

# **Anti-osteoporosis Medication Trends and Determinants in the U.S. Ambulatory Population from 1996 to 2004: Results from the Medical Expenditure Panel Survey (MEPS)**

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## **Abstract**

Although osteoporosis is highly prevalent in the US, research has shown that clinicians are slow to recognize and offer anti-osteoporotic treatment. Defining characteristics that differentiate anti-osteoporosis medication users from non-users is an important step to identifying disparities in the use of these medications, informing clinicians of anti-osteoporosis needs, and directing osteoporosis health service interventions. Therefore, the objectives of this study will be to 1) describe trends in utilization and spending for anti-osteoporosis medications in an ambulatory US population from 1996 to 2004, 2) identify characteristics that differentiate anti-osteoporosis medication users from non-users among a US ambulatory population, and 3) describe how dissemination of results from the Women's Health Initiative in 2002 affected anti-osteoporosis medication treatment decisions among post-menopausal women.

This study will use data from the Medical Expenditure Panel Survey (MEPS), a nationally representative survey of health use and spending. MEPS information that will be used to examine anti-osteoporosis trends includes medical conditions of the respondents, prescription utilization, and personal characteristics. The study design will incorporate the longitudinal follow up pattern of MEPS. We will use repeated cross sections to examine temporal changes in the use of anti-osteoporosis medications from 1996 – 2004. Trends in utilization and spending of anti-osteoporosis medications will be modeled using ordinary least squares linear regression. Logistic regression will be used to identify characteristics that determine anti-osteoporosis medication use. To examine the effect of the Women's Health Initiative on an individual's decision to use anti-osteoporosis medication, we will use a longitudinal panel design and fixed effects regression models.