

**Work stress has no meaningful effect on BP****Clinical question** Does work stress increase BP?**Bottom line** Work stress has no meaningful effect on BP. (Level of evidence = 1b)Guimont C, Brisson C, Dagenais GR, et al. Effects of job strain on blood pressure: a prospective study of male and female white-collar workers. *Am J Public Health*. 2006;96:1436-1443.

**Synopsis** "I don't need medication; my blood pressure is only high because of my stressful job." How should you respond? This team of researchers observed more than 6,000 white-collar workers (men and women) for 7.5 years (84% follow-up). They excluded anyone who had known cardiovascular disease and hypertension at baseline. The participants completed a series of scales to assess job stress and other psychological demands of work. Additionally, the study team assessed each participant's vital signs, body mass index, tobacco use, exercise patterns, and so forth. Women had no difference in their BP whether exposed to stress at baseline, at follow-up, both, or neither. Men who experienced no work stress at baseline or at follow-up also showed no change in BP. The authors, however, point out a graded response: Stress levels present only at baseline were less important than stress levels only at follow-up, and when men's stress levels were present at both baseline and follow-up, the systolic blood pressure increased 1.8 mm Hg.

**Most women quickly stop taking bisphosphonates****Clinical question** Do women continue osteoporosis therapy for a meaningful period?**Bottom line** Approximately half the women initially prescribed a bisphosphonate—daily or weekly treatment—will not be taking it

after 3 months, and only one in five will be taking it after a year. Since this short duration is unlikely to provide them with meaningful benefit, the money spent on bone mineral density testing and the rest of the diagnostic work-up and follow-up, along with the cost of the initial drug therapy, is essentially wasted on four of five women diagnosed with osteoporosis. (Level of evidence = 1b)

Downey TW, Foltz SH, Boccuzzi SJ, et al. Adherence and persistence associated with the pharmacologic treatment of osteoporosis in a managed care setting. *South Med J*. 2006;99:570-575.

**Synopsis** The authors of this analysis evaluated a very large managed care drug database to determine the use patterns of patients who were prescribed drugs for osteoporosis. They evaluated adherence (the percentage of doses taken) and persistence (the use of continuous therapy) in 10,566 women. The women (average age = 64 years) had newly diagnosed osteoporosis and had been started on a bisphosphonate and probably calcium/vitamin D, though these weren't tracked in the database. All women were continuously eligible for medical benefits coverage over the 18 months of the study. Eighty-five percent of the women were placed on a weekly dosing regimen. Women quickly stopped taking the drug therapy, with only approximately 50% of the women taking it after 3 months and only one in five still taking the drug after 1 year. Accordingly, the women missed approximately 40% of the doses they should have taken over the course of a year. Monthly users were slightly more adherent than weekly users, although the results were still poor (63% vs 54%;  $P < .05$ ). Persistence and adherence did not vary among the three bisphosphonates. These results are similar to those seen in other studies.

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