



NAMS Consumer Survey Suggests Need for Improved Communication Between Women and Their OB/GYNs About Osteoporosis

According to a survey distributed by The North American Menopause Society (NAMS), while 98 percent of women who participated consider bone strength to be an important health concern, nearly half (45 percent) of these women reported that osteoporosis was not addressed during their last routine OB/GYN visit, and more than a quarter (26.4 percent) of women surveyed have never discussed osteoporosis with their OB/GYN. More than 880 women completed the NAMS consumer survey, which assessed how they discuss osteoporosis with their OB/GYNs.

About Osteoporosis
Osteoporosis is a silent disease that affects millions of postmenopausal women, making their bones weak and more likely to fracture over time. In fact, in the US today, 8 million women are estimated to already have osteoporosis, and almost 27 million more are estimated to have low bone mass, placing them at increased risk for fracture. It is estimated that women experience more osteoporosis-related fractures every year than have heart attacks, strokes, and breast cancer combined. The good news is that there are prescription medications available that effectively reduce both spinal and nonspinal fracture risk.

Osteoporosis: Patient Awareness

Of 881 mostly perimenopausal or postmenopausal women responding to a survey from the North American Menopause Society, nearly all considered bone strength to be an important concern; however, though all were under the care of an ObGyn, only 52% had ever discussed their personal risk with their clinician. About 63% said their ObGyn had recommended a bone density test, but 27% had never had the test. More than half of the women who had broken a bone in the past 5 years said their ObGyn was unaware of it. The survey aimed to help respondents make the connection between menopause and osteoporosis as it assessed how osteoporosis is being addressed by ObGyns.

More information about the survey is presented at www.menopause.org/MF200912five.aspx.

Depression Screening

Updated guidelines from the US Preventive Services Task Force recommend screening adults for depression when

staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. "Staff-assisted depression care supports" are direct depression care and/or coordination, case management, or mental health treatment provided by clinical staff, in conjunction with primary care. Conversely, routine depression screening for adults is not advised if care supports are not in place, though individual patients should be considered.

For a complete review of the recommendations, see www.ahrq.gov/clinic/uspstf09/adultdepression/addepr.htm.

H1N1 Flu in Pregnancy

The CDC has made available an online feature article for pregnant patients regarding the H1N1 flu: "Protect Yourself, Protect Your Baby." It stresses the importance of prevention and the seriousness of symptoms and treatment, while also addressing safety concerns regarding medications and vaccines.

Patients can be referred to www.cdc.gov/features/pregnantH1N1flu/index.html for the resource.

FDA Reviewing Safety of Sibutramine

Prescribers are urged to report side effects from the use of sibutramine hydrochloride (Meridia), due to preliminary data suggesting a higher number of cardiovascular events in patients taking the drug versus subjects using placebo. No conclusive results of the trial are available, but the FDA stresses the importance of avoiding sibutramine use in patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke, as is stated in current sibutramine labeling.

For this and other drug safety warnings, see www.fda.gov/Drugs/DrugSafety/default.htm.

Drug Interaction Warning: Clopidogrel/Omeprazole

Patients at risk for heart attacks or strokes who are prescribed clopidogrel (Plavix) should avoid taking omeprazole (Prilosec), according to the FDA. The anti-clotting ability of clopidogrel has about half its potential when the 2 drugs are combined. Patients who need to reduce stomach acid can take antacids and most acid reducers, which do not inhibit the CYP2C19 enzyme necessary to make clopidogrel effective. Clinicians should counsel affected patients regarding the use of either medications.

Complete safety information can be found at www.fda.gov/Drugs/DrugSafety/PublicHealthAdvisories/ucm190825.htm.