

NEW EUROPEAN GUIDANCE RECOMMENDS GASTRO-RESISTANT FORMULATIONS OF BISPHOSPHONATES IN ORDER TO IMPROVE COMPLIANCE AND THEREFORE LONG-TERM OUTCOMES IN OSTEOPOROSIS¹⁻³

[World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal diseases (WCO), Paris, 4 April 2019] New guidance from the International Osteoporosis Foundation and European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis has recommended first-line use of gastro-resistant formulations of oral bisphosphonates to facilitate improved compliance and therefore longer-term outcomes in reducing fractures.¹⁻³

Approximately 50% of osteoporotic fractures can be prevented using bisphosphonates therapy², and oral bisphosphonate medication has long been recommended as first-line treatment. However, studies show the somewhat complex posology of the recommended regime of these oral bisphosphonate formulations, along with associated adverse effects, lead to sub-optimal levels of adherence which consequently increases the risk of fractures by 30-40%.^{2,3}

One study reported 50% of osteoporosis patients discontinue with the immediate release formulations of bisphosphonates after two years which increases significantly to 2 in 3 patients (more than 60%) discontinuing after three years.²

As better tolerability and more convenient dosing would encourage better adherence, efficacy and reduction in fractures, best practice guidance now recommends newer gastro-resistant formulations of oral bisphosphonates, such as Actonel GR (35mg gastro resistant risedronate). Gastro-resistant risedronate is a convenient once-a-week pill, which can be taken immediately after eating, making it easier for patients to tolerate their treatment.^{1,4,5}

President of the Spanish Foundation for Women and Health and Chairman of the Council of Affiliated Menopause Societies, Dr Santiago Palacios, said, "Gastro-resistant formulations such as the GR formulation of risedronate (Actonel GR) will help to significantly improve the adherence and persistence to treatment by patients, ultimately reducing the risk of fractures."

In addition, compared to generic bisphosphonates, gastro-resistant formulations of risedronate (Actonel GR) showed a clear cost-effective benefit associated with its improved adherence and tolerability.^{3,6}

Visit Theramex at Booth 8 at World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal diseases (WCO), Paris, 4-7 April 2019.

Any medication side effects should be reported to your Healthcare Professional or via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard.

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Theramex is a leading, global specialty pharmaceutical company dedicated to women and their health. With a broad portfolio of innovative and established brands covering contraception, fertility, menopause and osteoporosis, we support women at every stage of their lives. Our commitment is to listen to and understand our patients, serve their needs, and offer healthcare solutions to help improve their lives. Our vision is to be a lifetime partner for women and the healthcare professionals who treat them by providing innovative, effective and well tolerated solutions that care for and support women as they advance through each stage of their lives. For more information, visit www.theramex.com.

Background fact sheet

- 3.8million people in France aged 50+ living with osteoporosis⁷
- 2.8million people in Spain aged 50+ living with osteoporosis⁸
- Hours of care provided following hip fractures total 138 hours in France per 1000 individuals, and 757 hours in Spain per 1000 individuals³
- Worldwide, osteoporosis causes more than 8.9 million fractures annually, resulting in an osteoporotic fracture every 3 seconds⁹
- Worldwide, 1 in 3 women over age 50 will experience osteoporotic fractures, as will 1 in 5 men aged over 50¹⁰
- In Europe, osteoporotic fractures accounted for more Disability Adjusted Life Years (DALYs) lost than common cancers with the exception of lung cancer. For chronic musculoskeletal disorders the DALYs lost in Europe due to osteoporosis (2.0 million) were less than for osteoarthritis (3.1 million) but greater than for rheumatoid arthritis (1.0 million)⁹
- Low bone mineral density (BMD) decreases with age, thus primary osteoporosis mainly occurs in women 10–15 years after menopause and elderly men around 75–80 years old¹¹
- Physical inactivity and a sedentary lifestyle as well as impaired neuromuscular function (e.g. reduced muscle strength, impaired gait and balance) are risk factors for developing fragility fractures^{12,13}
- There were approximately 377,000 new fragility fractures in 2010 in France; number of people aged 50+ with osteoporosis, approximately 3,480,000; economic burden of new and prior fractures € 4,853 million each year; by 2025 burden will increase by 26 % to € 6,111 million¹⁴

- There were approximately 204,000 new fragility fractures in 2010 in Spain; number of people aged 50+ with osteoporosis, approximately 2,450,000; economic burden of new and prior fractures € 2,842 million each year; by 2025 burden will increase by 30 % to € 3.68 billion¹⁴

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