CONCOMITANT PRESCRIPTION OF DRUGS FOR OSTEOPOROSIS AND MEDICATION THAT INCREASE THE RISK OF FALLS

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Roura J[1], Rovira M[1,2], Socoro N[1], Ruiz S[1], Sotoca JM[1,2]
[1] Pharmacy Service, Division of Medicines, Hospital Clínic Barcelona, Barelona, Spain
[2] Consorci d'Atenció Primària de Salut de Barcelona Esquerra, Barcelona, Spain
roura@clinic.cat

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BACKGROUND AND IMPORTANCE

- Falls among the older population are associated with a high morbidity and mortality.
- The etiology of falls is usually multifactorial and the use of several types of drugs has been associated with an increased fall risk.
- Since drugs are a modifiable risk factor, periodic drug review and eventual withdrawal of drug-related falls could be a possible strategy to prevent falls in this population.

AIM AND OBJECTIVES

The **aim** was to analyze the proportion of patients who were treated for osteoporosis and were taking, concomitantly, any drug that increase fall risk.

MATERIAL AND METHODS

- Observational, retrospective study in three primary care centres covering a population of 97,722 people.
- Study population: patients with a prescription of any drug for osteoporosis.
- Data collected were: age, gender, drugs for osteoporosis treatment and drugs that have a medium or high fall risk.

RESULTS

- 1,594 patients were treated with drugs for osteoporosis

Demographic data (n=1,594)	
Age – years*	72.4 ± 10.6
Female sex – n (%)	1,457 (91.5)
Patients with an active prescription of a drug that increase fall risk – n (%)	1,102 (69.1)

*mean ± standard deviation (SD)

- Patients according to the number of drugs with falling risk concomitantly prescribed: 38.5% had one; 30.5% two; 17.9% three; 8.7% four and 4.4% five or more.
- Drugs for osteoporosis treatment are represented in Figure 1.
- The most prescribed drug-related falls were anxiolytics and antidepressants.

