

# Three Factors Predict Bisphosphonate Script

BY KERRI WACHTER

DENVER — Significant predictors of receiving a bisphosphonate prescription within 90 days of a fracture for women are a low bone mineral density score after a fracture, being aged 65-74 years, and oral corticosteroid use, according to the results of a study of 2,000 women.

Women with a bone mineral density (BMD) T score of  $-2.5$  or less in the 90 days after a fracture were almost five times as likely to receive a bisphosphonate prescription than women with higher T scores, Carl Asche, Ph.D., said in a poster presented at the annual meeting of the American Society for Bone Mineral Research.

Women who were aged 65-74 years at the time of fracture were almost twice as likely to receive a prescription, compared with woman younger than 65. Similarly, women taking oral corticosteroids also were more likely to receive a bisphosphonate prescription, wrote Dr. Asche of the pharmacotherapy department at the University of Utah, Salt Lake City.

With use of electronic health records from Geisinger Health System from Jan. 1, 2000, to June 30, 2007, women 50 years of age and older who had had a fracture were included. They also had to have continuous electronic health record activity for at least 365 days before and 365 days after the index date (the date of the fracture). Women were excluded if they had a diagnosis of osteoporosis, a bone mineral density score of  $-2.5$  or less at the time of the fracture, a fracture in the 6 months prior to the index date, or a di-

agnosis of conditions known to impact bone density and quality.

They considered age, race, body mass index (BMI), BMD score 90 days after the fracture, smoking status, Charlson comorbidity index, oral corticosteroid use, and rheumatoid arthritis to be potential predictors of bisphosphonate prescription—alendronate (Fosamax), ibandronate (Boniva), or risedronate (Actonel).

A total of 2,000 women met the inclu-

sion criteria, but less than 10% (188) received a prescription for a bisphosphonate within 90 days of fracture. “Very few women aged [over] 50 receive treatment with an oral bisphosphonate after having a fracture, leaving them potentially vulnerable to future fractures,” he noted.

Obese patients (BMI 30-39.9 kg/m<sup>2</sup>) were significantly less likely to receive a prescription than were normal weight or underweight patients (BMI less than 24.9 kg/m<sup>2</sup>).

One limitation of the study is that it was not possible to determine if the fractures were fragility related or primarily due to an injury.

The study was supported by the Alliance for Better Bone Health—Procter & Gamble Pharmaceuticals and Sanofi-Aventis U.S., which co-promote Actonel. Dr. Asche reported that he has a significant financial relationship with Sanofi-Aventis U.S. ■



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