

‘How Fragile Is Her Future?’ Research Australia

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

Research Methodology

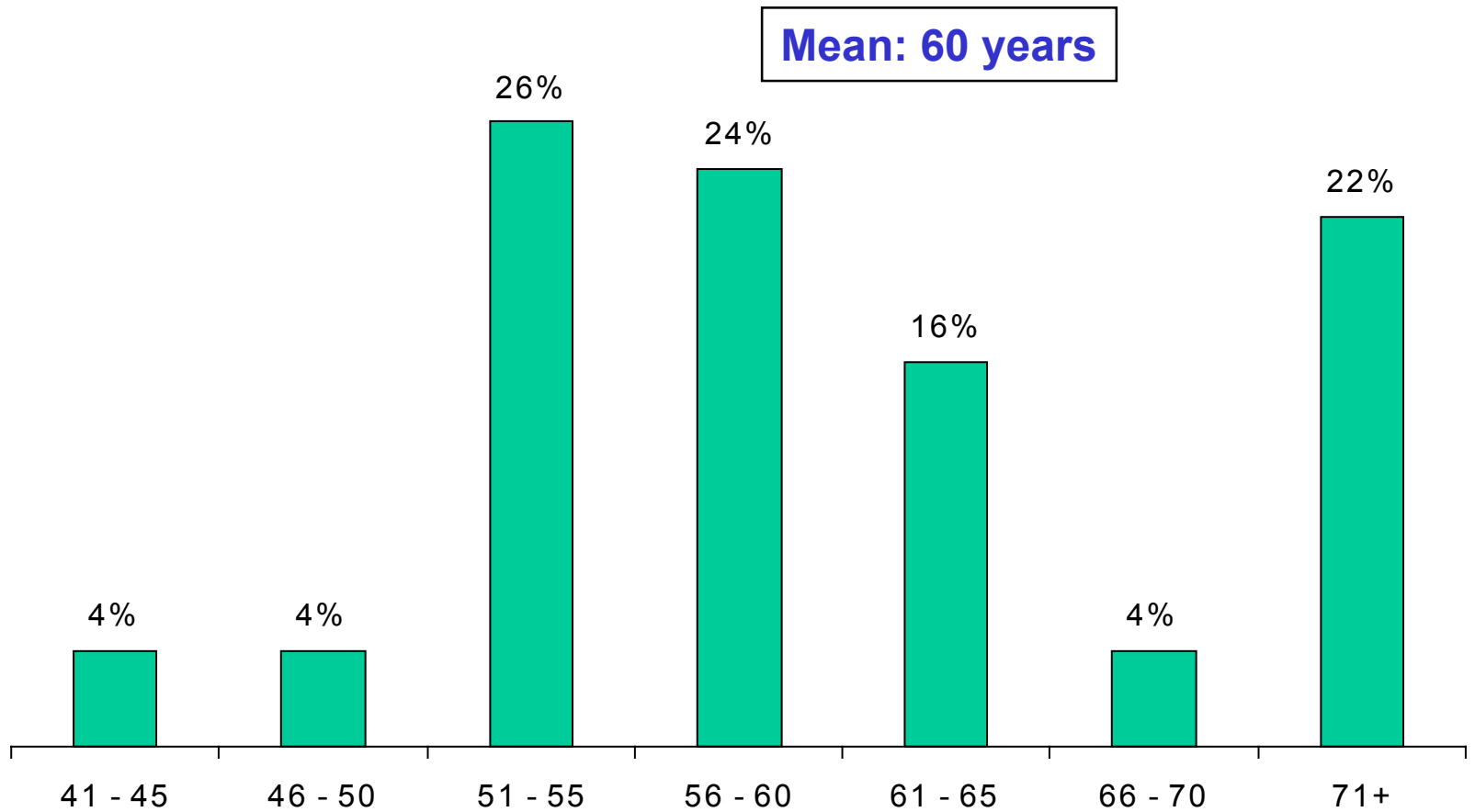
- v Computer-Aided-Telephone-Interviews conducted amongst GPs and postmenopausal women in each of the following countries:
 - v U.K., France, Germany, Italy, Spain, Canada, Australia, Jordan, Mexico, Brazil, Lebanon
 - v (Face to face interviews conducted in Middle East and Mexico)
- v 100 interviews conducted amongst GPs and 50 amongst postmenopausal women
- v GP sample purchased by pharmaceutical list leasing providers
- v Consumer sample via random digit dialling and identified through screening questions
- v In each country 5 pilot interviews conducted amongst GPs and necessary changes made to final questionnaire
- v GPs paid an incentive of £15. No incentives offered to consumers
- v Fieldwork dates for GPs: 3rd - 28th April 2000
- v Fieldwork dates for consumers: 6th March - 4th April 2000



Main Findings

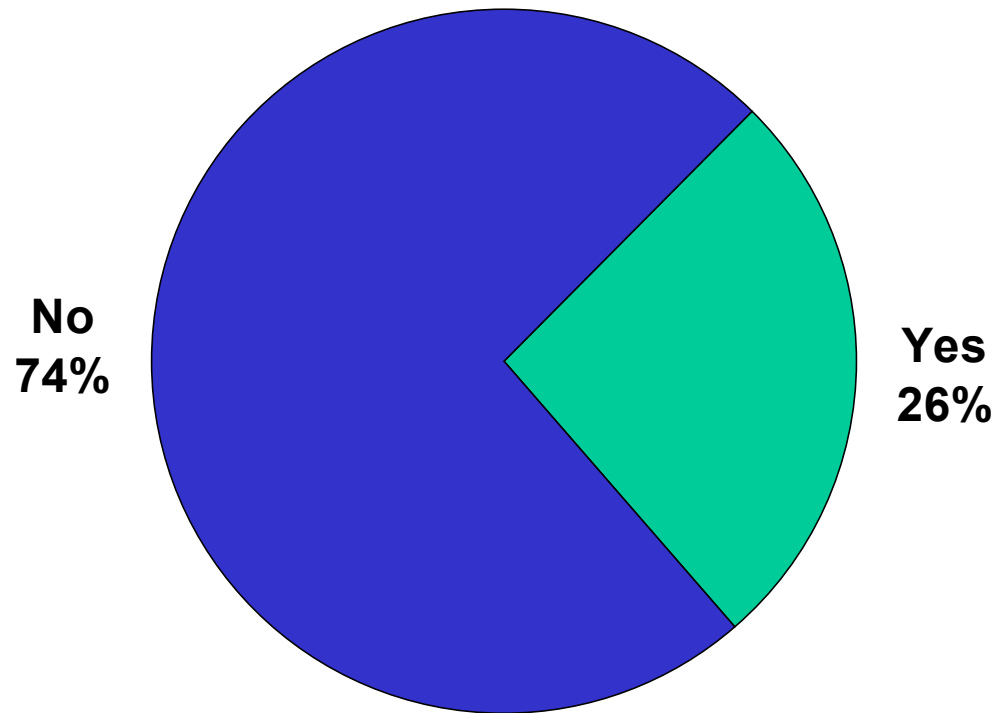
Australian Consumers

Q.2 Age of respondents



Base: All female respondents (n=50)

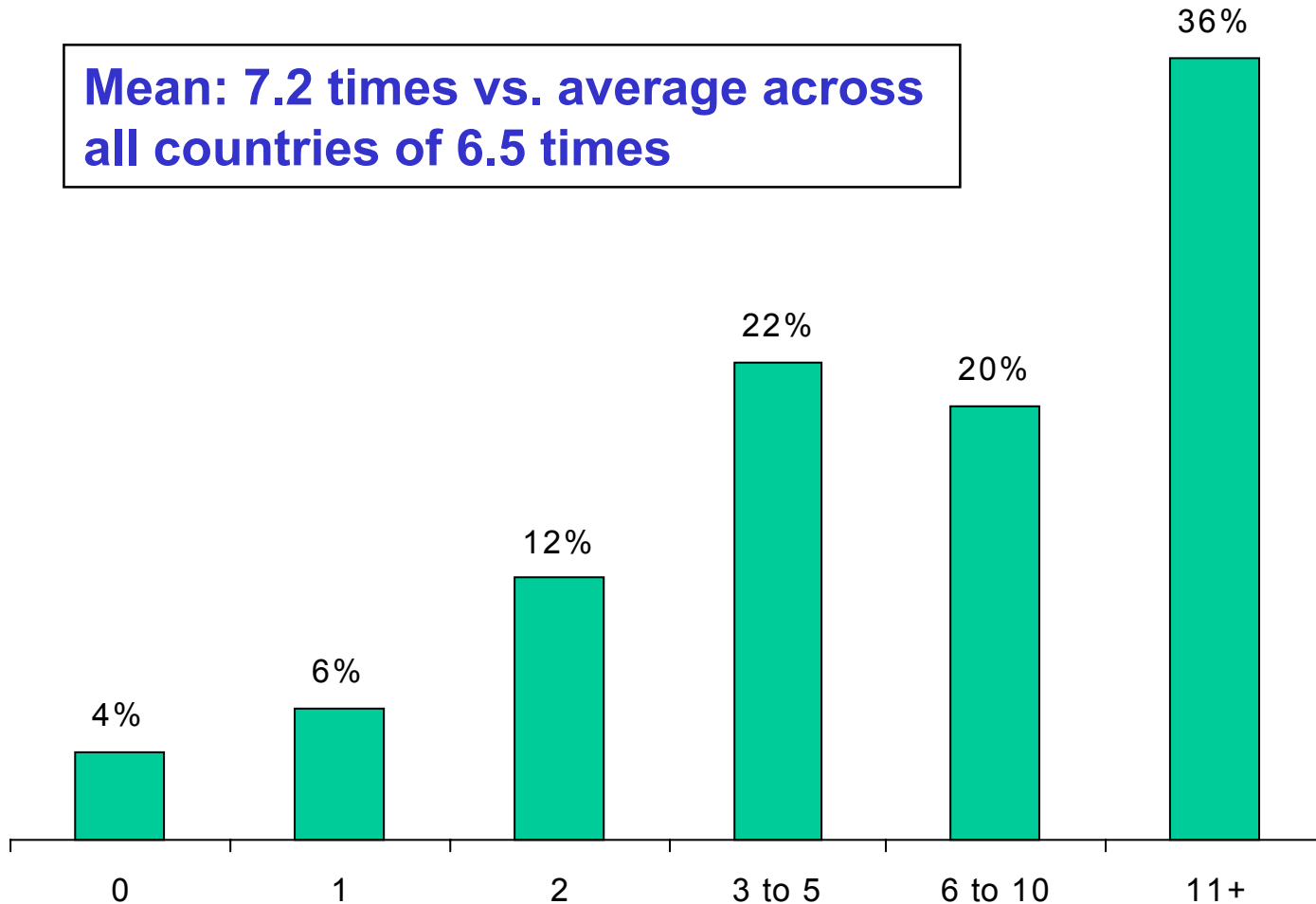
Q.4 Suffer from osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=50)

