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

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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.

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