

# Obese Women Underscreened for Osteoporosis

BY HEIDI SPLETE

WASHINGTON — Obese women are less likely to be screened for osteoporosis than are normal- or overweight women, according to findings from a study of more than 140,000 women included in an integrated health care plan database.

Previous studies have shown mixed results on the disparity in preventive health care for obese patients, compared with

normal-weight patients, said Kristi Reynolds, Ph.D., of Kaiser Permanente in Pasadena, Calif., and her colleagues.

“It is largely unknown whether obesity is associated with the quality of care for osteoporosis,” the researchers said. Physicians may be less inclined to screen obese women for osteoporosis because body weight is associated with higher bone density, they noted.

Data from 146,975 health care provider

visits between July 1, 2007, and June 30, 2008, were reviewed.

The average age of the women was 73 years; 35% were normal weight; 35% were overweight; and the rest were obese.

About 67% of the women had undergone bone mineral density testing within 4 years of the study, which was the criteria by which participants could be considered “screened.” Only 52% of women with a BMI of 40 kg/m<sup>2</sup> or high-

er were screened, compared with 68% of the normal-BMI women, 68% of the overweight women, 67% of obese women with a BMI of 30-34.9, and 63% of obese women with a BMI of 35-39.9.

The findings were presented in a poster at the annual meeting of the Obesity Society. ■

**Disclosures:** The researchers reported having no financial conflicts of interest.

- EMBEDA® may impair the mental and/or physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery. Patients must be cautioned accordingly. Patients should also be warned about the potential combined effects of EMBEDA® with other CNS depressants, including other opioids, phenothiazines, sedative/hypnotics, and alcohol
- Agonist/antagonist analgesics (i.e., pentazocine, nalbuphine, butorphanol) should be administered with caution to a patient who has received or is receiving a course of therapy with EMBEDA®. In this situation, mixed agonist/antagonist analgesics may reduce the analgesic effect of EMBEDA® and/or may precipitate withdrawal symptoms in these patients
- Consuming EMBEDA® that has been tampered with by crushing, chewing, or dissolving the extended-release formulation can release sufficient naltrexone to precipitate withdrawal in opioid-dependent individuals. Symptoms of withdrawal usually appear within five minutes of ingestion of naltrexone and can last for up to 48 hours. Mental status changes can include confusion, somnolence, and visual hallucinations. Significant fluid losses from vomiting and diarrhea can require intravenous fluid administration. Patients should be closely monitored and therapy with non-opioid medications tailored to meet individual requirements
- **Care should be taken to use low initial doses of EMBEDA® in patients who are not already opioid-tolerant, especially those who are receiving concurrent treatment with muscle relaxants, sedatives, or other CNS active medications**
- EMBEDA® should not be abruptly discontinued
- Serious adverse reactions that may be associated with EMBEDA® therapy in clinical use include: respiratory depression, respiratory arrest, apnea, circulatory depression, cardiac arrest, hypotension, and/or shock
- The common adverse events seen on initiation of therapy with EMBEDA® are dose dependent, and their frequency depends on the clinical setting, the patient's level of opioid tolerance, and host factors specific to the individual. They should be expected and managed as part of opioid analgesia. The most frequent of these include drowsiness, dizziness, constipation, and nausea
- Additional common adverse events reported during clinical studies include constipation, nausea, and somnolence
- EMBEDA® should be used with great caution and in reduced dosage in patients who are concurrently receiving other central nervous system (CNS) depressants including sedatives, hypnotics, general anesthetics, antiemetics, phenothiazines, other tranquilizers, and alcohol because of the risk of respiratory depression, hypotension, and profound sedation or coma. When such combined therapy is contemplated, the initial dose of one or both agents should be reduced by at least 50%
- EMBEDA® may enhance the neuromuscular blocking action of skeletal relaxants and produce an increased degree of respiratory depression
- Monoamine oxidase inhibitors (MAOIs) have been reported to potentiate the effects of morphine anxiety, confusion, and significant depression of respiration or coma. EMBEDA® should not be used in patients taking MAOIs or within 14 days of stopping such treatment
- There is an isolated report of confusion and severe respiratory depression when a hemodialysis patient was concurrently administered morphine and cimetidine
- Morphine can reduce the efficacy of diuretics by inducing the release of antidiuretic hormone. Morphine may also lead to acute retention of urine by causing spasm of the sphincter of the bladder, particularly in men with prostatism
- Anticholinergics or other medications with anticholinergic activity when used concurrently with opioid analgesics may result in increased risk of urinary retention and/or severe constipation, which may lead to paralytic ileus

## Indications and Usage

- EMBEDA® is an extended-release oral formulation of morphine sulfate and naltrexone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time
- EMBEDA® is NOT intended for use as a prn analgesic
- EMBEDA® is not indicated for acute/postoperative pain or if the pain is mild or not expected to persist for an extended period of time. EMBEDA® is only indicated for postoperative use if the patient is already receiving chronic opioid therapy prior to surgery or if the postoperative pain is expected to be moderate to severe and persist for an extended period of time

Please see Brief Summary of full Prescribing Information, including boxed warning, on the following pages.

**References:** 1. Embeda (package insert). Bristol, TN: King Pharmaceuticals®, Inc; 2009. 2. Data on file. King Pharmaceuticals®, Inc.

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