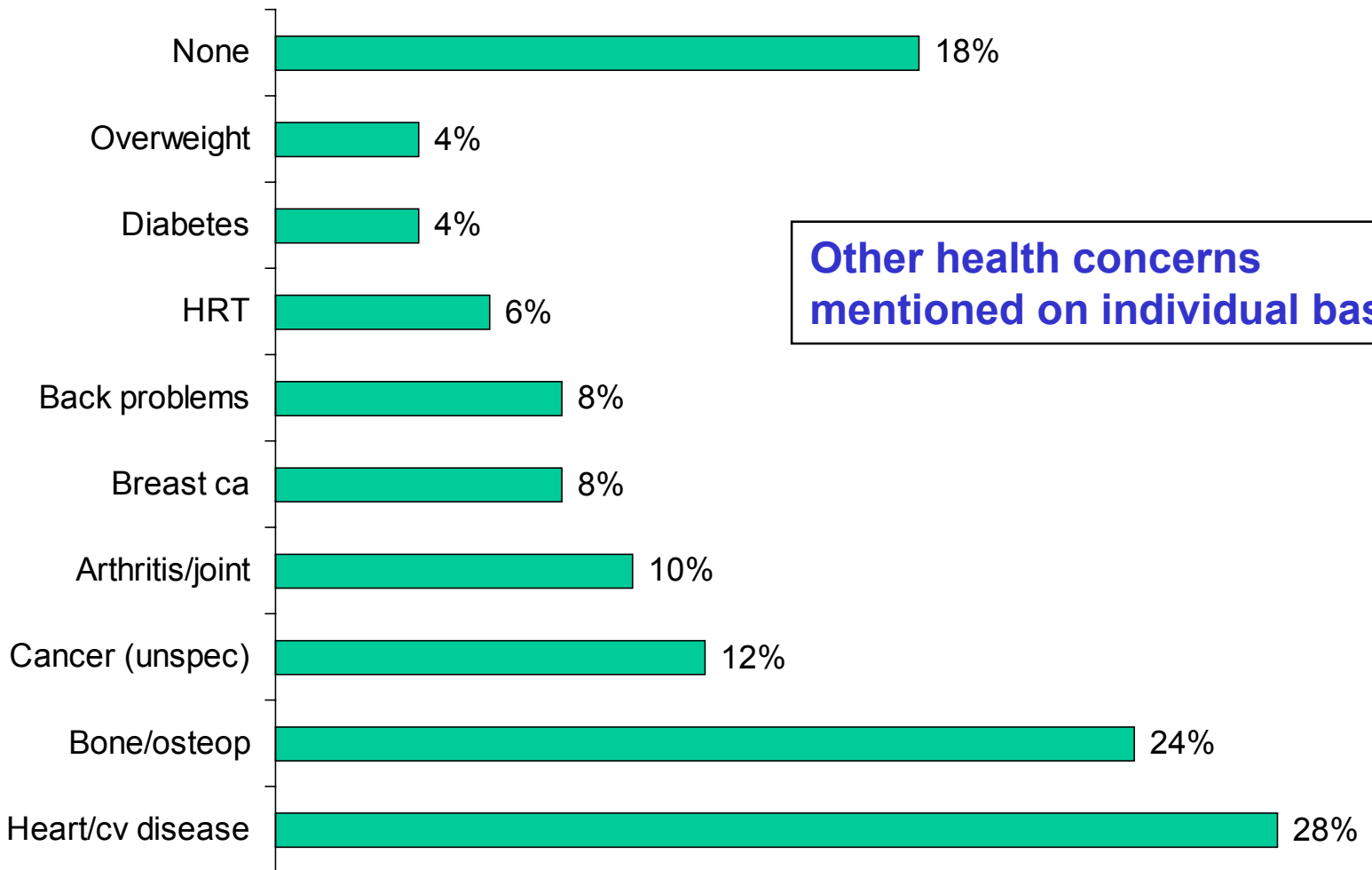
Q.5 Number times visited GP in last 12 months

Mean: 7.2 times vs. average across all countries of 6.5 times



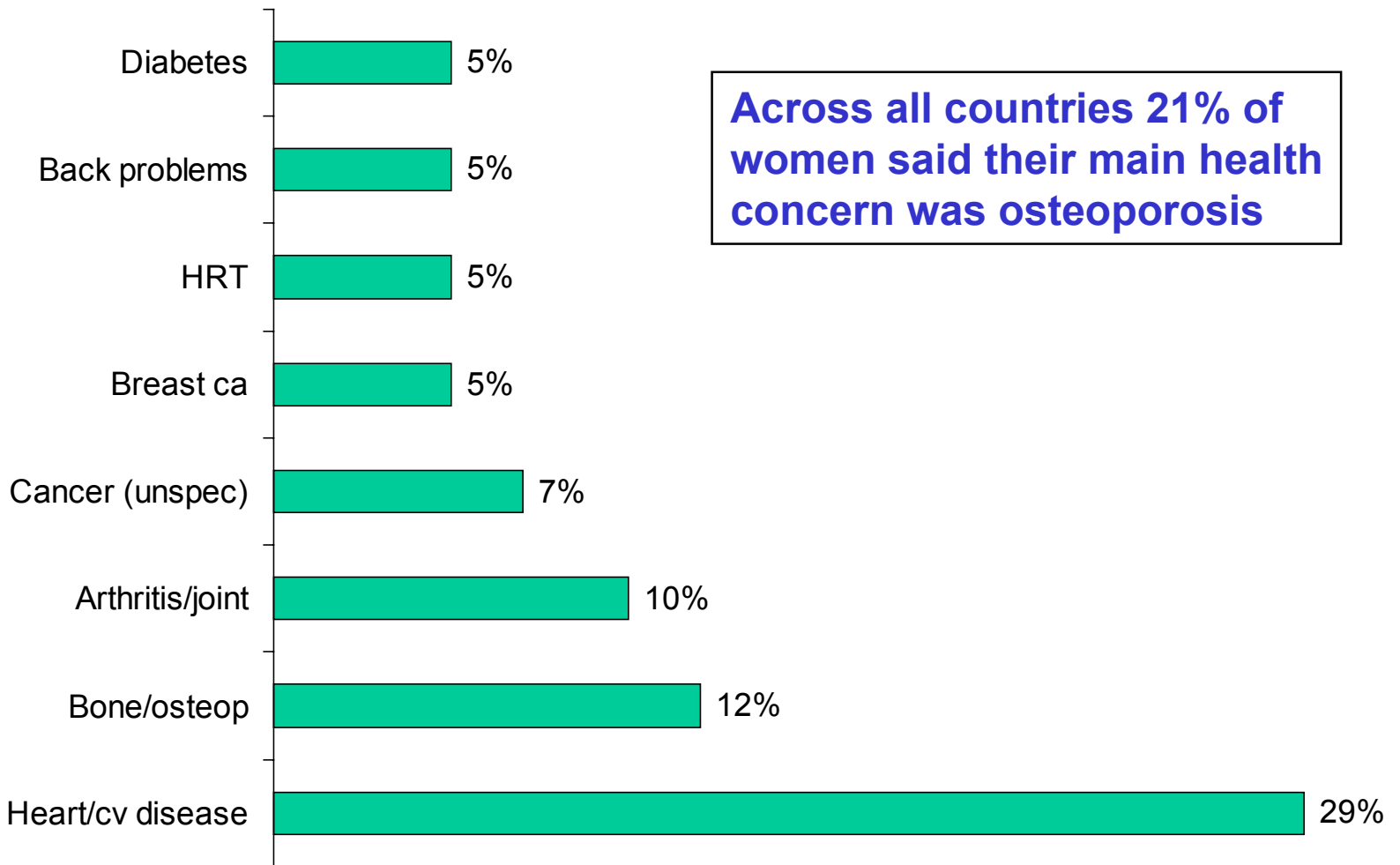
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.6 Key health concerns (spont)



Base: All female respondents aged 41+ and been through menopause (n=50)

Q.7 Main health concern

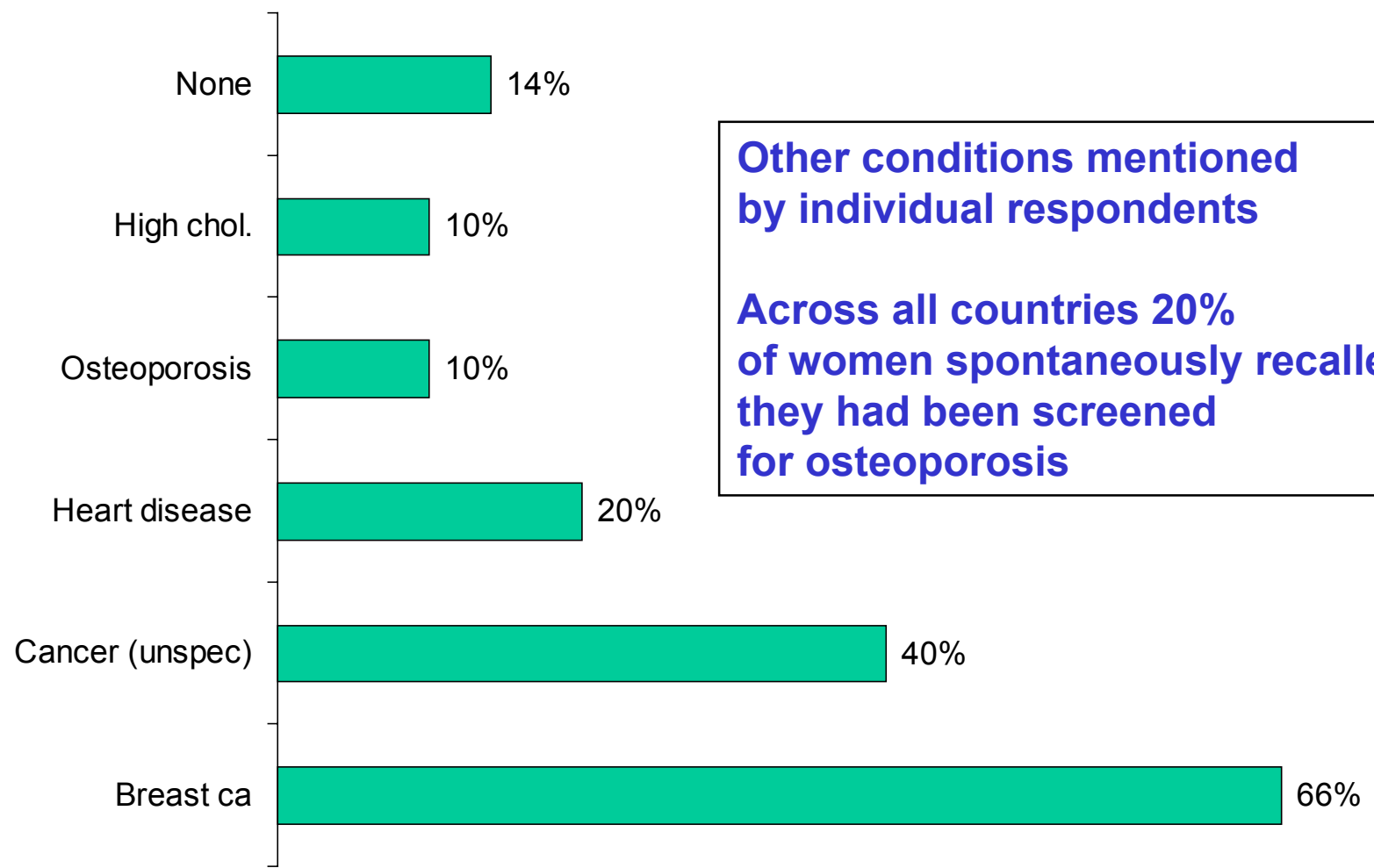


Base: All female respondents who currently have health concerns (n=41)

Q.8 Current activities to improve/maintain long term health

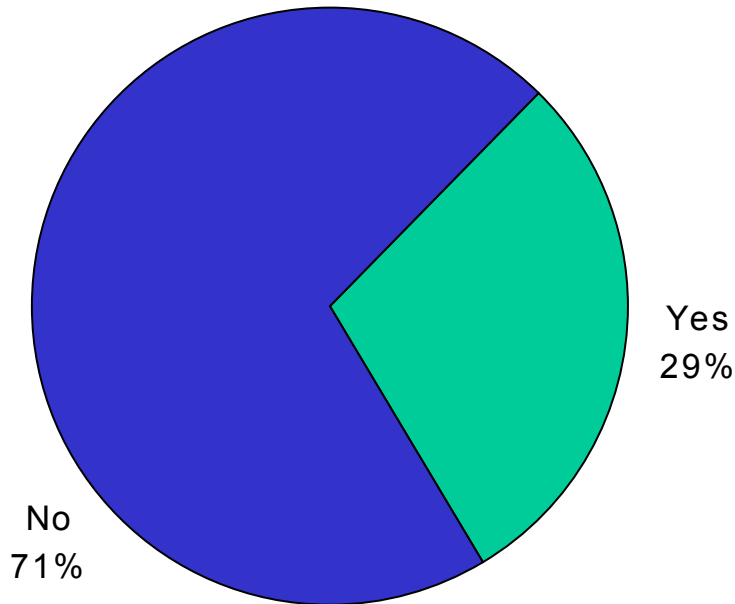
Base: All female respondents aged 41+	50
Exercise	64%
Eat healthily	58%
Quit smoking	12%
Keep busy	10%
HRT	8%
Take osteoporosis medication	6%
Take calcium supplements	6%
Regularly see doctor	6%
Positive thinking	6%
Drink in moderation	6%
Nothing	8%

