

potential confounders were considered and adjusted for if they represented markers of comorbidity status or if they had an effect on the central nervous system that would increase the risk of falling, Dr. Yang noted in his presentation.

After adjustment for potential confounders, there was still a significantly increased risk of hip fracture among long-term PPI users. Significant confounders included antidepressant use and an increased number of office visits.

The study was limited by the assumption of 100% compliance with therapy and the lack of information on use of over-the-counter drugs, Dr. Yang said. ■

## Weekly Bisphosphonate Compliance Suboptimal

WASHINGTON — Osteoporosis patients demonstrate greater compliance with weekly bisphosphonate therapy than with daily medication, but the numbers are still suboptimal, Deborah T. Gold, Ph.D., reported in a poster she presented at an international symposium sponsored by the National Osteoporosis Foundation.

Patients often resist taking bisphosphonates because of their inconvenient and complex dosing procedures, explained Dr. Gold of Duke University Medical Center, Durham, N.C.

Dr. Gold and her associates analyzed data on 214,060 women aged 50 years and older who received bisphosphonate therapy; the information had been collected for two health claims and retail pharmacy databases. Overall, weekly doses led to improved compliance after 1 year, compared with daily doses (44%-55% vs. 32%-40%), but 42%-67% of the patients on the weekly regimen had discontinued the medication within a year.

In addition, the level of compliance with either a weekly or daily dose was of-

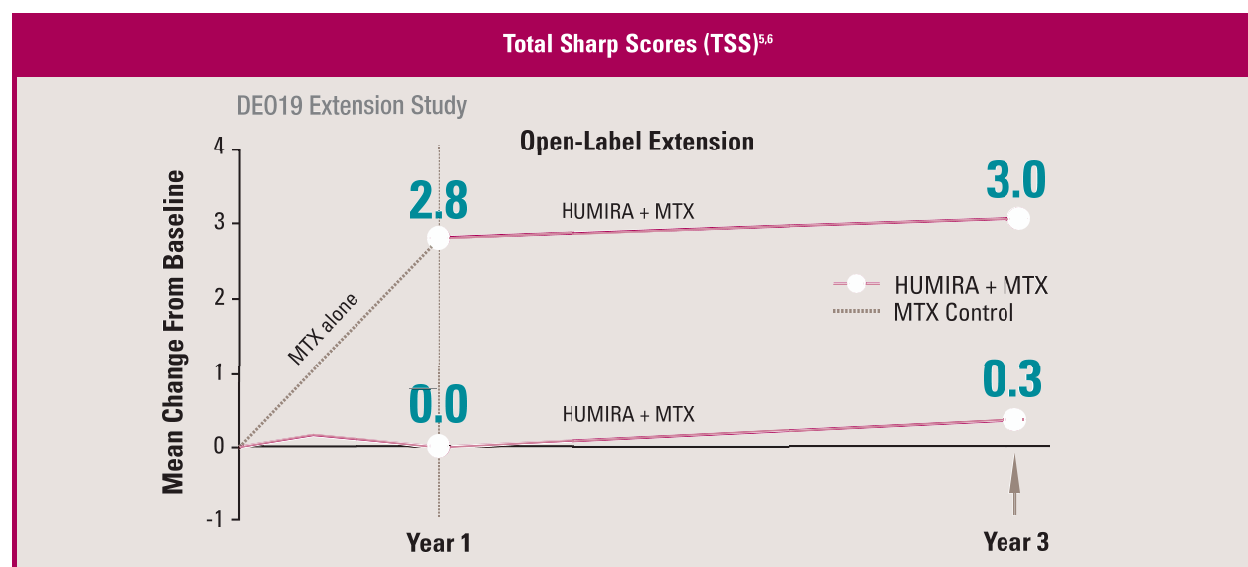
ten too low to benefit many patients. Sufficient compliance was defined as a "medication possession ratio" of at least 80%. At most, only 53% of patients who received weekly medication were deemed compliant enough to derive antifracture benefits from it, which was still significantly better than the up to 40% rate of sufficient compliance among patients who received daily medication. Dr. Gold serves as a consultant for multiple pharmaceutical companies.

—Heidi Splete

IT'S ABOUT

## RADIOGRAPHIC EVIDENCE

### INHIBITION OF DISEASE PROGRESSION IN MODERATE-TO-SEVERE RA<sup>5,6</sup>



Year 1 and year 3 x-rays were assessed for changes from baseline in TSS.

Study DE019-619 patients entered a randomized, double-blind, placebo-controlled period up to 1 year. 457 patients entered the open-label extension period.

- In the DE019 extension study, a majority of patients continued to show *no radiographic progression* ( $\leq 0.5$ -unit increase from baseline) at 3 years ( $n=129$ )<sup>6</sup>
  - 61% based on Total Sharp score (mean change=0.3)
  - 71% based on Joint Erosion score (mean change=0.1)
  - 73% based on Joint Space Narrowing score (mean change=0.2)

**HUMIRA<sup>®</sup>**  
(adalimumab)

**References:** 1. Data on File. Abbott Laboratories. 2. HUMIRA full prescribing information. 3. Weinblatt ME, Keystone EC, Furst DE, et al. The ARMADA trial: sustained efficacy and long-term safety of adalimumab (HUMIRA<sup>®</sup>) plus methotrexate over 3 years in patients with long-standing rheumatoid arthritis. Presented at: European League Against Rheumatism Annual Scientific Meeting; June 2004; Berlin, Germany. 4. Weinblatt ME, Keystone EC, Furst DE, et al. Adalimumab, a fully human anti-tumor necrosis factor  $\alpha$  monoclonal antibody, for the treatment of rheumatoid arthritis in patients taking concomitant methotrexate. *Arthritis Rheum.* 2003;48:35-45. 5. Keystone EC, Kavanaugh AF, Sharp JT, et al. Radiographic, clinical, and functional outcomes

of treatment with adalimumab (a human anti-tumor necrosis factor monoclonal antibody) in patients with active rheumatoid arthritis receiving concomitant methotrexate therapy. *Arthritis Rheum.* 2004;50:1400-1411. 6. Keystone EC, Kavanaugh AF, Sharp JT, et al. Radiographic inhibition of structural damage sustained in patients with long-standing rheumatoid arthritis following 3 years of treatment with adalimumab (HUMIRA<sup>®</sup>) plus methotrexate. Presented at: American College of Rheumatology Annual Scientific Meeting; October 2004; San Antonio, Tex.

Please see brief summary of prescribing information on adjacent page.