Disparity Seen in Decline of Glitazone Use

BY HILLEL KUTTLER

Use of rosiglitazone in physicians' office-based treatment of diabetes patients fell 60%, while pioglitazone use showed just a 9% drop during a 16-month period that included three Food and Drug Administration advisories in 2007 about the drugs' cardiovascular risks.

That gap "is noteworthy," and "considerable evidence supports the greater safety" of pioglitazone over rosiglitazone, Andrew Cohen and his colleagues wrote in an investigation that was published online.

The investigators studied IMS Health's National Disease and Therapeutic Index monthly figures on oral diabetic therapies that were utilized during office treatment visits from January 2003 to June 2009.

Data on the use of the glitazone drug class for diabetic patients aged 35 years and older who did not have type 1 diabetes were analyzed in four time frames: January 2003–January 2005; February 2005–January 2007, a period when safety concerns were first revealed; February 2007–May 2008, when the FDA issued the advisories on cardiovascular risks and 6 months thereafter; and June 2008–June 2009, wrote Mr. Cohen of the University of Chicago, and his colleagues.

Following the publication of safety concerns that linked glitazone use to serious cardiovascular episodes, but prior to the FDA's advisories, overall glitazone use had begun declining from 34% of type 2 diabetes patients' office treatment visits to 29% (Diabetes Care 2010 Jan. 26 [doi:10.2337/dc09-1834]).

Rosiglitazone use showed a "sharp de-

Obese Women Underscreened For Osteoporosis

WASHINGTON — Obese women are less likely to be screened for osteoporosis than are normal- or overweight women, according to findings from a study of more than 140,000 women included in an integrated health care plan database.

Previous studies have shown mixed results on the disparity in preventive health care for obese patients, compared with normal-weight patients, said Kristi Reynolds, Ph.D., of Kaiser Permanente in Pasadena, Calif., and her colleagues.

"It is largely unknown whether obesity is associated with the quality of care for osteoporosis, which is both preventable and treatable but is often undiagnosed and untreated," the researchers said. Physicians may be less inclined to screen obese women for osteoporosis because body weight is associated with higher bone density, they suggested.

Data from 146,975 health care provider visits in 2007 and 2008 were reviewed.

The average age of the women was 73 years; 35% were normal weight; 35% were overweight; and 19%, 7%, and 4% fell into obesity categories I, II, and III, respectively. Normal weight body mass index (BMI) was defined as 18.5-24.9 kg/m^2 and overweight as 25-29.9 kg/m^2; obese class I was defined as 30-34.9 kg/m^2, class II as 35-39.9 kg/m^2, and class III as 40 kg/m^2 or higher.

About 67% of the women had undergone bone mineral density testing within 4 years of the study, which was the criteria by which participants could be considered "screened." Only 52% of women with a BMI of 40 kg/m^2 or higher were screened, compared with 68% of each the normal BMI women and of the overweight women, 67% of women with a BMI of 30-34.9 kg/m^2, and 63% of women with a BMI of 35-39.9 kg/m^2.

After controlling for age, race, and income, the odds ratio of osteoporosis screening for overweight women was 0.99, while the odds ratios for women in obese classes I, II, and III groups were 0.90, 0.77, and 0.60, respectively. The findings were presented in a poster at the the annual meeting of the Obesity Society.

The researchers are employees of Kaiser Permanente. They reported having no financial conflicts of interest.

—Heidi Splete