fracture risk for any fractures (AF), hip fractures (HF), vertebral fractures (VF), and non-vertebral fractures (NVF) separately, controlling for patient characteristics: insurance type, health care provider type, Charlson comorbidity index score, pre-index bone mineral density test, medication use and fracture history.

RESULTS: Among women treated in CVD prevalent settings (mean age 68.9 years; 91% female), adjusted incidence rates per 1000 patient years by fracture type (for persistence groups 1-6 months, 7-12 months, 13-18 months, 19-24 months) were: AF = 103.09, 78.17, 72.68, 59.31; HF = 6.87, 6.11, 4.30, 3.76; VF = 26.29, 15.62, 11.55, 9.57; and NVF = 70.90, 60.29, 60.24, 48.60. Fracture risk was significantly higher for persistence <6 months versus 19-24 months in all fracture models (OR = 1.75 [AF], 2.67 [VF], and 1.41 [NVF], except for HF (OR = 1.95, p = 0.078). Other significant risk factors included: older age (HF (OR = 1.06, p = 0.001) and VF (OR = 1.04, p = 0.001); previous anticonvulsant use (VF (OR = 2.20, p = 0.001), VF (OR = 0.88, p = 0.001); previous immunosuppressant use (NVF (OR = 1.54, p = 0.013)); and pre-index fracture (AF (OR = 1.37, p = 0.005), NVF (OR = 1.71, p = 0.001)).

CONCLUSIONS: Among US teriparatide patients, fracture incidence rates and fracture risk decreased as persistence increased for any clinical, vertebral, and non-vertebral fractures.

PM54

PERSISTENCE WITH BISPHosphATE THERAPY AND RISK OF HIP FRACTURE
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OBJECTIVES: to investigate the association between persistence with bisphosphonates therapy and the risk of hip fracture in a large cohort of adult women.

METHODS: A retrospective cohort study using the database of Maccabi Healthcare Services, a 2 million member health maintenance organization in Israel. Persistence with bisphosphonates therapy was assessed by calculating the proportion of days covered (PDC). Patients included women aged 60 years or above initiating an oral bisphosphonate for osteoporosis between 2002 and 2007. RESULTS: The incidence density rate of hip fractures during study follow-up period was 4 per 1000 person-years among the 8741 patients meeting study eligibility criteria. We found an inverse relation between persistence with bisphosphonates and hip fracture rate. For example, among bisphosphonate users in the 5 years persistence range, the fracture incidence rate was 4.81 per 1000 person-years and the hazard ratio of 0.63 (95% confidence interval: 0.55-0.67) for hip fracture, compared to women covered with bisphosphonates for less than 25% of the time.

CONCLUSIONS: We found a suggestive negative relation between persistence with osteoporosis treatment and long term risk of hip fracture.

PM55

THE PREVALENCE OF BONE FRACTURES IN OSTEOPOROSIS PATIENTS USING PROTON PUMP INHIBITORS
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OBJECTIVES: To estimate the prevalence and risk factors associated with fracture events in osteoporosis patients using proton pump inhibitor (PPI) therapy.

METHODS: This analysis utilized data from the 2001-2008 Medical Expenditure Panel Surveys. Patients were identified if they were ≥50 years old, reported having osteoporosis (ICD-9-CM code of 733 or clinical classification of 206). The identified patients were classified into two groups depending on use of PPI. Medications considered were osteoporosis medications (e.g., bisphosphonates, hormone therapy, and raloxifene) and corticosteroids (excluding topical formulation prescribed on the basis of musculoskeletal condition) identified based on ICD-9-CM codes. The prevalence of fractures was compared between two groups. Factors influencing risk of fracture were identified through multivariable logistic regression after adjusting for patient characteristics, use of medications, and comorbidities such as heart disease, hypertension, nephrolithiasis, diabetes, depression, and stroke.

RESULTS: We identified 4,979 patients with osteoporosis, of which 970 were using PPIs and 4,009 patients were not. The majority of the study patients were composed of females (91.4%) and non-smokers (89.6%). Corticosteroids were used in 20.7% of the patients and osteoporosis medications in 61.8% of patients. Bisphosphonates were the most commonly used agent in 49.2% of patients. Fractures were more prevalent in patients with PPI compared to patients without (11.3% vs. 7.5%; p = 0.003). Patients with PPI had a higher likelihood of having a fracture than patients without PPI (OR = 1.59, p = 0.009). Other factors increasing risk of fractures were increasing age, heart disease, hypertension, and stroke. CONCLUSIONS: PPI use in osteoporosis patients increased the prevalence and risk of fractures. The results add to the growing body of evidence supporting increased risk of fractures in osteoporosis patients treated with a PPI. Additional research is recommended to investigate incidence of fracture caused by use of PPI in osteoporosis patients.

PM56

THE IMPACT OF RHEUMATOID ARTHRITIS ON CARDIOVASCULAR MORBIDITY IN A HIGH RISK MEDICAID POPULATION
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OBJECTIVES: To examine the impact of RA on CVD morbidity in a high risk Medicaid managed care population. The impact of RA on CVD morbidity was largely female, African American, young adults, with baseline risk factors of hypertension, and stroke.

METHODS: A retrospective cohort analysis was used to explore the joint impact of RA, demographics, hyper-