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A low number of postmenopausal women receive osteoporosis treatment, regardless of the criteria used to initiate therapy

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Abstract

Introduction: The aim of the study was comparison of various criteria for initiation of therapy for osteoporosis.

Methodology: The study group consisted of 508 consecutive postmenopausal women recruited in three osteoporotic outpatient clinics. Mean age was 69.8 ± 7.5 years. 66 women were not treated (subgroup 1, mean age 68.92±7.57 years), 265 were supplemented by calcium and vitamin D (subgroup 2, mean age 69.54±7.55 years), and 177 received antiresorptive therapy (subgroup 3, mean age 70.51±7.44 years). Mean age did not differ between subgroups. Bone densitometry (Lunar Prodigy) was performed at the hip. Data on clinical risk factors and medication for osteoporosis were gathered. Fracture risk was established by FRAX and POL-RISK. Following thresholds for initiation of pharmacologic therapy were used: FRAX major fractures 10% and 6.3%,

POL-RISK 18%, femoral neck T-score -2,5, prior osteoporotic fracture and T-score -2,5 plus prior osteoporotic fracture.

Results: Mean T-score values differed between subgroups; however, qualification according to the threshold T-score ≤ -2.5 and according to the combined criterion of T-score ≤ -2.5 plus prior fracture did not significantly influence treatment allocation whereas all other criteria significantly influenced the therapeutic decision (Chi-square df=2 for FRAX 10%, FRAX 6.3%, POL-RISK, prior fracture: 8.9, $p < 0.05$, 9.0, $p < 0.05$, 6.1, $p < 0.05$ and 7.1, $p < 0.05$, respectively). For all therapeutic criteria percentage of not-treated subjects was the smallest (10.1-16.1%), and the percentage of patients only receiving supplements was the highest (45.7-60%). Only about 27.1-44% of patients received active treatment. In not-treated and supplemented subgroups fewer patients were at low risk, and high risk subjects more often received therapy.

Conclusion: The study has shown that number of patients treated was small, which may contribute to increasing number of osteoporotic fractures.

Keywords: Fracture risk assessment; Postmenopausal osteoporosis; Supplementation; Therapy.

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Conflict of interest statement

Declaration of competing interest R. Hebel is an employee of Egis Polska Sp. z o.o. and received financial support from his employer to facilitate scientific development and to obtain and/or process the data used in this analysis. The sponsor had no role in the study design; data collection, analysis, or interpretation; writing of the manuscript; or the decision to submit it for publication. The remaining authors declare no conflicts of interest.