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P103MO. PREFERENCE STUDY OF ALENDRONATE* 70 MG ONCE WEEKLY AND ALENDRONATE 10 MG ONCE DAILY IN POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS

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Objectives: Primary: to examine preference for once weekly (OW) 70 mg alendronate (ALN) or once daily (OD) 10 mg ALN. Secondary: to examine which treatment, OW ALN or OD ALN is considered more convenient and would provide better overall compliance.

Design: This open-label, crossover study was conducted at 38 U.S. sites with 288 women. Patients were randomized (1:1) to receive either ALN 70 mg OW or ALN 10 mg OD for 4 weeks and then crossover to the opposite treatment for 4 weeks after a 1 week off therapy period. Preference, convenience, and compliance were assessed by Questionnaire.

Results: Alendronate 70 mg OW was preferred by 86.4%**, thought to be more convenient by 89.0%**, and found easier to comply with by 87.5%** of patients when compared to ALN 10 mg OD.

Conclusions: Patients preferred ALN 70 mg OW to ALN 10 mg OD, as measured by Questionnaire, and felt it was more convenient and provided better overall compliance.*Trademark: Fosamax®, Merck & Co., Inc., West Point, PA**p<0.001 relative to alendronate 10 mg daily.

55. P104SA. THE ORTHOPAEDIC SURGEON'S ROLE IN DIAGNOSING AND TREATING OSTEOPOROSIS: STANDING DISCHARGE ORDERS MAY BE THE SOLUTION FOR TIMELY MEDICAL CARE

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Patients with osteoporotic fractures typically do not receive subsequent medical treatment for osteoporosis. We hypothesized that even if patients with osteoporotic fractures were specifically referred to their primary care providers (PCPs), the majority would not be treated within 84 days (12 weeks) of fracture. We evaluated the effectiveness of 13 orthopaedic surgeons in facilitating a timely PCP visit for their patients with apparent osteoporotic fractures. Surgeons received remuneration for each study participant. None of the surgeons routinely treated osteoporosis. Patients who qualified were > 50 years old, had an apparent osteoporotic (low-energy) fracture, and had no prior treatment for osteoporosis. Two letters requesting a PCP appointment were sent: the first within 10 days of fracture, and the second within 3-10 weeks after fracture. Patients were also instructed to make a PCP appointment for evaluation, and possible medical management for presumed osteoporosis. The orthopaedic surgeon told the patient that medical treatment, if needed, would be the responsibility of their PCP. Results showed that of 42 patients (39 females, 3 males: avg. age 73, range 53-90) 16 (38%) were not seen by a PCP within 84 days. 26 (62%) patients saw a PCP within 84 days, but in 4 patients osteoporosis was not addressed (avg. days to PCP, 37; range 7-71 days). Of patients seen within 84 days, pharmacologic treatment (e.g., estrogen, bisphosphonate, etc.) was started in 14 patients (54%), but typically not within 36 days after fracture. Of the 13 surgeons, five were non-compliant and six were inconsistent in their participation, forgetting to send the letters and to inform their patients to make a PCP appointment. We suggest that standing discharge hospital orders (for medications, PCP follow up, etc.) may be more effective in achieving timely medical treatment for patients with osteoporotic fractures.

P105SU. ALENDRONATE TREATMENT DECREASES URINARY CALCIUM EXCRETION IN WOMEN WITH POSTMENOPAUSAL OSTEOPOROSIS

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Alendronate sodium is an aminobisphosphonate, whose efficacy in the treatment of postmenopausal osteoporosis is well documented. Much less attention has been devoted to changes in calcium metabolism during alendronate treatment.

Aims: To further evaluate the effect of alendronate treatment on urinary calcium excretion in women with postmenopausal osteoporosis.

Methods: A group of postmenopausal women (aged 50-70 years, at least 5 years postmenopausal with BMD [DTX-200, Osteometer] T-score greater than 2.5 SD below the mean) was enrolled in this study. During the treatment period 10 mg of alendronate sodium was administered orally. All patients received 1250-1500 mg of elemental calcium and 800 I.U. of cholecalciferol daily.

We measured the fasting serum calcium and intact parathyroid hormone, and urinary calcium and creatinine both after an overnight fast and in a 24-h collection. Fasting and 24-h urinary calcium were assessed at baseline and after one-year treatment with alendronate sodium.

Results: No significant changes in serum calcium and immunoreactive PTH were noted during the treatment. There were statistically significant (P<0.001) decreases in urinary calcium/creatinine ratio and calcium excretion/GFR after one-year treatment with alendronate as compared with pre-treatment values. Statistically significant (P<0.001) decrease in 24-h urinary calcium excretion was noted after one-year alendronate treatment. This significant decrease in urinary calcium excretion occurred in women with postmenopausal osteoporosis despite the supplementation of calcium and cholecalciferol.

Conclusions: The fasting urinary calcium excretion is useful, inexpensive and easily accessible marker of bone resorption. Alendronate treatment significantly decreases 24-h urinary calcium excretion in women with postmenopausal osteoporosis.

P106MO. ACTNOW, A PATIENT INFORMATION AND SUPPORT SERVICE, LEADS TO A HIGH ADHERENCE RATE IN OSTEOPOROTIC PATIENTS RECEIVING RISEDRONATE

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Aim: To address the perceived inconvenience of oral daily bisphosphonate therapy and the poor adherence rates associated with osteoporosis treatments, the ActNow patient information and support service was developed for osteoporotic patients receiving risedronate.

Methods: The service was commenced on Feb 1st 2001. Upon enrolment in ActNow, patients receive printed materials providing information on osteoporosis and practical advice on diet, exercise and the different treatments available. Also, patients receive monthly newsletters and counselling from trained nurses via the telephone at 0, 2, 4, 8, 12, 24 and 52 weeks after commencing risedronate. During these calls, data on treatment adherence are collected. Patients enrolled in ActNow for 1 month or more (n = 1196) received a questionnaire and were asked to rate the various components of ActNow and provide feedback on the convenience of taking risedronate daily.

Results: Of the 1196 patients who were sent the questionnaire, 599 provided a response. When asked to rate the ActNow on a scale of 1 to 5, with 5 being extremely useful, 77% of patients