Q.9 Diseases screened for over last 5 years



Osteoporosis Screening

Q.10 Whether been screened for osteoporosis



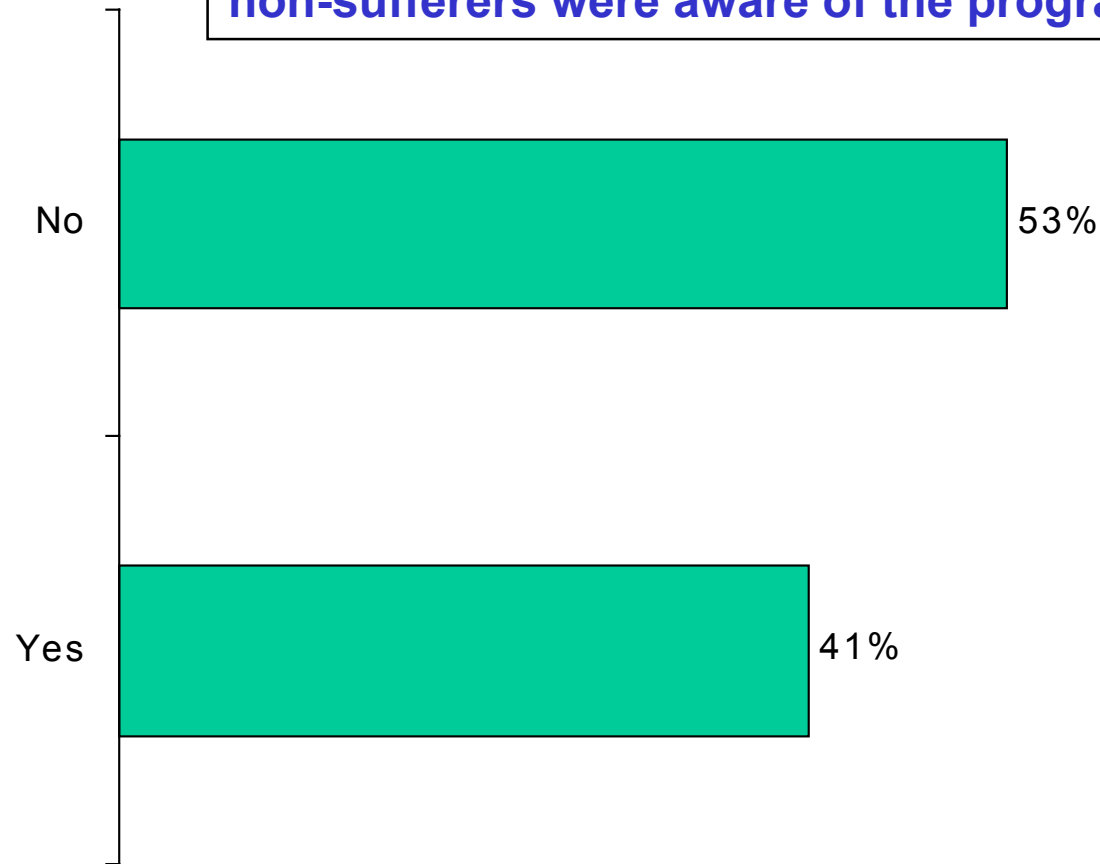
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=45)

Q.11 Reasons for being screened for osteoporosis

Reason	Count
Base:	18
Asked to be screened	5
At risk as post-men.	3
Family history of O/p	2
Suffer pain in back	2
Regular check up	2
Suffered from fracture	1
Before starting HRT	1
Pain in legs	1
Don't know	1

Q.12 Awareness of Osteoporosis Screening Programme

Across all countries an average of 35% of non-sufferers were aware of the programme



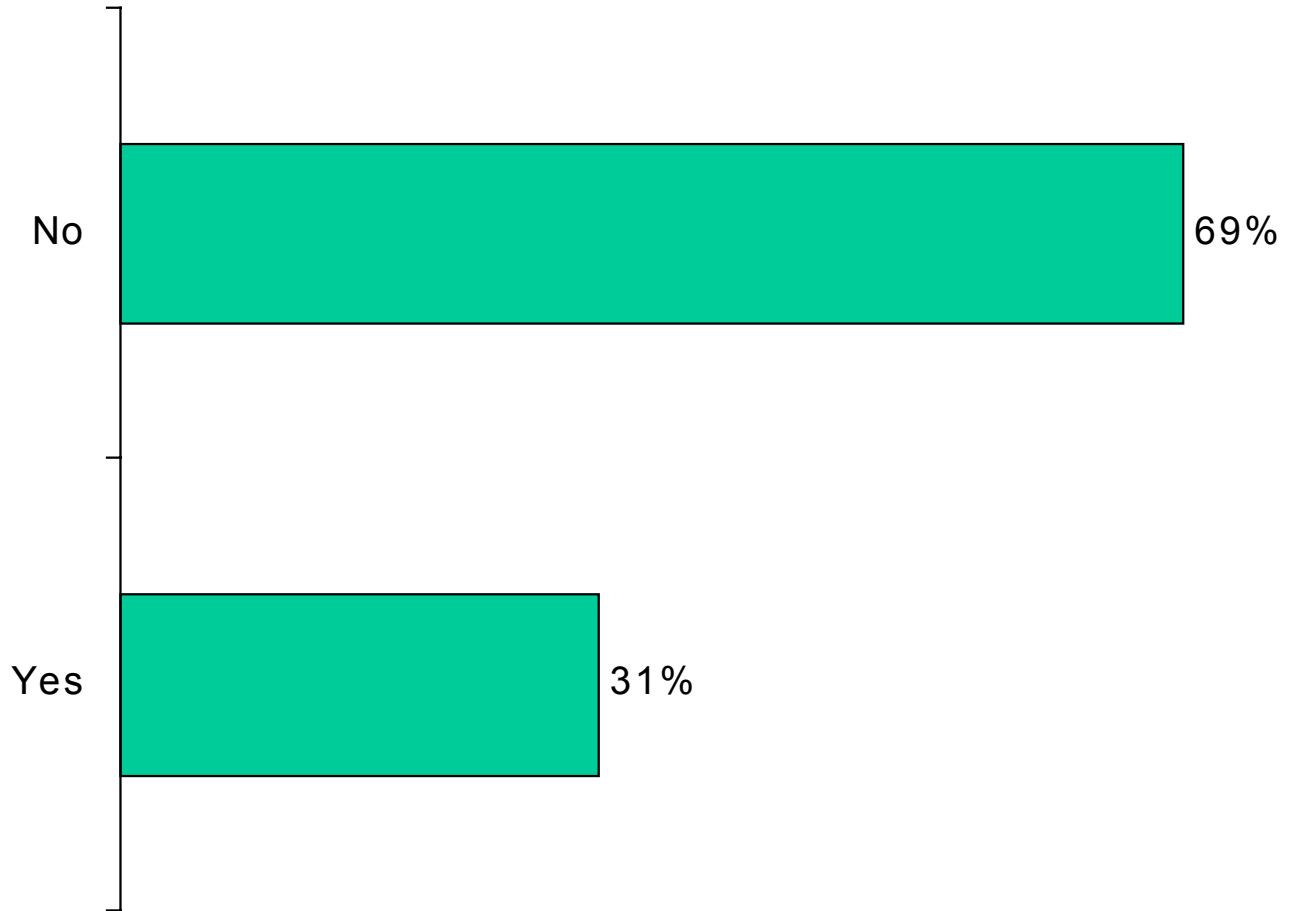
Base: Respondents who have not been screened for osteoporosis (n=32)

Q.13 Long-term health risks associated with osteoporosis (prompted)

Base: Postmenopausal women aged 41+ 50

	<u>Aus</u>	<u>All count</u>
Increased risk of further fractures	80%	69%
Reduced quality of life	80%	48%
Long-term pain	74%	53%
Loss of height	74%	46%
Fear of next fracture/fall	74%	50%
Loss of self-esteem	58%	27%
Inability to live independent life	52%	32%
None/DK	10%	14%

Q.14 Proportion suspected osteoporosis prior to diagnosis



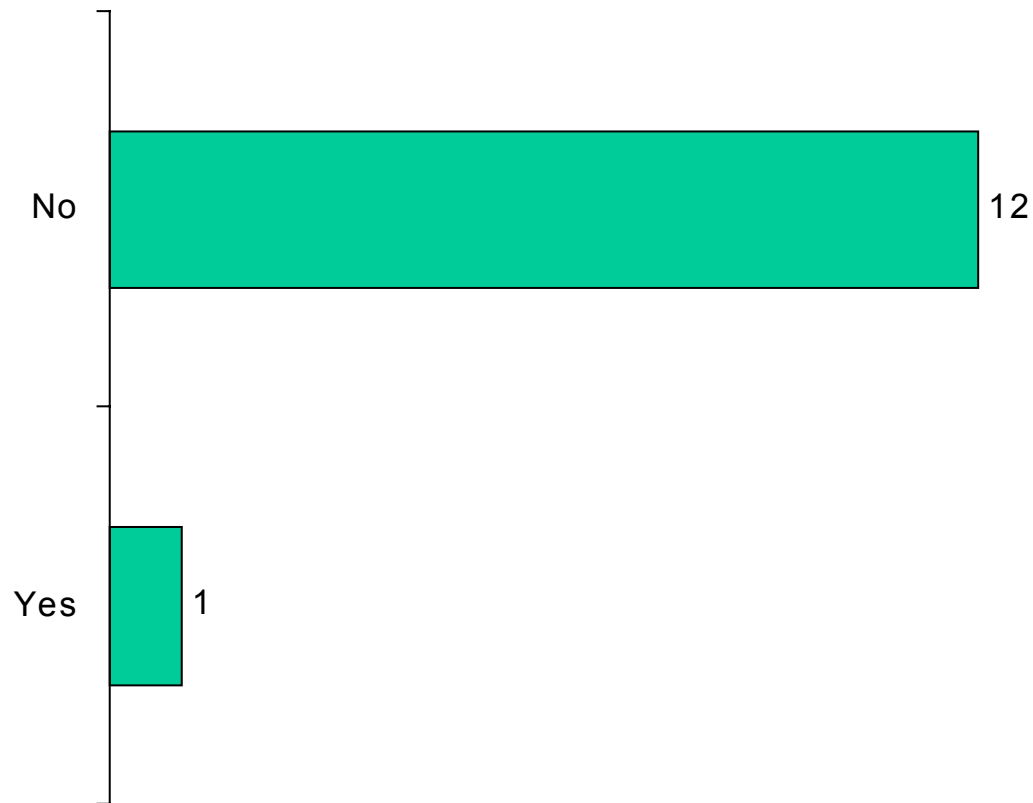
Base: Osteoporosis sufferers (n=13)



