

## **Strontium ranelate for the prevention of Osteoporotic fractures ASSESSMENT REPORT –comments from the Royal College of General Practitioners**

Overall, this latest document offers little in the way of surprises. It is most interesting for its reference to the forthcoming risk assessment tool for primary prevention of osteoporotic fractures, for which we have been waiting for some time.

I do, however, have a few comments:

- 1) **The WHO term for a T-score below -2.5 SD, with one or more associated fragility fractures, is established osteoporosis, rather than severe osteoporosis, which is the term, used in this assessment paper**
  
- 2) **On page 23 the document states that** 'It is noted that in applying these fractures the incidence of vertebral, wrist and proximal humerus fractures are greater than those we previously used in economic evaluations.<sup>23</sup> This incidence will presumably have an effect on the CQG for other medications, including bisphosphonates and SERMs, and might therefore influence the decisions previously arrived at as to the cost effectiveness criteria for both drugs.
  
- 3) **On page 30 the document states that** 'The total number of women receiving medication for osteoporosis is approximately 480,000. Assuming that all these prescriptions are for women with osteoporosis, this would equate to 42% of the female osteoporotic population being prescribed medication.' This is probably an overestimate, since at least some of the patients receiving treatment will not yet be osteoporotic, but will have been started on medication because of osteopenia +/- other risks which qualify them under the RCP guidance for medication. This means that at least 60% of patients with existing osteoporosis are not being treated - what steps are being taken to address this shortfall?

**Dr Sarah Jarvis FRCGP  
29<sup>th</sup> July 2005**