**High-Medication Burden Noted In Women With Osteoporosis**

**BY DOUG BRUNK**

San Diego Bureau

**SAN DIEGO — About half of postmenopausal women who take bisphosphonates for osteoporosis take at least three concomitant medications and 19% take six or more, researchers led by Dr. Sydney Lou Bonnick reported during a poster session at the annual meeting of the International Society for Clinical Densitometry.**

“Patients receiving bisphosphonate therapy for postmenopausal osteoporosis have a substantial pill burden,” the researchers wrote in their poster. “Adherence to therapy may be improved if physicians consider prescribing more convenient, less frequently dosed medications.”

Dr. Bonnick, medical director of the Clinical Research Center of North Texas in Denton, and her associates obtained patient prescription information from November 1999 to June 2004 from NDCHealth, a pharmacy database that contains records from 14,000 retail pharmacies in the United States. They identified women aged 50 years and older who were receiving alendronate or risedronate, which were the bisphosphonates approved for osteoporosis treatment during the study period.

It was disclosed that GlaxoSmithKline, maker of once-monthly Boniva (ibandronate) supported the study.

Concomitant medications were defined as a minimum of a 2-week supply of medications prescribed in the same month as a minimum of a 2-week supply of bisphosphonates.

Between November 1999 and June 2004 the number of women in the database using bisphosphonates rose from 78,909 to 230,286.

Of the women prescribed concomitant medications, 74% were on two or more additional medications, 52% were on three or more, and 15% were on six or more. The percentage of women taking six or more concomitant medications increased from 12% to 19% during the study period.

The most common concomitant drugs taken were thyroid hormones, calcium channel blockers, β-blockers, ACE inhibitors, and systemic antithrombosis medications.

**IV Ibandronate Equivalent to Oral Form for Increasing BMD**

**BY MICHELE G. SULLIVAN**

Mid-Atlantic Bureau

**BOSTON — Intermittent intravenous ibandronate is at least as effective as daily oral ibandronate for increasing bone mineral density and may be preferable to oral dosing in patients with esophageal disease or compliance problems.**

There are no fracture data for the intravenous dosing schedule, but the risk reduction that has been shown with oral ibandronate can probably be extrapolated to the intravenous form of the drug, Dr. Mone Zaidi said at the annual meeting of the Endocrine Society.

Oral ibandronate has been shown to reduce the risk of new vertebral fractures by up to 60% (Curr. Med. Res. Opin. 2005;21:391-401; J. Bone Miner. Res. 2004;19:1241-9). “If you can show equivalence in superiority in bone mineral density changes to [the form] with proven fracture data, which we have done, I think everyone would agree that you can extrapolate that data,” said Dr. Zaidi, director of the Mount Sinai Bone Program, Mount Sinai School of Medicine, New York.

Dr. Zaidi presented 2-year bone mineral density (BMD) data from the ibandronate Dosing Intravenous Administration trial, a Roche-sponsored phase III study that compared two doses of intravenous ibandronate (2 mg every 2 months and 3 mg every 3 months) with the approved oral dosing schedule (2.5 mg daily). The study group included 1,400 postmenopausal women with low bone mass (T scores of −3.0 to −7.9). There were increased rates of new vertebral fractures in both groups, although Dr. Zaidi stressed that consistent gains in both intravenous groups than in the oral group, Dr. Zaidi said.

At 2 years, the incidence of adverse events was similar across all groups. There was no osteonecrosis of the jaw. Renal and urinary incidents were uncommon and similar across groups.

Fracture incidence, which was reported as an adverse event, was low and similar in all groups, although Dr. Zaidi stressed that the study was not powered to prove fracture risk reduction.