



AMERICAN ACADEMY OF FAMILY PHYSICIANS

F O U N D A T I O N

Abstract of Study Funded by the Joint Grant Awards Program in 2008

Has the rate of osteoporosis treatment in older men with fractures improved? (G0811)

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Abstract

Background: Osteoporotic fractures result in significant mortality and morbidity for older men, yet even after fracture (which is predictive of additional fracture) osteoporosis has been under-diagnosed and under-treated. Bisphosphonates were approved as a treatment for osteoporotic men in 2000. Our research will study trends in treatment, patient-related factors that are associated with osteoporosis treatment rates and physician-related factors (primary care physician vs. specialist physician) that are associated with treatment rates. **Objective:** The purpose of this study is to: 1) determine if medication treatment rates for osteoporosis have improved since 2000; 2) determine which patient-related factors have affected treatment rates; and 3) determine whether physician-related factors (follow up with primary care physician vs. specialist physician) affected treatment rates **Design:** This is a secondary data analysis of a retrospective cohort of health claims for men aged 65 years and older with any new fracture associated with osteoporosis. De-identified health insurance claims from 2000-2006 will be examined. **Participants/Setting:** Participants will be males aged 65 years of age and older who sustained an index fracture from 2001-2006. The data is contained in the Ingenix LabRx data base which consists of health insurance claims for approximately 54 million enrollees in United Health Insurance plans (including more than 11,000 men over 65 with fractures). **Intervention:** N/A **Outcomes:** The main outcome measure will be pharmacologic treatment for osteoporosis in the 12 months after the index fracture. This study will ascertain whether or not any improvement has been made in treatment rates. **Analysis:** ICD-9-CM-coded diagnoses and medication lists will be examined. We will use bivariate comparisons using Student's t-test for continuous measures and Pearson's chi-square tests for dichotomous or categorical variables. Logistic regression models will be used to measure effects of factors including physician type on treatment. **Conclusion:** We plan to determine factors in osteoporosis treatment rates and examine the role of primary care physicians in improving treatment rates.