcemia" several times in this section, especially in the paragraph about Teriparatide. The correct text for the section should be as follows:

Tolerability and Adverse Events

Overall, treatment with PTH or Teriparatide is well tolerated. Often adverse events derive from the role of PTH in calcium metabolism. **Hypercalcemia** and hypercalciurea could occur during PTH treatment and might require a dose reduction or discontinuation of treatment. However, unspecific adverse events like nausea and headache were also reported. …

Teriparatide

At the approved dose of 20 μg per day, mild **hypercalcemia** (≥2.6 mmol/L) was reported to occur in 11% of women receiving Teriparatide, compared to 2% of women in the placebo group [27]. Higher doses of Teriparatide seem to be associated with a higher frequency of **hypercalcemia**. Twenty-eight percent of women receiving 40 μg of Teriparatide in the study by Neer et al. were reported to have **hypercalcemia**. However, of the high serum calcium values, 95% were <2.8 mmol/L in the 20-μg group, and 95% were <2.95 mmol/L in the 40 μg group. In only about one-third of the women with high serum calcium concentrations were the values high upon retesting, and women who did not have **hypercalcemia** during the first 6 months of treatment seldom had it later. Therefore, treatment had to be withdrawn because of repeatedly elevated serum calcium concentrations in only one woman in the 20-μg group and nine in the 40-μg group [27]. …

In contrast to Preotact, routine measurements of serum calcium are not recommended in the SPCs. After Teriparatide is discontinued, serum calcium levels usually return to normal in a few days. If oral calcium intake is reduced by 500 mg/day, **hypercalcemia** usually does not recur after Teriparatide is restarted. The effect of treatment may be monitored by DXA scans after 18 months. The optimal follow-up program, however, remains to be determined. …

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