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*Better information and statistics  
for better health and wellbeing*

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# **Medication use for arthritis and osteoporosis**

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**Please note that there is the potential for minor revisions of data in this report.  
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# Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BAOC	Better Arthritis and Osteoporosis Care (initiative)
bDMARD	biological disease-modifying anti-rheumatic drug
BEACH	Bettering the Evaluation and Care of Health
BMD	bone mineral density
BMI	body mass index
CRP	C-reactive protein
CURF	confidentialised unit record file
DEXA/DXA	dual-energy X-ray absorptiometry
DMARD	disease-modifying anti-rheumatic drug
ESR	erythrocyte sedimentation rate
GLA	gamma-linolenic acid
GP	general practitioner
HRT	hormone replacement therapy
ICD	International Classification of Diseases
MRI	magnetic resonance imaging
NHPA	National Health Priority Area
NHS	National Health Survey
NSAID	non-steroidal anti-inflammatory drug
OTC	over-the-counter (adjective)
PBS	Pharmaceutical Benefits Scheme
RPBS	Repatriation Pharmaceutical Benefits Scheme
SERM	selective oestrogen receptor modulator
WHO	World Health Organization

# Summary

Medication makes an important contribution to the management of arthritis and osteoporosis. It is used to reduce pain and inflammation, improve mobility and slow disease progression. Since the mid-1990s, medicines available for managing arthritis and osteoporosis have changed considerably. This report brings together data on the use of medications for osteoarthritis, rheumatoid arthritis and osteoporosis using information from the 2004–05 National Health Survey (NHS) and the Bettering the Evaluation and Care of Health (BEACH) general practitioner (GP) activity surveys from 1998–99 to 2007–08.

## What medications are people using?

- People with osteoarthritis (22%) and rheumatoid arthritis (23%) most commonly reported using non-steroidal anti-inflammatory drugs (NSAIDs). As well as NSAIDs, GPs commonly recommended paracetamol for these conditions.
- For rheumatoid arthritis, GPs most commonly recommended methotrexate, a disease-modifying anti-rheumatic drug (DMARD).
- People with osteoporosis most commonly reported using bisphosphonates (29%), and these were also the most common medicines recommended for the condition by GPs.
- Complementary medicines were commonly used to manage all three conditions. Females were more likely to use these medicines than males. Although GPs did recommend complementary medicines for these conditions, the rates were much lower than for pharmaceutical medications.

## How much do these medications cost?

- There were more than 1.6 million subsidised prescriptions for meloxicam dispensed in 2007 for managing osteoarthritis, costing consumers \$7.4 million and the Australian Government \$36.9 million.
- Methotrexate for rheumatoid arthritis was estimated to cost consumers \$1.1 million and the Australian Government \$2.5 million in 2007, with more than 100,000 subsidised prescriptions dispensed.
- In 2007, alendronate, alendronate with cholecalciferol, and risedronate with calcium carbonate, used for managing osteoporosis, cost the Australian Government more than \$129 million – over six times as much as their consumer cost of \$19 million.

## What has changed in recent years?

- The recall of rofecoxib in 2004 and lumiracoxib in 2007 led to a reduction in GP recommendation of other COX-2 inhibitors, such as celecoxib, as well. Its recommendation fell from 32 per 100 encounters in 2000–01 to 8 per 100 in 2007–08.
- Early use of DMARDs is now common practice in managing rheumatoid arthritis. Although methotrexate is the most frequently recommended medication, the use of hydroxychloroquine has recently increased.
- Since 2006–07, GP recommendation of single-line bisphosphonates has been decreasing, offset by increases in the recommendation of combination bisphosphonates.