Q.15a Impact osteoporosis has had on quality of life

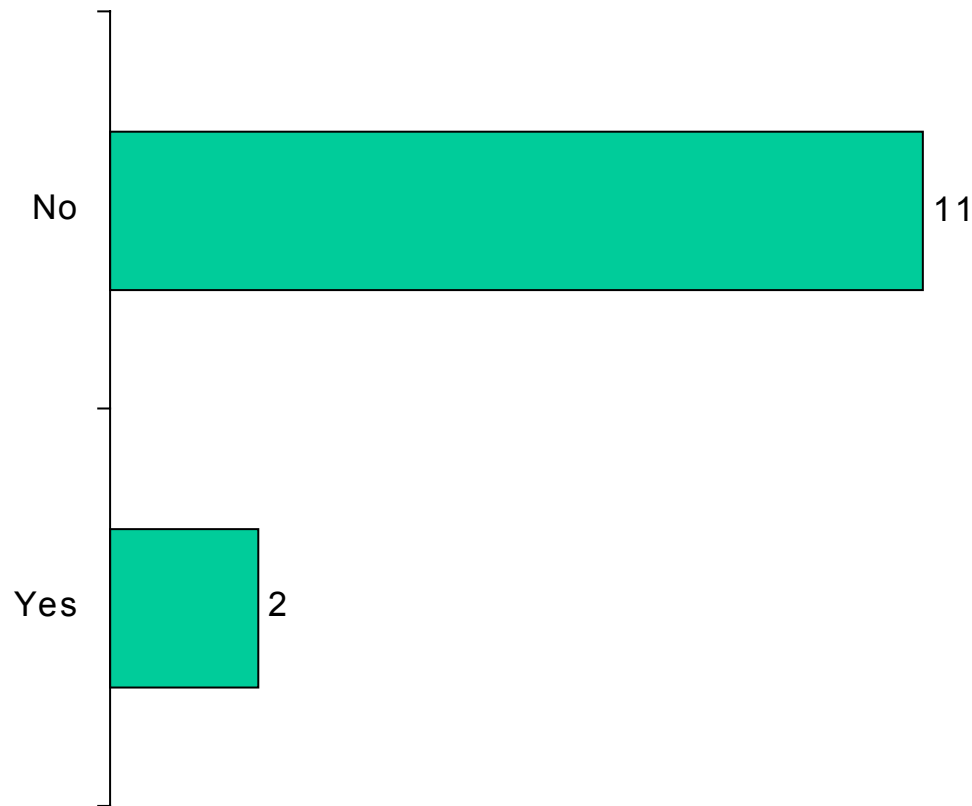
Base: Osteoporosis sufferers	13
Back pain	5
Can't go for long walks	2
Cannot lift heavy weights	2
Had to reduce activities with family and friends	2
Cannot participate in sports	1
Less able to get from place to place	1
Walking slower	1
Pains in shoulder/neck	1
Fatigue	1
None	4

Q.15b Whether suffered from a fracture caused by osteoporosis



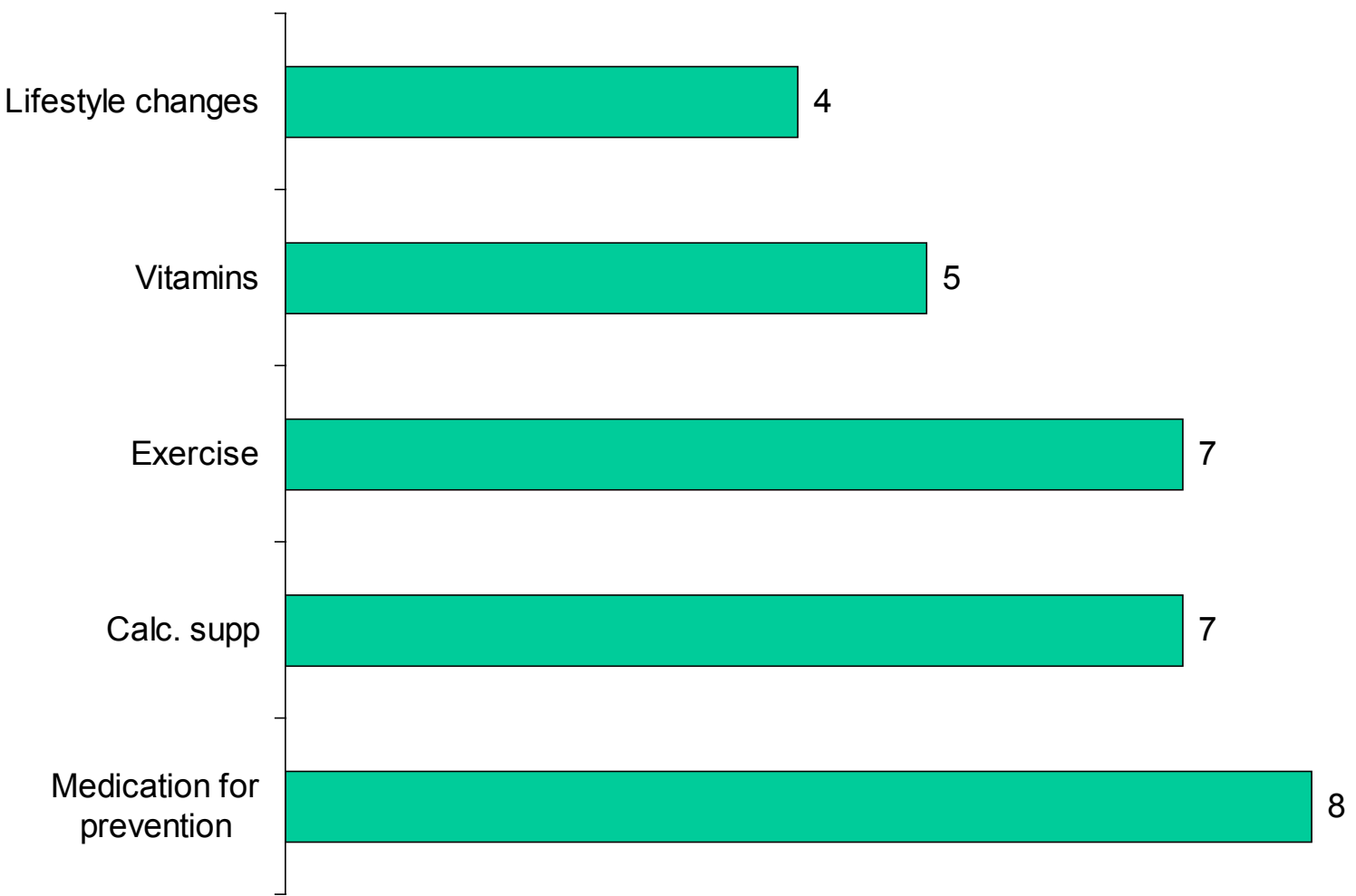
It took the respondent who suffered from a fracture as a result of osteoporosis 6 months - 1 year to recover

Q.16 Whether aware at risk from osteoporosis prior to diagnosis




Base: Osteoporosis sufferers (n=13)

Q.17a Precautions would have taken if knew were at risk



Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=11)