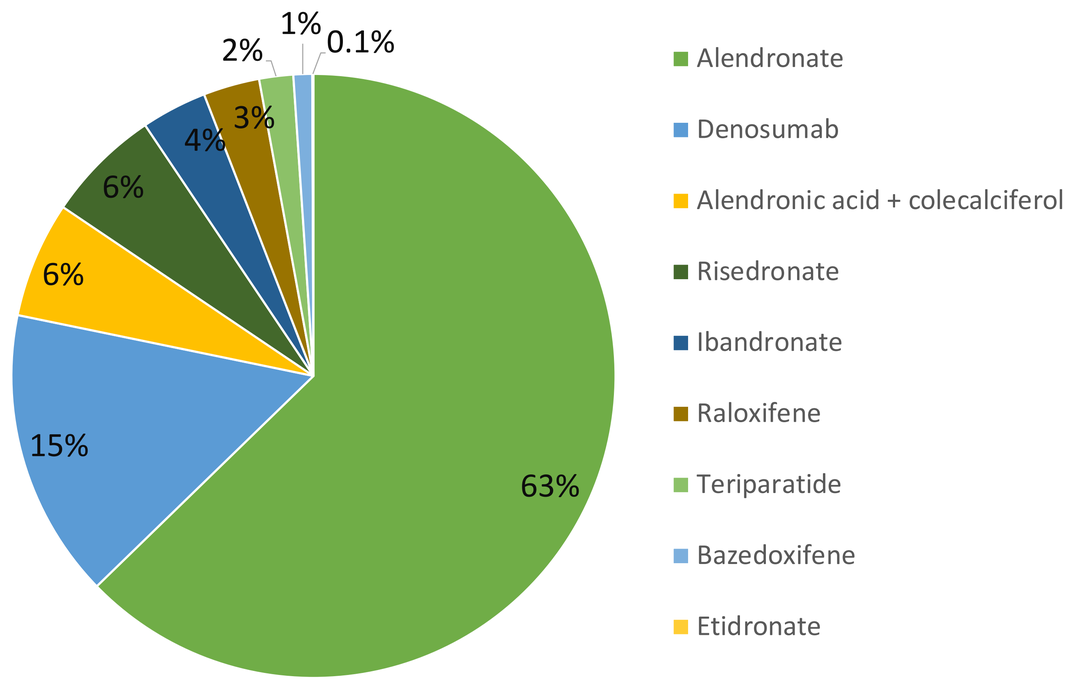

Figure 1. Drugs for osteoporosis treatment prescribed, expressed in %.

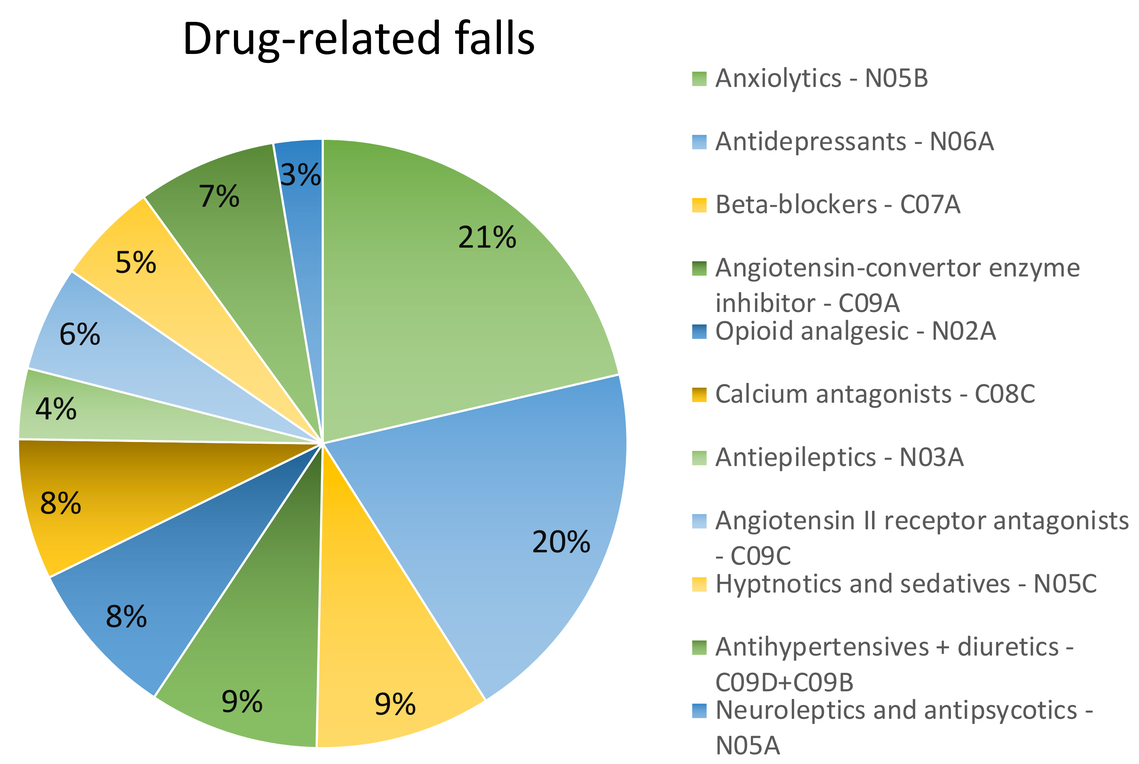

Figure 2. Prescription of drugs that increase fall risk, expressed in %.

CONCLUSION AND RELEVANCE

Concomitant prescription of drugs for osteoporosis and drugs that increase fall risk is **common**. Periodic drug review is required to reassess the necessity of continuing drugs that contribute to fall risk in patients treated for osteoporosis.

Authors declare no conflict of interest