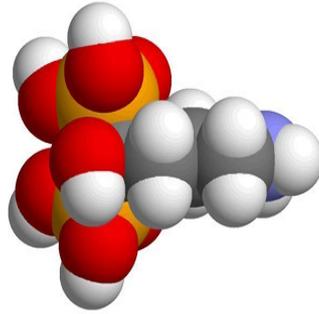


Prescriptions for Bisphosphonates Remain Low



According to a study published in JAMA, prescriptions for bisphosphonates, a class of drugs used to strengthen bone for men on androgen deprivation therapy (ADT) and for those at high risk of subsequent fractures, remain low despite guidelines recommending their use.

ADT is widely used in men suffering from prostate cancer. Common adverse effects with this therapy include bone loss and increased fracture risk. Canadian guidelines recommended the use of bisphosphonate in men with osteoporosis or fragility fracture as early as 2002 and in men on ADT in 2006.

This study was conducted by Husayn Gulamhusein, BHSc, and colleagues at the University Health Network, Toronto. They used the administrative databases at the Institute for Clinical Evaluative Sciences and the Ontario Cancer Registry and examined the rates of bisphosphonate prescriptions in men initiating ADT in Ontario between 1995 and 2012.

The study group was comprised of 35,487 men 66 years of age or older who were starting ADT for prostate cancer, who had undergone surgical removal of one or both testicles or who had received at least six months of continuous medical ADT and survived at least one year after ADT initiation. Any bisphosphonate claim within 12 months of ADT initiation was captured through drug database claims.

The researchers evaluated bisphosphonate prescriptions over time for three groups: all nonusers of bisphosphonates, those with prior osteoporosis, and those with prior fragility fracture.

The analysis showed that bisphosphonate claims among all nonusers increased from 0.35 per 100 persons in 1995-1997 to 3.40 per 100 persons in 2010-2012. Even among those with prior osteoporosis or fragility fracture, rates remained low. Among all three groups, peak bisphosphonate claims occurred in 2007-2009, with a high of 11.89 per 100 persons in those with prior osteoporosis.

Based on these findings, the authors conclude that there is "limited awareness among clinicians regarding optimal bone health management." They believe that a major reason for the decrease in bisphosphonate prescriptions after 2009 may be due to recent negative media with respect to the association of bisphosphonates with rare osteonecrosis (bone death) of the jaw and atypical femoral fractures. "This is appropriate for groups at low risk for fractures, but the decrease in use for high-risk patients is concerning."

The authors suggest that while the optimal rate of bisphosphonate use in men on ADT is unknown, men with prior osteoporosis or fracture should be taking a bisphosphonate or other effective bone medication.

Source: JAMA

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