

Prevalence of valproate prescriptions in women of childbearing age in certain regions of Russia

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Women's health

Aims

The goal of this retrospective study was to analyze the proportion of women with epilepsy who had received valproate (VPA) prescriptions in certain regions of Russia in 2018.

Methods

This retrospective cross-sectional study was based on the IQVIA Russia longitudinal prescriptions (LRx) database and included all individuals with a documented epilepsy code (International Classification of Diseases, Tenth Revision [ICD-10]: G.40) from 13 regions in Russia who had received at least one prescription of an antiepileptic drug (AED). The prevalence of VPA prescriptions in female patients with epilepsy aged 16-45 years was analyzed by age group and epilepsy diagnosis code. A multivariate logistic regression model was used to study the association between predefined variables and the probability of having received a VPA prescription.

Results

We found a total of 15,412 patients with epilepsy aged 16-45 who had received AED prescriptions in 2018 in the LRx database; 4488 (29.1%) of those patients were women. Of those, 64% had received at least one VPA prescription in 2018. The highest prevalence of VPA prescriptions was found in the age group 16-20 years (69%). This prevalence decreased with age. When compared with women aged 41-45 years, the 16-20-year-old age group was associated with a 1.6-fold increased probability of having receiving a VPA prescription (odds ratio [OR]: 1.60; $p < 0.001$), followed

by the 21-25-year-old age group (OR: 1.46; $p < 0.001$). Nevertheless, the majority of women received VPA in low dosages (below 700 MG per day).

Conclusion

The prevalence of VPA prescriptions in women of childbearing age was quite high in Russia. The therapeutic doses were in line with international guidelines and had low teratogenic potential. Further research is needed to gain a better understanding of the reasons for prescribing VPA to women with epilepsy who are of childbearing age.

Epilepsy Behav. 2019 Dec;101(Pt A):106584. doi: 10.1016/j.yebeh.2019.106584. Epub 2019 Oct 30.



If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

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Effect of progestogen-only contraception on premenopausal fracture risk: a case-control study

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Women's health

Purpose

The use of progestogen-only contraception, resulting in a hypoestrogenic state, has been associated with impaired bone acquisition and increased fracture risk. The aim of this large population-based study was to assess the fracture risk in association with the use of progestogen-only contraceptives (progestogen-only pills (POPs) and progestogen-containing IUDs (LNG-IUD)).

Methods

We identified 14,421 women between 16 and 55 years of age with a first-time diagnosis of fracture and matched them with 14,421 random controls using the Disease Analyzer Database.

Results

The results of the first adjusted logistic regression model (ever use vs. never use of progestogen-only contraceptives) revealed that there was no significant association between the use of POPs (OR = 0.98, 95% CI 0.90-1.07, $p = 0.657$) or LNG-IUDs (OR = 0.99, 95% CI 0.81-1.21, $p = 0.945$) and fracture incidence. Also, in the second regression model, we observed no effect of duration of use of POPs (OR = 1.01, 95% CI 0.98-1.03, $p = 0.672$) or LNG-IUDs (OR = 0.94, 95% CI 0.87-1.02, $p = 0.177$) on fracture occurrence. We also observed no effect in different age groups.

Conclusion

Our study results indicate that progestogen-only contraception (either POPs or LNG-IUDs) is not associated with fracture risk and may be considered a bone-safe option for adults and adolescents.

Osteoporos Int. 2020 May 6. doi: 10.1007/s00198-020-05437-6



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