

Study reveals disparities in osteoporosis treatment by sex and race/ethnicity

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New research indicates that elderly men are significantly undertreated for osteoporosis compared with elderly women, and blacks have the lowest treatment rates among racial/ethnic groups. The findings are published in the *Journal of Pharmaceutical Health Services Research*.

In the study of 8,465 male and 90,956 female Medicare beneficiaries with osteoporosis, the prevalence of osteoporosis medication use was substantially less in men than in women (25.2 percent versus 44.3 percent in 2006).

Blacks had by far the lowest treatment rates (30 percent for women and 15.5 percent for men). Whites were in the middle (44.4 percent for women and 24.5 percent for men), and Asians had the highest rates (64.4 percent for women and 37.9 percent for men). Treatment rates among Hispanic women (46.5 percent) exceeded that of whites, but the rate for Hispanic men (19.3 percent) was significantly below that for white men.

Bone mineral density testing significantly increased the probability of osteoporosis treatment use for both sexes, but more so for men.

"We found that there was a significant gender disparity in osteoporosis [treatment](#) in the elderly in the United States," said co-author Dr. Feng-Hua Ellen Loh, of Touro College, in New York. "To reduce this disparity and improve the overall osteoporosis management in the elderly in this country, the Center for Medicare & Medicaid Services should

include men, in addition to women, in the Medicare Part C Star Rating measure for osteoporosis management, and the US Preventive Services Task Force should include [elderly men](#), in addition to women aged 65 years and older, in the recommendation for screening for [osteoporosis](#) by using dual-energy X-ray absorptiometry."

More information: Feng-Hua Ellen Loh et al, Differences in evidence-based osteoporosis medication use between elderly men and women enrolled in Medicare Part D, *Journal of Pharmaceutical Health Services Research* (2019). [DOI: 10.1111/jphs.12291](https://doi.org/10.1111/jphs.12291)

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