



# Osteoporosis risk of the subjects with isolated lactase enzyme deficiency

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To the Editor,

I have read Treister-Goltzman Y's article with a great interest since I have been working on the answer whether physicians have to treat the patients with isolated lactase enzyme deficiency [1]. By isolated lactase enzyme deficiency, I would rather refer to the patients with lactase deficiency determined by objective diagnostic tools, e.g., genetic analyses, direct enzyme activity measurement through intestinal biopsy or H<sup>2</sup> breath test, whereas presenting no lactose intolerance related symptoms [2, 3]. Most of these patients are diagnosed during the lactose intolerance evaluation due to the family history.

There is no doubt that primary lactase deficient patients are tend to stay away from dairy products, because of the intolerance leading to rough days. Even though the experts recommend defining secure daily lactose dose to consume without any related symptoms, the patients with lactose intolerance have a chance to continue to consume dairy products [2, 3]. In addition, with an adequate guidance, these patients will learn how to take enough calcium or other nutrients those which are mostly taken from dairy products. On the other hand, those who have no diagnosis of underlying lactose intolerance may consistently stay away from dairy products since the uncomfortable results associated with lactose intolerance.

By this valuable article, we may further speculate that the ones with isolated lactase deficiency have the tendency to be

diagnosed with osteoporosis, since the studies, the ones that were included into this meta-analyses, consisted of not only the lactose intolerant patients, but also the ones with isolated lactase deficiency [1].

I wonder whether the investigators have any further data to be an answer for this important point that has been lacking in the literature.

## Compliance with ethical standards

**Conflict of interest** The author declares that there is no conflict of interest.

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## References

1. Treister-Goltzman Y, Friger M, Peleg R (2018) Does primary lactase deficiency reduce bone mineral density in postmenopausal women? A systematic review and meta-analysis. *Osteoporos Int* 29:2399–2407. <https://doi.org/10.1007/s00198-018-4635-1>
2. Lomer MC (2015) Review article: the aetiology, diagnosis, mechanisms and clinical evidence for food intolerance. *Aliment Pharmacol Ther* 41(3):262–275. <https://doi.org/10.1111/apt.13041>
3. Misselwitz B, Pohl D, Frühauf H, Fried M, Vavricka SR, Fox M (2013) Lactose malabsorption and intolerance: pathogenesis, diagnosis and treatment. *United European Gastroenterol J* 1(3):151–159. <https://doi.org/10.1177/2050640613484463>

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This article has not been presented elsewhere including national or international scientific meetings

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