Bone Drugs Underused By Oral Steroid Patients

BY MICHÉLE G. SULLIVAN
Mid-Atlantic Bureau

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 majority of patients who received the number of patients who received the appropriate prophylaxis for glucocorticoid-induced osteoporosis 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 302 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 taking 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.

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.

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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 gynecologists, 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 screening were height loss of 6 inches or more (54% risk), and 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.

Alandronate 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.