

# Bone Drugs Underused By Oral Steroid Patients

BY MICHELE G. SULLIVAN  
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ST. LOUIS — Bisphosphonates remain underutilized in the prevention of glucocorticoid-induced osteoporosis, despite national clinical guidelines that recommend their use in patients on long-term oral steroid therapy, Rosemarie Liu, M.D., said at the annual meeting of the Society of Investigative Dermatology.

"In 2001, the American College of Rheumatology published guidelines recommending that all patients beginning long-term oral steroid therapy of at least 5 mg/day should receive a prescription for a bisphosphonate, if not contraindicated," said Dr. Liu of Eastern Virginia Medical School, Norfolk. "Despite these guidelines, the vast majority of patients in our study did not receive appropriate prophylaxis for glucocorticoid-induced osteoporosis (GIOP)."

In fact, she said, her study showed that the guidelines had no effect at all on the number of patients who received the bone-protective drugs.

Dr. Liu and her colleagues conducted a cross-sectional study of 35 patients referred to the tertiary dermatology clinic at the Hospital of the University of Pennsylvania, Philadelphia, from 1995 to 2004. Of that group, 60% (21) were female and 83% (29) were white. Their mean age was 54 years (29-86). The mean daily dose of prednisone was 53 mg, with a range of 10-150 mg/day. The patients had been on steroids for a mean of 17 months, with the longest duration of use, 102 months.

Twenty-eight (80%) of the patients were taking prednisone for pemphigus vulgaris; other indications were lupus

erythematosus, (4), dermatomyositis (2), and arthritis with interstitial granulomatous dermatitis (1).

The majority of the patients (80%) were not on any bisphosphonates at the time of their referral. The investigators found that the 2001 publication of the ACR Guidelines for Prevention and Treatment of Glucocorticoid-Induced Osteoporosis had no effect on bisphosphonate prescriptions in this group.

"The guidelines were published in July 2001, but we used January 2002 as the cut-off date, because we wanted to give adequate time for them to be incorporated into clinical practice," Dr. Liu said. Among those referred before 2002, 75% were not on bisphosphonates; among those referred after 2002 (1 year after the guidelines were published), 81% were not on bisphosphonates.

Among the eight patients who were on the drug before referral, seven were taking it specifically for GIOP, and one had been previously diagnosed with osteoporosis.

Dual-energy x-ray absorptiometry scans were available for 18 of the patients. The mean time on steroids before DXA scan was 13 months. Seven of those patients had a normal scan, eight had evidence of osteopenia, and three had evidence of osteoporosis. One patient developed a vertebral fracture within 5 months of beginning prednisone.

"Clinicians should be aware of the ACR guidelines," Dr. Liu said. "When patients are started on long-term oral steroids, a bisphosphonate should be prescribed unless contraindicated. Also, a baseline DXA scan should be ordered to provide information about baseline bone health, and should be repeated whenever clinically indicated." ■

**Despite guidelines, most 'patients in our study did not receive appropriate prophylaxis for glucocorticoid-induced osteoporosis.'**

# Survey Focuses on Adherence Gap in Osteoporosis Therapy

BY BRUCE JANCIN  
Denver Bureau

VIENNA — Most physicians remain unaware of the factors that motivate women to stay on osteoporosis therapy, according to the results of a recent survey released by the International Osteoporosis Foundation.

As a result of this physician/patient disconnect, 85% of surveyed physicians reported having patients who have discontinued bisphosphonate therapy without consulting them, and 71% still didn't know why their patients had stopped, according to the findings, which were presented at the annual European congress of rheumatology.

The goal of the survey was to shed new light on the poorly understood adherence gap in osteoporosis therapy. "Adherence gap" is a term used to describe the phenomenon whereby nearly 80% of women who take a once-daily bisphosphonate and more than half who take a once-weekly agent discontinue therapy within the first year, despite the drugs' proven ability to reduce fracture risk.

The telephone survey, conducted earlier this year in five Western European countries, involved 500 primary care physicians and rheumatologists and 502 postmenopausal women with osteoporosis. Of the women surveyed, 38% were previously on a bisphosphonate but had discontinued it; the rest were currently on a bisphosphonate.