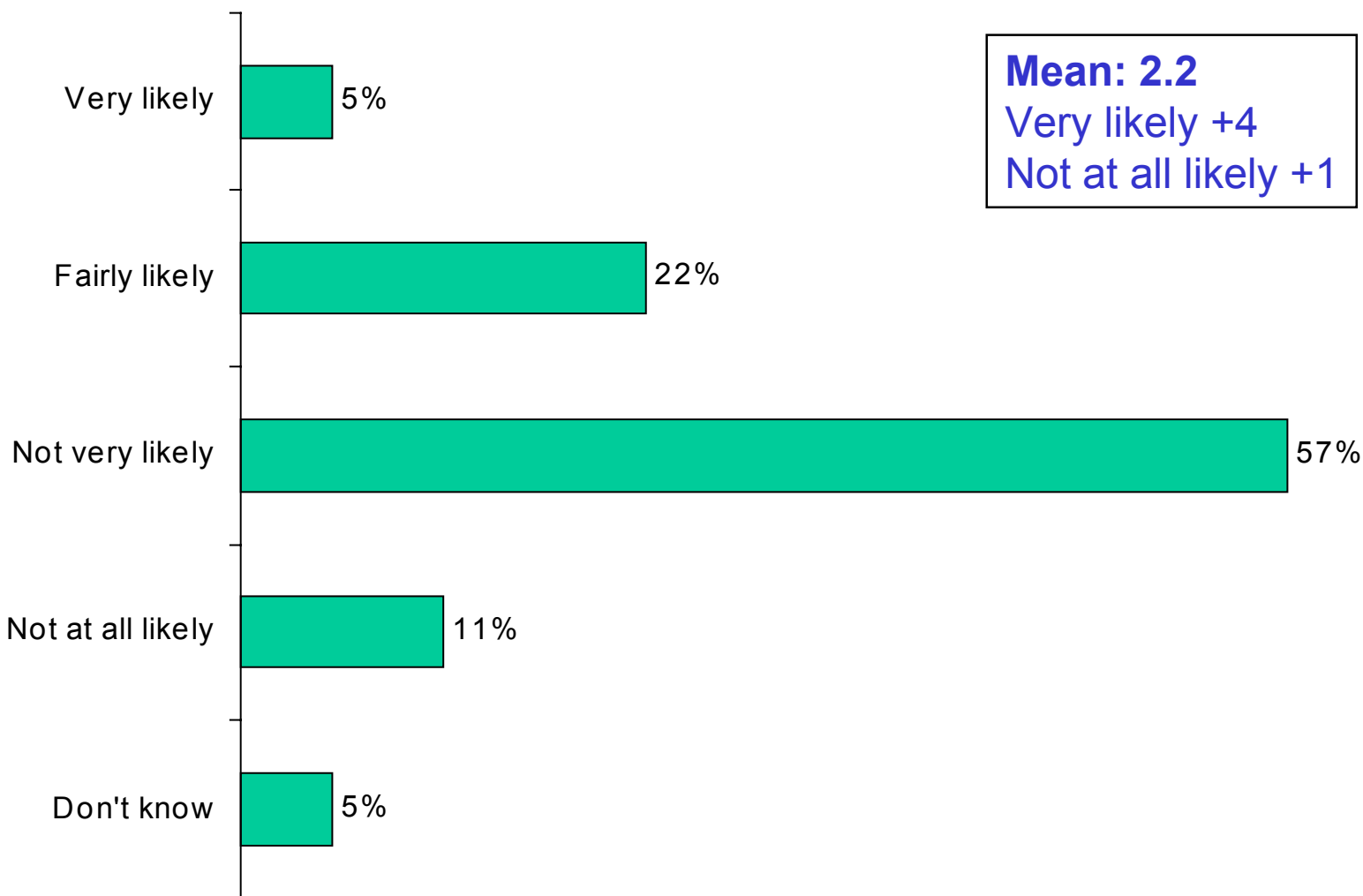




Q.17b One thing sufferers would tell other women about osteoporosis

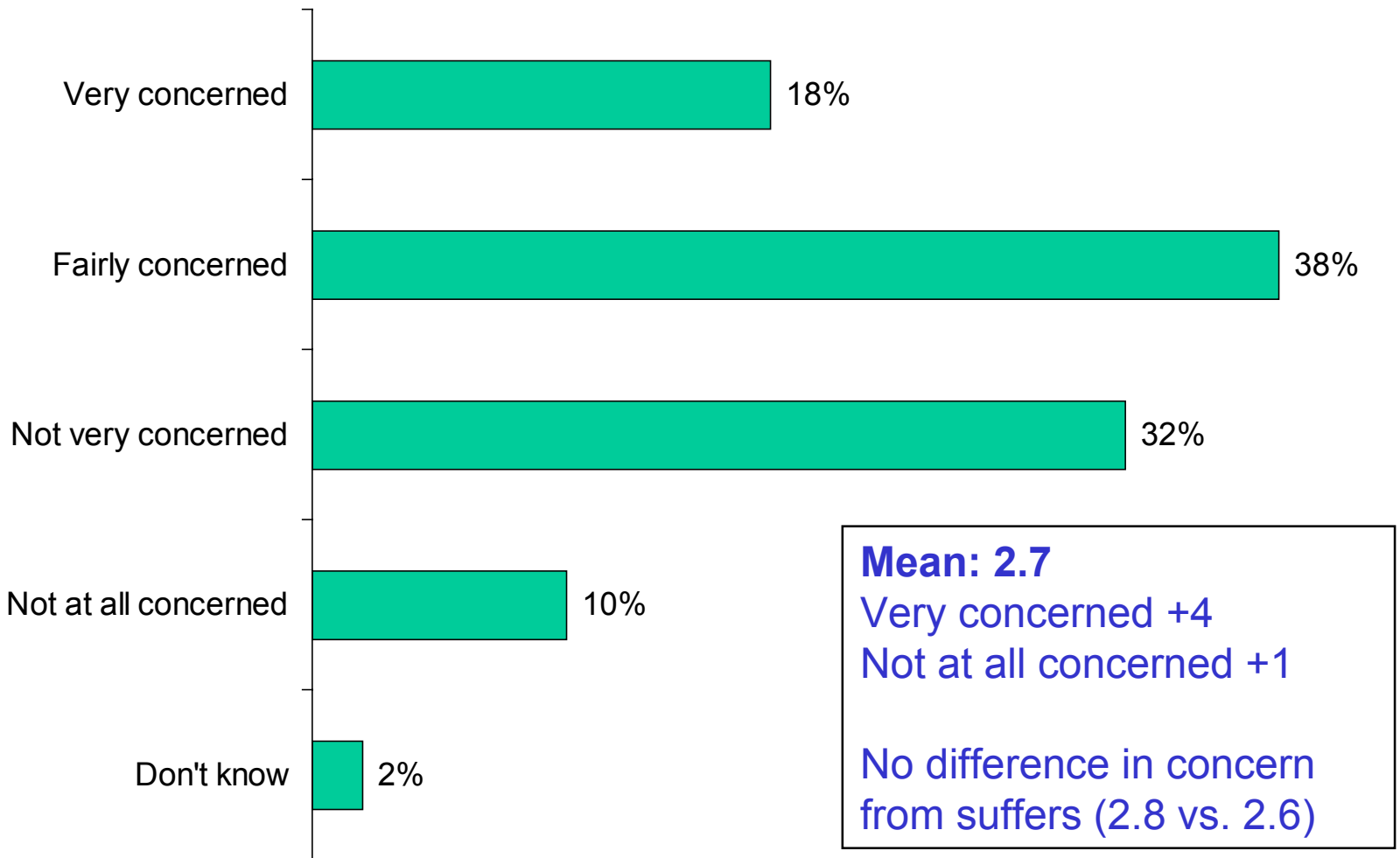
Base: Osteoporosis sufferers	13
Take Calcium Supplements	6
Get screened for O/p	4
Take exercise	4
Good diet	3
Drink milk	2
Stop smoking	1
Take vitamins	1

Q.18 Likelihood of developing osteoporosis



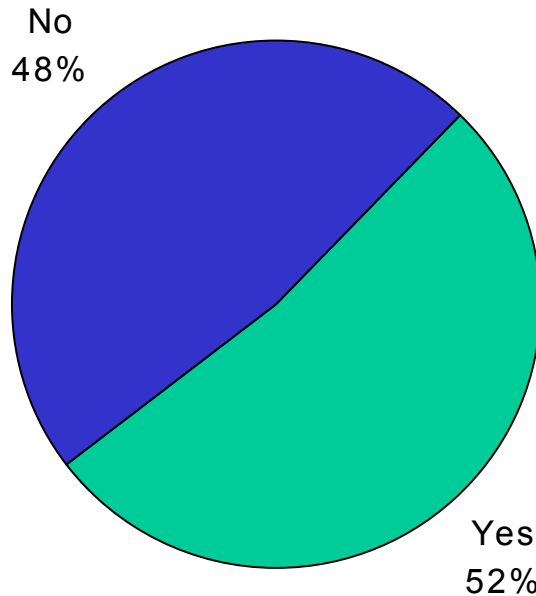
Base: Non-osteoporosis sufferers (n=37)

Q.19 Degree of concern about long-term health risks of osteoporosis



Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



Q.21 Reasons for discussing osteoporosis with a doctor

Base	26
Dr. initiated the discussion	12
Thought might be at risk	8
Discussing HRT	2

Other responses mentioned by individual respondents

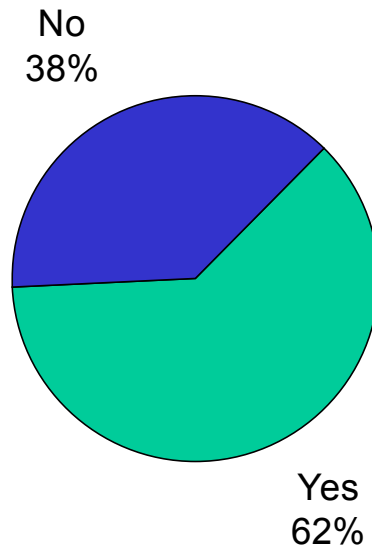
Across all countries average of 44% of women said 'yes'

Base: All female respondents aged 41+ who have been through the menopause (n=50)



Whether discussed long-term health risks of osteoporosis with doctor

Q.22 Whether discussed long-term health risks of osteoporosis with doctor



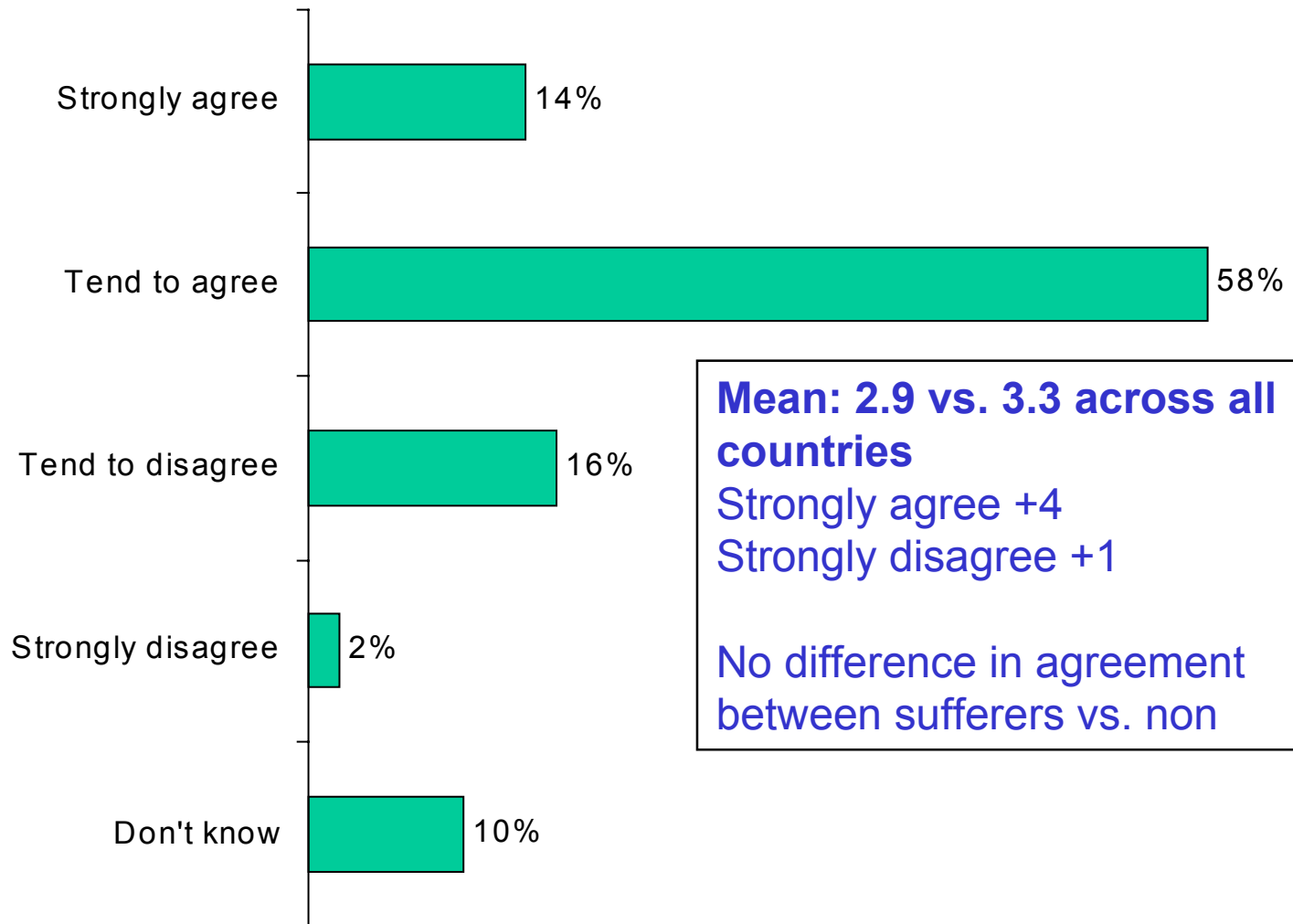
Across all countries 51% said 'yes'

Base: Respondents who have discussed osteoporosis with their doctor (n=26)

Q.23 Reasons for not discussing long-term health risks of osteoporosis with a doctor

Reason	Count
Base	10
Never thought about it	3
Don't believe at risk	3
Dr did not raise them	1
Already aware	1
Not looking at l/t concerns	1
Got too many other problems	1
Dr said too early for test	1

Q.24 Extent of agreement that osteoporosis can be prevented



Base: All female respondents aged 41+ and been through menopause (n=50)

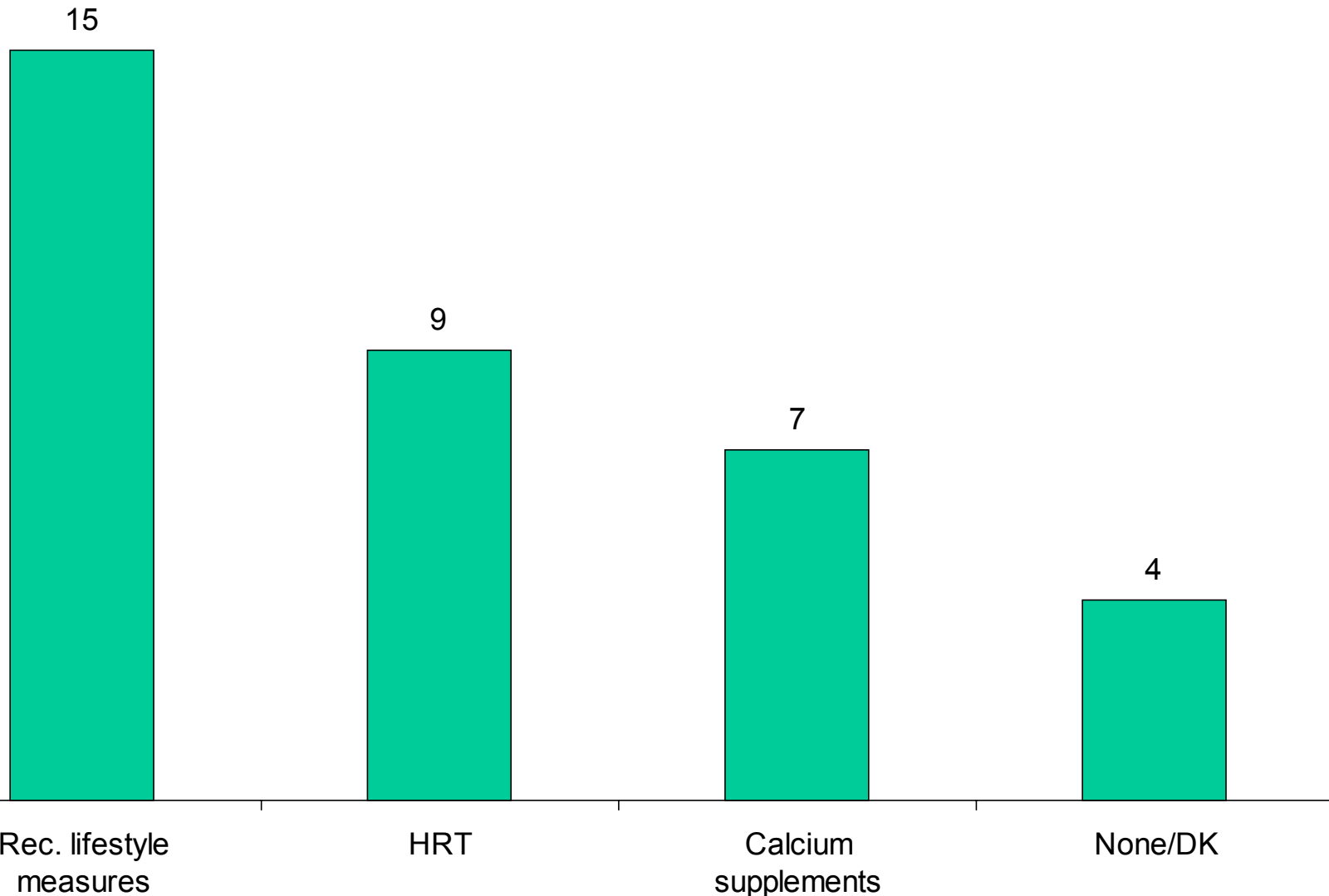
Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented

