

Persistence to Anti-Osteoporosis Treatments in Primary Care Patients Recorded in the Spanish Electronic Database BIFAP

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Background

A lack of persistence to anti-osteoporosis drugs (AOM) has been reported. Objectives: We aimed to estimate the persistence of AOM use in Spanish primary care.

Methods

A cohort study was performed using anonymized electronic primary care records for 4 million people (BIFAP database). Participants entered the study when aged ≥ 50 years in 2001-2013 and with ≥ 1 year of data available. Users of AOM in the previous year were excluded. Six cohorts of AOM new users were identified according to first prescribed AOM: alendronate, other oral bisphosphonates (OB), SERM, strontium ranelate (SR), teriparatide (TE), and denosumab (DE). AOM users were followed from initiation to cessation (90 days refill gap), AOM switching, drop-out, death, or December 2013. Sensitivity analysis using 180 and 30 days of gaps were also performed. First-year cessation proportion was estimated using life tables.

Results

Overall, 95,057 new AOM users were identified (90.7% women; mean age 67.46 S.D. + -10.30), 36 182 AL, 37 594 OB, 11 723 SERM, 7,978 SR, 1,287 TE, and 293 DE. First-year cessation were 51% overall. Cessation was 68%, 45% when using 30 or 180 days gap respectively. Cessation was highest for strontium (62-81%), and lowest for denosumab (25-33%) for the 3 gap defined

Conclusions

Half of the patients initiating AOM therapy ceased treatment for at least 90 days during the first year, with strontium being the most commonly stopped drug. Few patients re-started the treatment in following months. For AOM therapy, 90 days seems to be more accurate to define cessation than 30 days, since more patients ceasing 30 days than 90 days, restarted the treatment in following months.