

**OSTEOPOROSIS & INJURIES—
Patient-Reported Outcomes**

**WOMEN TREATED WITH MONTHLY IBANDRONATE
DEMONSTRATE IMPROVED PERSISTENCE VERSUS WEEKLY
BISPHOSPHONATES**

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OBJECTIVES: The objective of this early postlaunch analysis was to examine medication persistence among women ≥45 years and newly prescribed monthly or weekly bisphosphonate (BP) therapy at 9 months. **METHODS:** The i3 Innovus administrative claims database was used to retrospectively identify female patients who filled a new prescription for a weekly BP (risedronate or alendronate) or monthly ibandronate starting in April 2005. Medication persistence was defined as having no refill gaps exceeding grace periods of 30 (weekly BPs) and 45 days (monthly BPs). Cox proportional hazard analysis was used to control for the effects of potential confounding factors including age, co-pay, and co-morbidities. **RESULTS:** This analysis included 967 women prescribed monthly ibandronate and 8662 women prescribed weekly BPs. At 9-months, the median number of days until discontinuation was 236 days for monthly and 141 days for weekly (p < 0.0001). Significantly more patients receiving monthly ibandronate were persistent compared to patients receiving weekly BPs (48% vs 35%, P < 0.0001). After adjusting for potential confounding factors, monthly users overall were 38.0% more likely to persist with therapy versus weekly users (hazard ratio = 0.620, 95% CI 0.563–0.683, P < 0.0001). **CONCLUSION:** The 9-month results of this analysis indicate that more women on monthly therapy are persistent than women on weekly bisphosphonates. This early finding suggests enhanced long-term persistence with ibandronate monthly therapy, with the potential for improved clinical outcomes. Follow-up of this cohort is ongoing.

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**WOMEN ARE MORE PERSISTENT WITH MONTHLY
IBANDRONATE VS. WEEKLY BISPHOSPHONATES: RESULTS
FROM A RETROSPECTIVE DATABASE**

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OBJECTIVES: Data from health care databases are used to determine patient persistence with bisphosphonates in a real-world setting. The observational nature of retrospective database studies removes a source of potential influence on patient behavior. The objective of this analysis is to evaluate 9-month persistence among patients receiving monthly ibandronate versus weekly bisphosphonates. **METHODS:** De-identified patient data were collected from the HealthCore managed care claims database, which represents over 17.5 million covered lives. Eligible women were ≥45 years and filled a new prescription for monthly ibandronate or weekly alendronate or risedronate starting April 1, 2005. Persistence was evaluated based on a gap in coverage of 30 days for weekly bisphosphonates; a 45-day gap was analyzed for monthly ibandronate due to its 3-week dosing window. Cox proportional hazard models were used to analyze persistence and controlled for potential confounders such as age, patient co-pay, and comorbidities. **RESULTS:** A total of 4548 women were included (213 receiving monthly ibandronate and 4335 receiving weekly therapy). The median number of days until discontinuation for monthly was 145 days and for weekly was 115 days (p = 0.0032). At 9 months, significantly more patients receiving monthly ibandronate (41%) were persistent compared to patients receiving weekly BPs (33%) (P = 0.003). After adjusting for age, co-pay, comorbidities, and prescriptions with greater than a 30-day supply, monthly users were 31% less likely to discontinue therapy compared with weekly users at 9 months (P < 0.0001). **CONCLUSION:** Persistence during the initial 9 months after launch of ibandronate was higher for ibandronate monthly BP therapy than weekly BP therapy. Longer follow-up of this cohort is ongoing.

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**CAN THE SF-36 PHYSICAL FUNCTION SCALE CAPTURE
FUNCTIONAL OUTCOMES DURING RECOVERY FROM
TRAUMATIC INJURY? A REVIEW OF THE LITERATURE**

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OBJECTIVES: For survivors of traumatic injury, critical care services are often required, followed by long-term recovery as patients overcome or adapt to the effects of their injury on physical function (Holtzlag, 2006). Recently, increased attention has been focused on the use of patient reported outcome (PRO) assessments to evaluate functional outcomes in this population. In order to appraise current validation evidence for the use of a simple-to-administer PRO (Physical Function (PF) Scale of the Medical Outcomes Study Short-Form (SF-36) health survey), a literature review was completed. **METHODS:** Comprehensive literature review (including a review of articles identified from previous work with trauma patient populations and with the SF-36 as well as a comprehensive search of PUBMED & EMBASE, 2000–2006 for articles that used PRO measures to assess recovery in trauma patients); 92 articles were reviewed. **RESULTS:** Ten studies presented psychometric data for the SF-36 in trauma patients (number of trauma patients included in these studies ranged from 64–1197). PF Scale properties were as follows: Internal consistency reliability: Alpha = 0.93 (multiple trauma patients; Statz, 2002). Discriminant validity: The PF Scale discriminated between patients with different injury types (Michaels, 2001). Trauma patients had significantly lower PF scores (p < 0.001) than control patients with no disability (Fidler, 2001) and US norms at various time points (up to 27 months) post-trauma (Brennenman, 1995; Holtzlag, 2006; Hoogendoorn, 2001). Concurrent validity: PF scores were significantly related to those on the Sickness Impact Profile (Holt-