Exercise	67%
Healthy diet *	61%
Calcium supplements *	56%
HRT	31%
Genetics are important	14%
Drink milk	8%
Regular check-ups	6%
Don't know	6%

*** Mentioned by total of 83% of women (vs. average across all countries of 67%)**

Q.26 Therapy options doctor has discussed in relation to osteoporosis

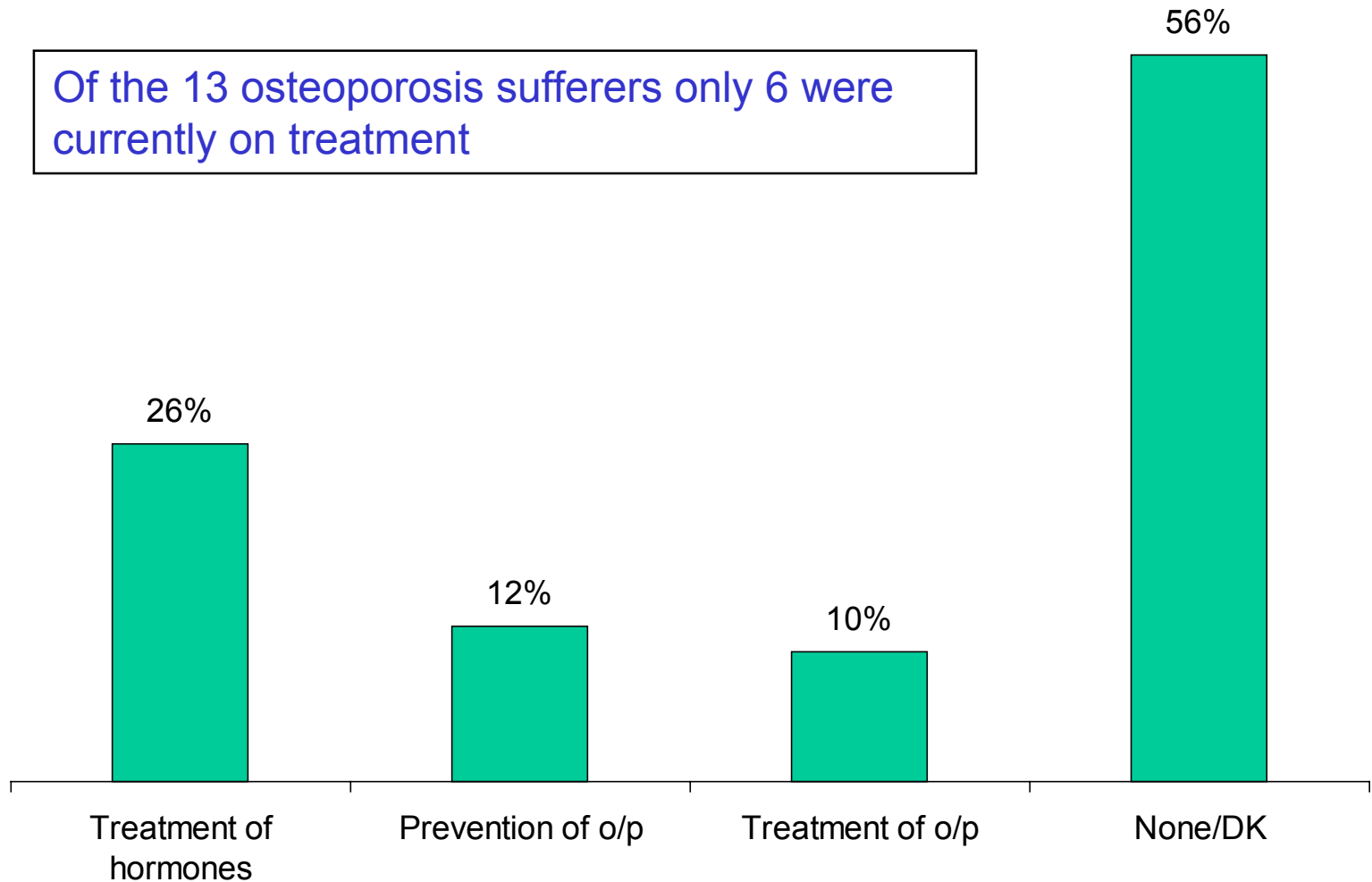


Base: Respondents who have discussed osteoporosis with their doctor (n=26)



Q.27 Whether currently taking medication for osteoporosis/hormonal problems

Of the 13 osteoporosis sufferers only 6 were currently on treatment



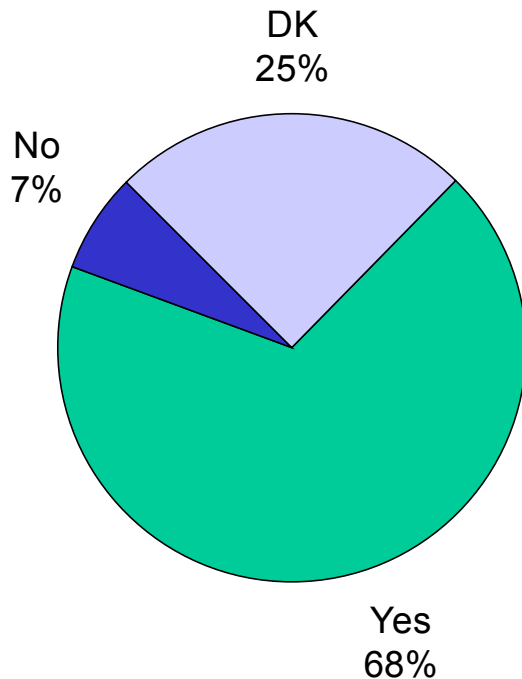
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.28 Reasons not currently taking medication

Base: Osteoporosis sufferers not on medication	7
I don't want to take medication	5
Products aren't effective	1
Fear of cancer (unspecified)	1

Attitude towards long-term preventative therapy for osteoporosis

Q.29 Whether consider taking long-term prevention therapy for osteoporosis on dr. recommendation



Base: Respondents not taking long-term prevention of osteoporosis (n=44)

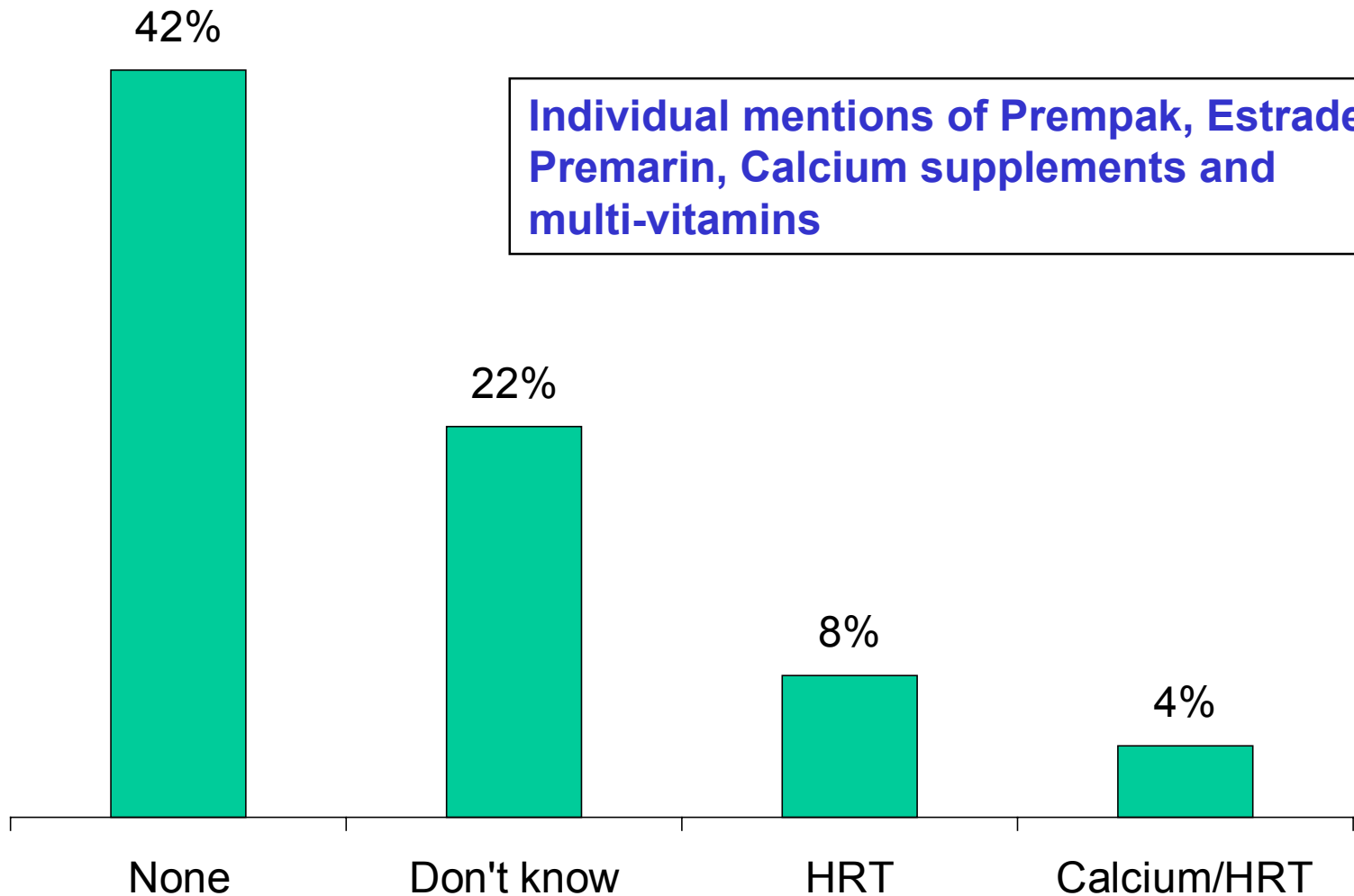
Q.30 Concerns that would stop women taking long-term prevention therapy

Base: Respondents not on long-term prevention

Side effects	23%
Don't want to take l/t med	7%
Concerns over cancer	2%
Inconvenient	2%
Risk of weight gain	2%
Cardiac concerns	2%
None	9%
Don't know	57%



Q.31 Products ever used for the prevention/treatment of osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=50)



Q.32 Products currently using for the prevention/treatment of osteoporosis

Base: Respondents who have ever taken therapy for o/p 18

HRT	4
Calcium supplements	2
Calcium/HRT	1
Estraderm	1
Prempak	1
Multi-vitamins	1
None/DK	2