Overall, 64% of women cited a positive motivating factor—such as the desire to do

something to help themselves, or a wish to stay independent—as their primary reason for staying on bisphosphonate therapy. But only 13% of physicians said they motivated patients by explaining the benefits of bisphosphonates.

Instead, the majority of physicians indicated they emphasized the negative consequences of nonadherence. And 86% of physicians said they were unsure about how best to encourage patients to continue on therapy.

Women cited drug side effects and the inconvenience of bisphosphonate therapy, especially the need to remain upright after taking the oral medication and the necessity of fasting before and after taking the drug, as the main reasons for discontinuing treatment.

Physicians, however, most often cited a lack of understanding on the patient's part as the reason for nonadherence.

It seems the physicians have a valid point:

Of the women surveyed, 27% said they thought their fracture risk was the same regardless of whether they took their medication. An additional 17% said they didn't think their bisphosphonate had any benefit at all. Also, 51% of the women said they could not recall being advised on how long to stay on their medication.

The congress was sponsored by the European League Against Rheumatism. The International Osteoporosis Foundation survey was funded by an unrestricted educational grant from GlaxoSmithKline and Roche. ■

# Physicians Differ in Osteoporosis Screening, Diagnosis, Treatment

BY MIRIAM E. TUCKER  
Senior Writer

WASHINGTON — Endocrinologists and rheumatologists are the most aggressive specialists when it comes to the screening, diagnosis, and treatment of osteoporosis, Tiffany Karas, M.D., and her associates reported in a poster at the annual meeting of the American Association of Clinical Endocrinologists.

Of 122 physicians who responded to an electronic survey, there were 27 geriatricians, 25 endocrinologists, 23 obstetrician/gynecologists, 20 rheumatologists, 19 primary care physicians, and 8 orthopedic surgeons.

In screening for osteoporosis, 94% of the entire group said they would order a dual-energy x-ray absorptiometry (DXA) scan for a patient with two or more risk factors, said Dr. Karas and her associates, of Loyola University Medical Center, Maywood, Ill.

The risk factors most likely to prompt DXA scanning were height loss (93%), chronic prednisone use (89%), and menopause (86.6%). Among the risk factors least likely to prompt DXA were low

testosterone (60%) and vertebral deformities (74%) in an elderly male patient. In general, all physicians surveyed were much less likely to order DXA for men with indications than for women. "This is one area where continuing education about osteoporosis may improve patient care," the investigators noted.

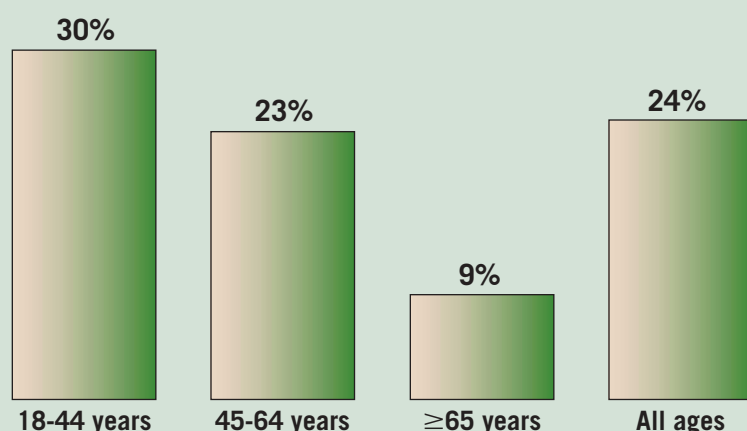
Endocrinologists and rheumatologists were more likely to order DXA given any risk factor or patient scenario than were the other specialties, while orthopedic surgeons were the least likely. Rheumatologists were the most likely to initiate treatment in patients, followed by endocrinologists, geriatricians, primary care physicians, and ob.gyns.

Alendronate and risedronate were deemed the most efficacious treatments by more than 98% of all physicians, while calcium/vitamin D and calcitonin were thought to be the least efficacious.

Overall, patients were more likely to be screened, diagnosed, and treated for osteoporosis by female physicians who had been in practice for more than 6 years and who had practiced in urban, academic settings, Dr. Karas and her associates reported. ■

## DATA WATCH

### Younger Women Are More Likely to Delay or Forgo Needed Health Care Because of Cost



Note: Based on a national survey of 2,766 women conducted from July 6 to Sept. 26, 2004.  
Source: Kaiser Family Foundation