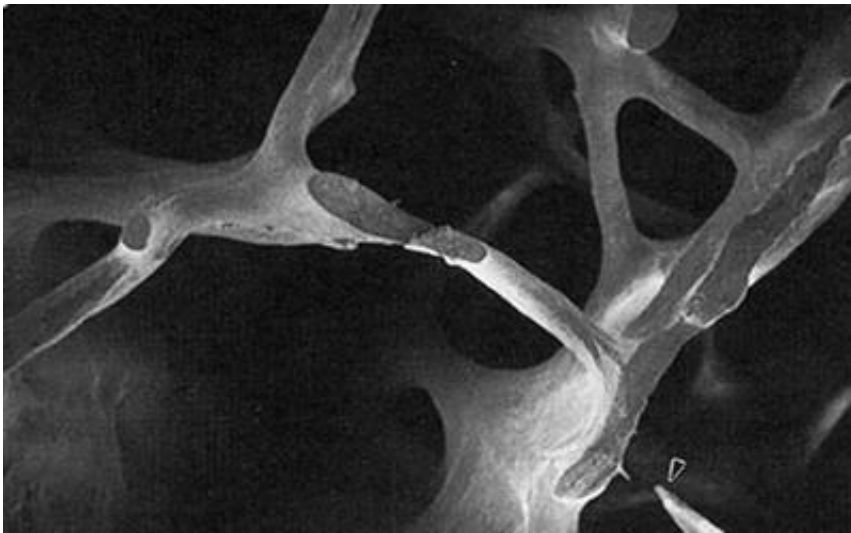


# Osteoporosis treatment rates no longer rising in UK

October 21 2016

---



A bone with osteoporosis. Credit: University of Southampton

Prescription rates of anti-osteoporotic drugs (AOD) to people aged 50 years or above have stabilised in men, and decreased in women since 2006, following a rise from rates in 1990, a new Southampton study has shown.

The study, published in the journal *Bone*, also shows a geographic variation in prescribing rates with greatest rates for men and women in Northern Ireland and the lowest rates for women in the East Midlands and men in Yorkshire and Humberside.

The study, by researchers at the Medical Research Council Lifecourse Epidemiology Unit, University of Southampton, used data from the UK Clinical Practice Research Datalink, a general practice based dataset including information on 7 per cent of the UK population.

AOD prescriptions from 1990 to 2012 were analysed and it was found that far more women than men were prescribed AOD and that the rate of prescriptions increased with age, up to the age of 85-89 years, where women were more than twice as likely as men to be prescribed the medication.

From 1990 to 2006 prescriptions of AOD for women increased (from 2.3 per 10,000 people annually to 169.7 per 10,000 people annually), which was followed by a plateau of two years and then subsequently dropped by 12 per cent in the past four years.

For men, prescription rates increased between 1990 and 2007 (from 1.4 per 10,000 people annually to 45 per 10,000 people annually) but then plateaued.

White and Asian women were twice as likely to be receiving AOD prescriptions as black women, the study shows.

Professor Nicholas Harvey, Professor of Rheumatology and Clinical Epidemiology at the MRC Lifecourse Epidemiology Unit, University of Southampton, led the study with Dr Robert van der Velde, Consultant Endocrinologist at the Maastricht University Medical Centre and VieCuri Medical Centre, Netherlands.

Professor Harvey said: "The decline in anti-osteoporosis medication prescriptions over the last 10 years is concerning, particularly in the context of an ever more elderly population, in which many fracture types are becoming more common. Other work from the CPRD has

demonstrated an increase in rates of treatment for osteoporosis following a hip fracture, but still only just over half such patients receive treatment. There is a clear and urgent need to close this care gap, and these findings reinforce the critical importance of the work of clinicians, researchers, policy makers and of charities such as the National Osteoporosis Society."

He added: "The finding of geographic variation in anti-osteoporosis medication prescriptions is likely to reflect a range of factors, such as differences in age structure of the population, ethnic mix and socioeconomic status between the different regions of the UK. Further work will be required to investigate whether these differences also reflect variations in approaches to the prevention and treatment of osteoporosis, for example after hospital admission for a [hip fracture](#)."

The National Osteoporosis Society, who funding the Southampton research, is calling for health professionals to work together with the charity to address a growing crisis in osteoporosis care. Fizz Thompson, Clinical and Operations Director at the charity, said the decline in prescriptions of anti-osteoporosis drugs in primary care was concerning. But she highlighted the innovative work of the charity in setting up Fracture Liaison Services in hospitals and clinics to reduce fractures through earlier identification of osteoporosis.

"The fact that those affected by osteoporosis are not getting the treatments they desperately need is a tragedy which needs to be urgently addressed," she said: "We will do this by continuing to work together with GPs and Health Service Managers to close the current gap in treating and managing osteoporosis.

"The National Osteoporosis Society has been at the forefront of facilitating this change though our work to set up and improve Fracture Liaison Services - partnerships with the NHS which systematically

identify people with fractures at risk of osteoporosis - and ensure that people with the condition are put on the correct treatment in a timely manner, thereby reducing the pain and suffering fractures can cause."

Professor Cyrus Cooper, Professor of Rheumatology and Director of the MRC Lifecourse Epidemiology Unit, University of Southampton, added: "This study forms part of a larger programme of work addressing risk factors for fracture across the lifecourse, and demonstrates the importance of the University of Southampton and MRC Lifecourse Epidemiology Unit in leading large, UK wide analyses on the internationally leading UK Clinical Practice Research Datalink dataset. These findings will be built upon in a wider programme of analyses to document the burden of osteoporotic fracture in the UK, and will have important messages for public health planning in future years."

**More information:** Nicholas C. Harvey et al. On epidemiology of fractures and variation with age and ethnicity, *Bone* (2016). [DOI: 10.1016/j.bone.2016.07.011](https://doi.org/10.1016/j.bone.2016.07.011)

Provided by University of Southampton

Citation: Osteoporosis treatment rates no longer rising in UK (2016, October 21) retrieved 17 April 2024 from <https://medicalxpress.com/news/2016-10-osteoporosis-treatment-longer-uk.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--