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	50
It is very important to effectively prevent osteoporosis	98%
It is very important to effectively prevent spinal fractures	98%
Osteoporosis should be viewed as a serious condition	96%
If I had a vertebral fracture I am sure I would know about it	64%
I would like to be/wish I had been screened for osteoporosis	58%
If you can prevent or treat vert fract you can prevent hip fractures	56%
Doctors generally have enough resources to effectively manage osteoporosis in this country	52%
Getting fragile/brittle bones is inevitable part of ageing process	50%
effective than one that can just prevent it	44%
I am concerned about l/t risk to my health of taking HRT	44%
I feel that I have enough info/knowledge on osteoporosis	42%
Doctors in this country do not seem to take o/p serious	38%
A medicine that can treat a disease is generally more	
Osteoporosis is not a life-threatening condition	32%
I wish I had taken medication earlier to prevent osteoporosis	30%

Summary

Summary

- v The average age of the women taking part in the survey was 60, of whom 26% were suffering from osteoporosis
- v On average the women had visited their GP 7 times in the last year
- v The women's health concerns were heart disease (>quarter), followed by osteoporosis (quarter).
- v The one main health concern that the women had was heart disease (<third), followed by osteoporosis (12% vs. average of 21% across all countries surveyed)
- v Two-thirds of the women said they exercised to improve/maintain long term health. >half said they ate healthily. Only 6% said they were taking osteoporosis medication to keep healthy

Summary

- v >third of women had been screened for osteoporosis, with the majority of women asking for this to be done. None of the women reported that their doctor advised them to screened
- v Of the women who had not been screened, 4 in 10 were aware that there was a screening programme available
- v The women in Australia were clearly aware of the long term risks associated with osteoporosis, with 8 out of 10 women associating it with an increased risk of further fractures or reduced quality of life. 7 out of 10 women associated it with long term pain, loss of height or fear of next fracture/call. >half the women associated it with loss of self-esteem or an inability to live an independent life

Summary

- v One third of the women with osteoporosis suspected they had the disease prior to diagnosis
- v >two-thirds of the sufferers said that the disease had a major impact on their quality of life - with the main impact being back pain
- v 8 of the sufferers said they would have taken medication for prevention if they had known they were at risk of osteoporosis
- v 6 of the 13 women sufferers said they would suggest to other women that they should take calcium supplements, a further 4 would advise women to get screened. There were no mentions of recommending women take specific osteoporosis medication

Summary

- v >quarter of women said they felt they were likely to develop osteoporosis in the future and >half of women were concerned about the long term health risks of the disease
- v >half the women had discussed osteoporosis with a doctor (cf average of 44% across all countries), with the doctor initiating the discussion in just under half of the occasions
- v Two-thirds of women who had discussed osteoporosis with a doctor went on to discuss the long term health risks
- v Three-quarters of the women agreed that osteoporosis can be prevented, with the best ways of preventing it being via exercise or health diet (two-thirds), followed by calcium supplements (>half)

Summary

- v Of the women who have discussed osteoporosis with a doctor 4 of the 26 could not remember discussing therapy options. However 15 said the doctor recommended lifestyle measures 9 recalled discussing HRT.
- v In total 44% of women were actually taking medication for osteoporosis/hormonal problems, with 12% taking medication for treatment and 10% for prevention
- v 7 osteoporosis sufferers were not currently taking medication for the condition - mainly because they didn't want to
- v 7 out of 10 women would consider taking long term preventative therapy if recommended by their doctor, with side effects being the main concern that they would have (>fifth). However <tenth of women said nothing would stop them taking long term prevention of recommended by their doctor

Summary

- v Almost all the women thought it was important to prevent osteoporosis
- v Almost everyone thought it important to prevent spinal fractures
- v 9 out of 10 women thought osteoporosis should be viewed as a serious condition
- v 6 out of 10 thought they would know if they had a vertebral fracture, they wished they had been screened for osteoporosis
- v 5 out of 10 women felt that if you could prevent a vertebral fracture you can prevent secondary fractures
- v 6 out of 10 women did not feel that doctors in Australia had enough resources to effectively manage the condition

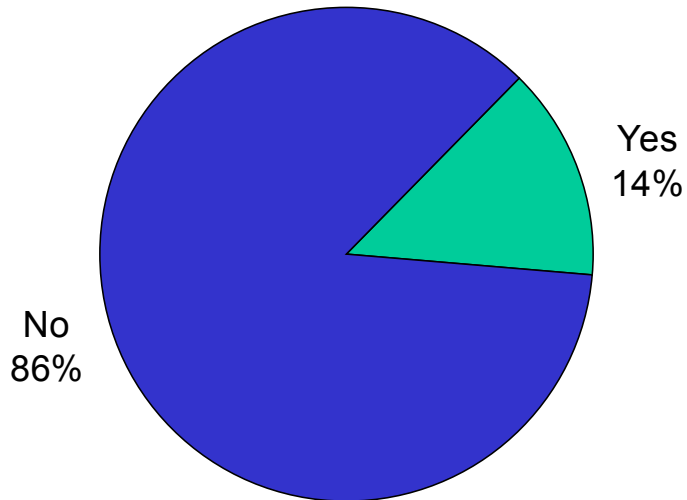
Summary

- v 5 out of 10 women believe that fragile bones is part of the ageing process
- v 4 out of 10 women are concerned about the long term risk to their health of taking HRT
- v 6 out of 10 women don't have enough information on osteoporosis
- v 4 out of 10 women do not feel that doctors take osteoporosis seriously enough in Australia
- v 7 out of 10 women believe osteoporosis to be a life-threatening condition
- v 7 out of 10 women wish they had taken medication earlier to prevent osteoporosis

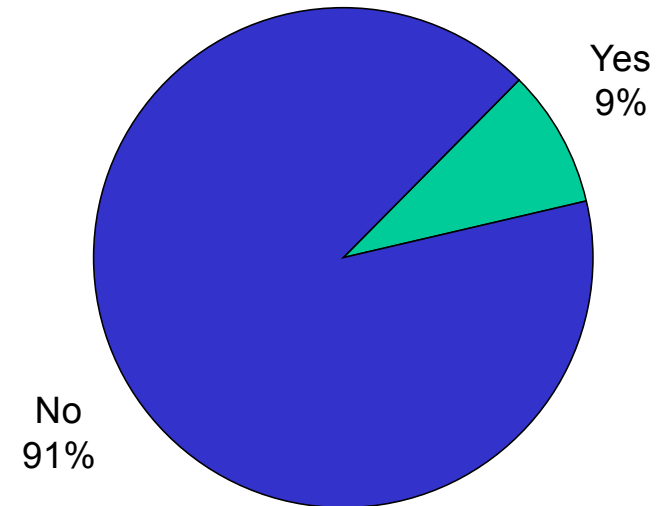
Australian GPs

Clinics held in surgery

Menopause Clinic



Osteoporosis Clinic

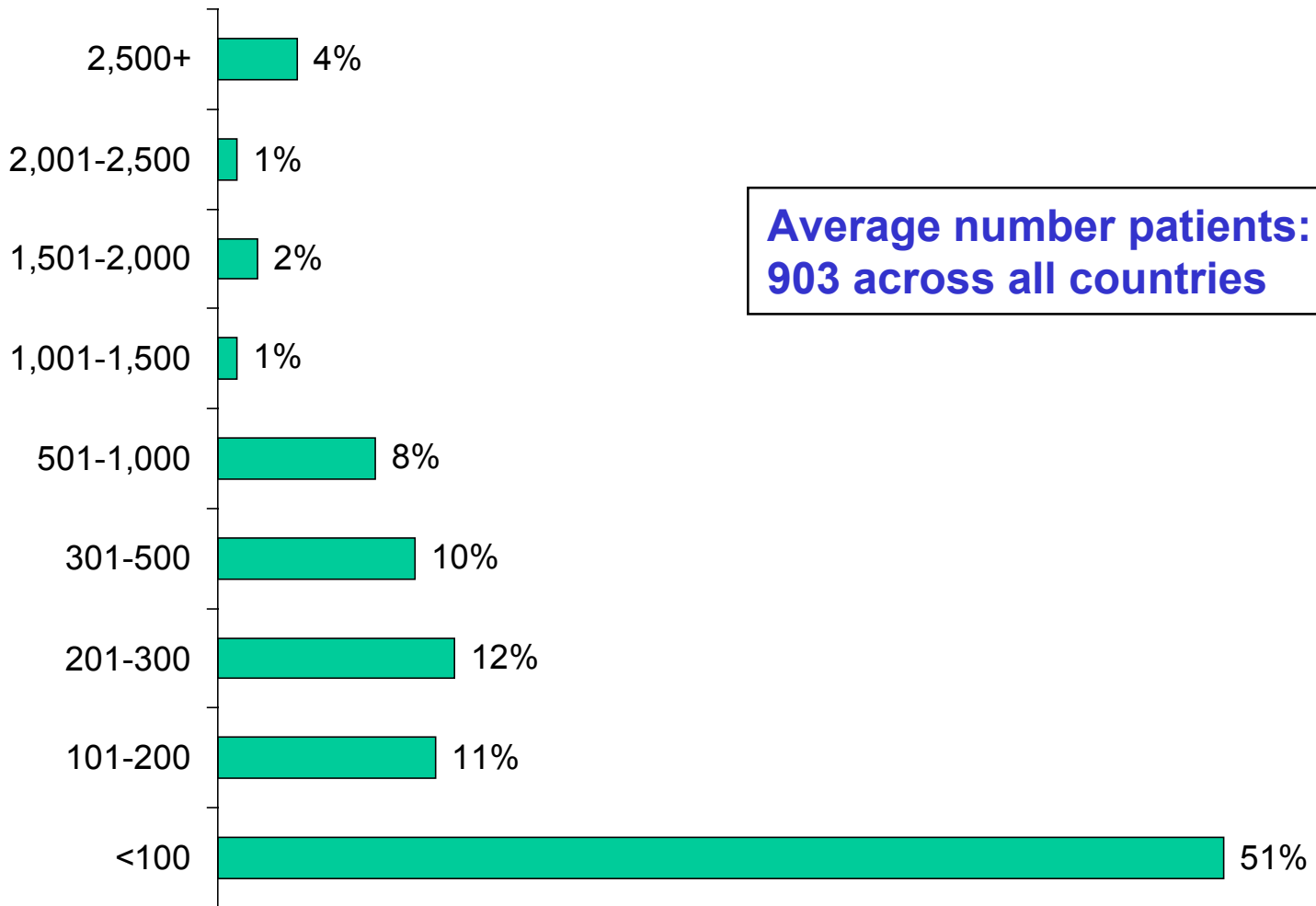


Across all countries 23% held menopause clinics and 20% osteoporosis clinics

Base: GPs aged <65 (n=100)

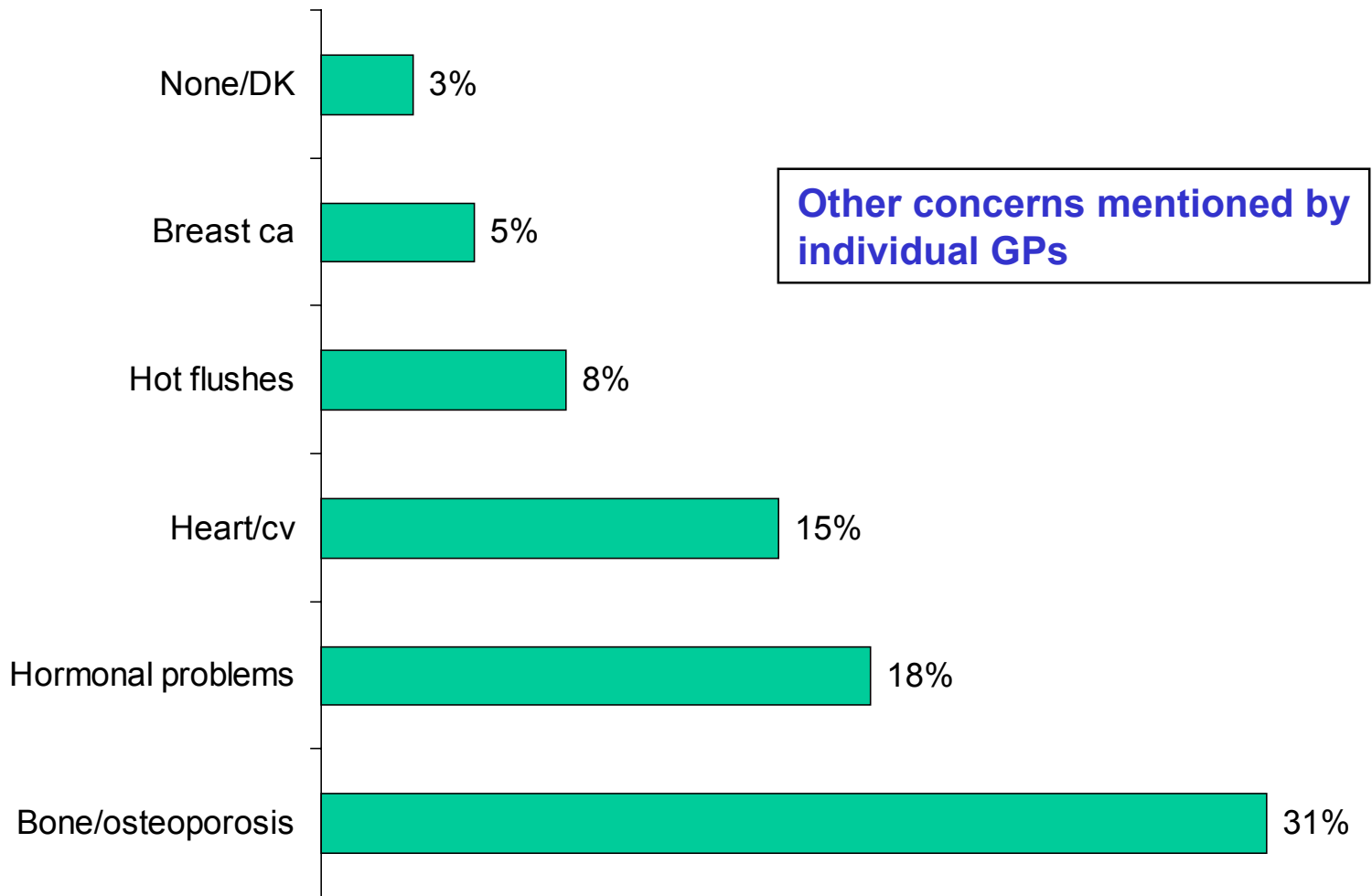


Q.3 Number post-menopausal women in practice



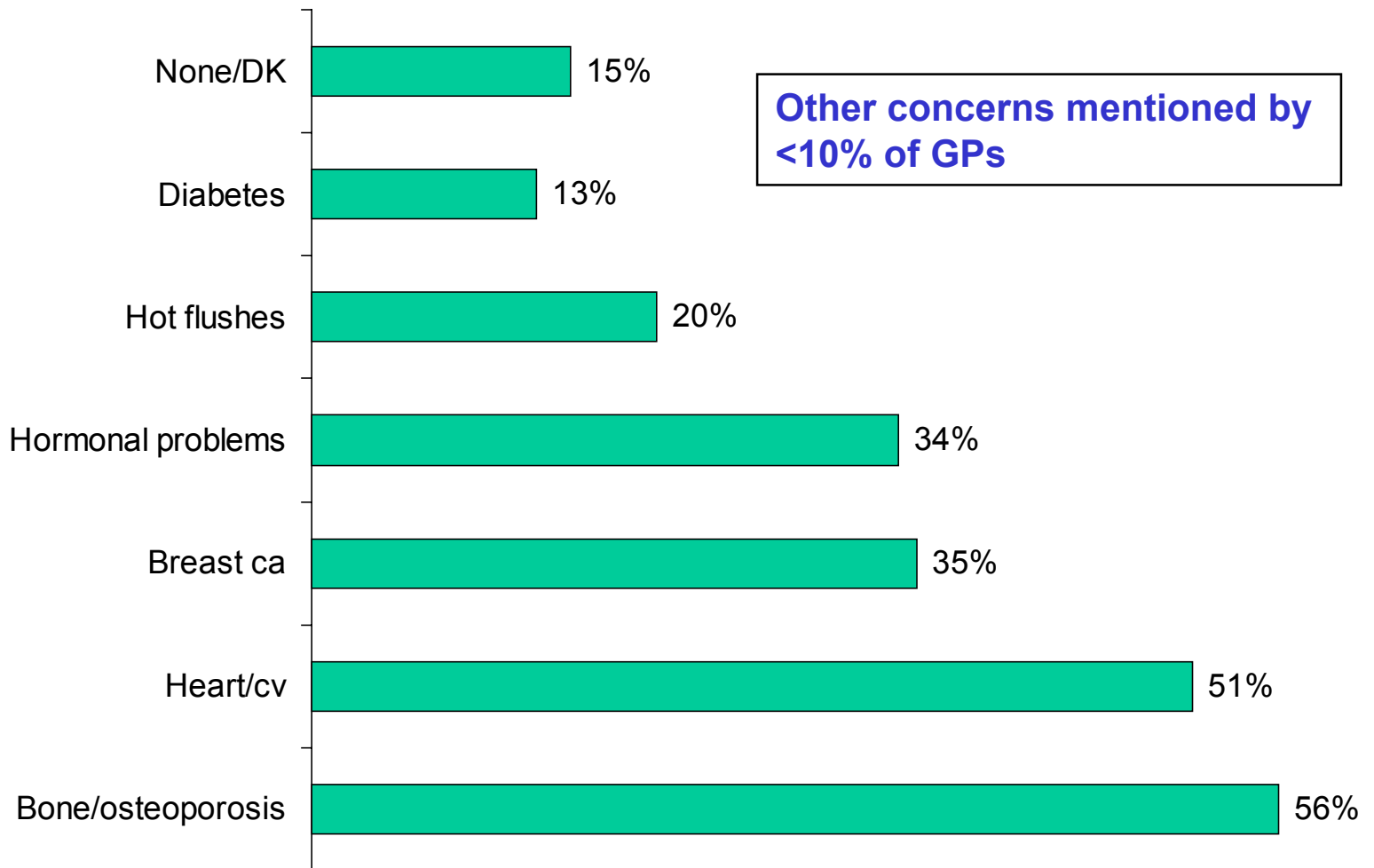
Base: GPs aged <65 (n=100)

Q.4 Key health concern discussed



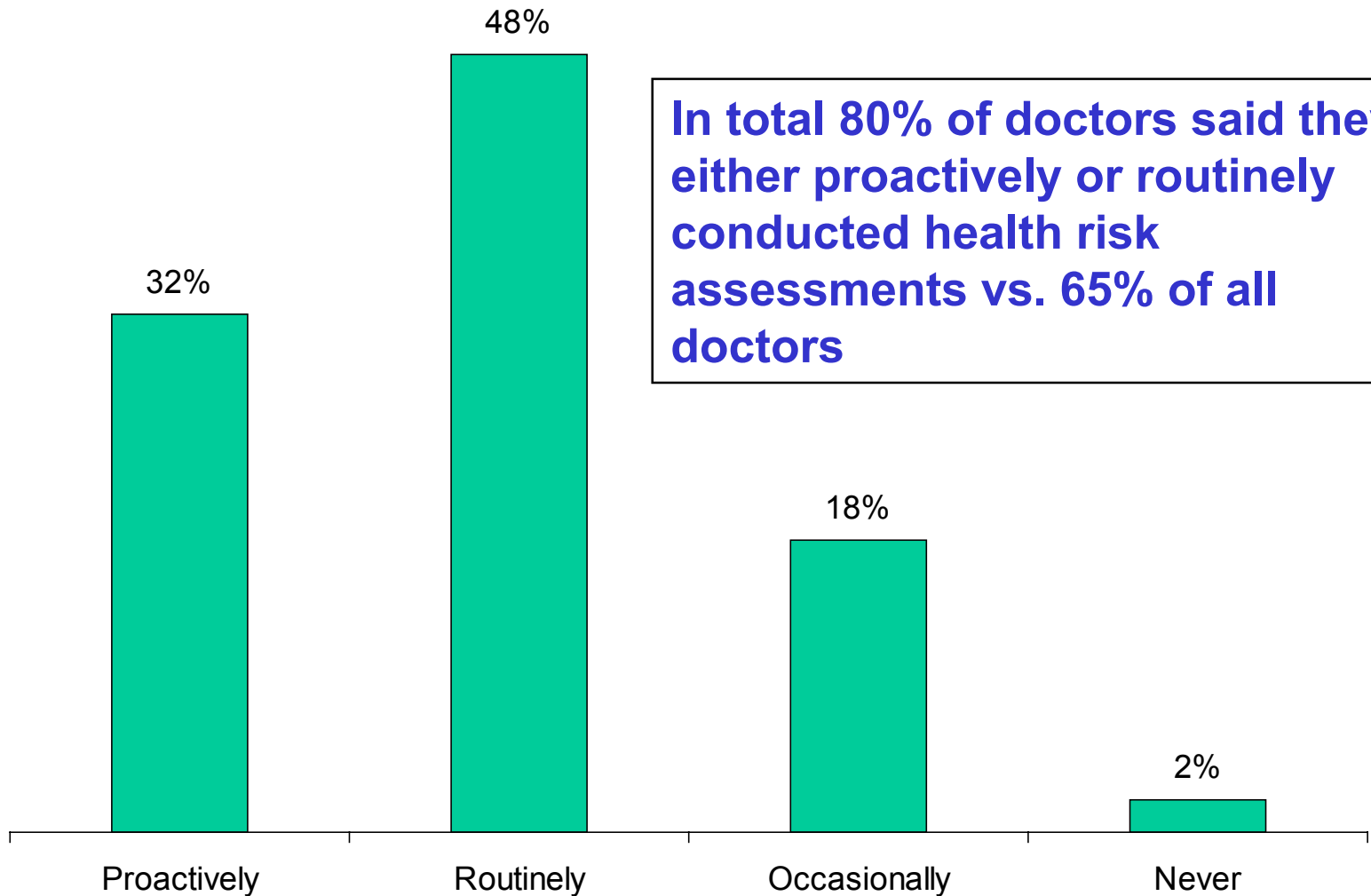
Base: GPs aged <65 (n=100)

Q.4/5 Total mentions of health concerns



Base: GPs aged <65 (n=100)

Q.6 Approach to health risk assessment



Base: GPs aged <65 (n=100)

Q.7 Limiters on health status reviews

Base: All GPs	100
Lack of time	49%
Patients don't request them	20%
Not a priority	5%
That's the role of the patient	5%
Reimbursement/lack of funding	5%
Reluctance from patients	5%
Patients don't present	3%
Don't know	13%

Across all countries a total of 21% said 'lack of time' and 11% said 'patients don't request them'

Other comments made by individual respondents

Q.8a Definition of treatment

Base: All GPs	100	
		<u>Aus</u> <u>All coun</u>
Starting medication when woman has already developed osteoporosis	40%	30%
Starting medication when woman is at risk	33%	43%
Starting medication when woman has experienced first fracture	21%	11%
Stopping bone loss	4%	
Lifestyle changes	3%	
Radiological /bone density scan evidence	2%	

Q.8b Definition of prevention

Base: All GPs	100
Advising women on how to make lifestyle adjustments	61%
Starting medication before the woman is at risk	36%
Starting medication when a woman is at risk but has not yet suffered from a fracture	19%
Don't know	2%

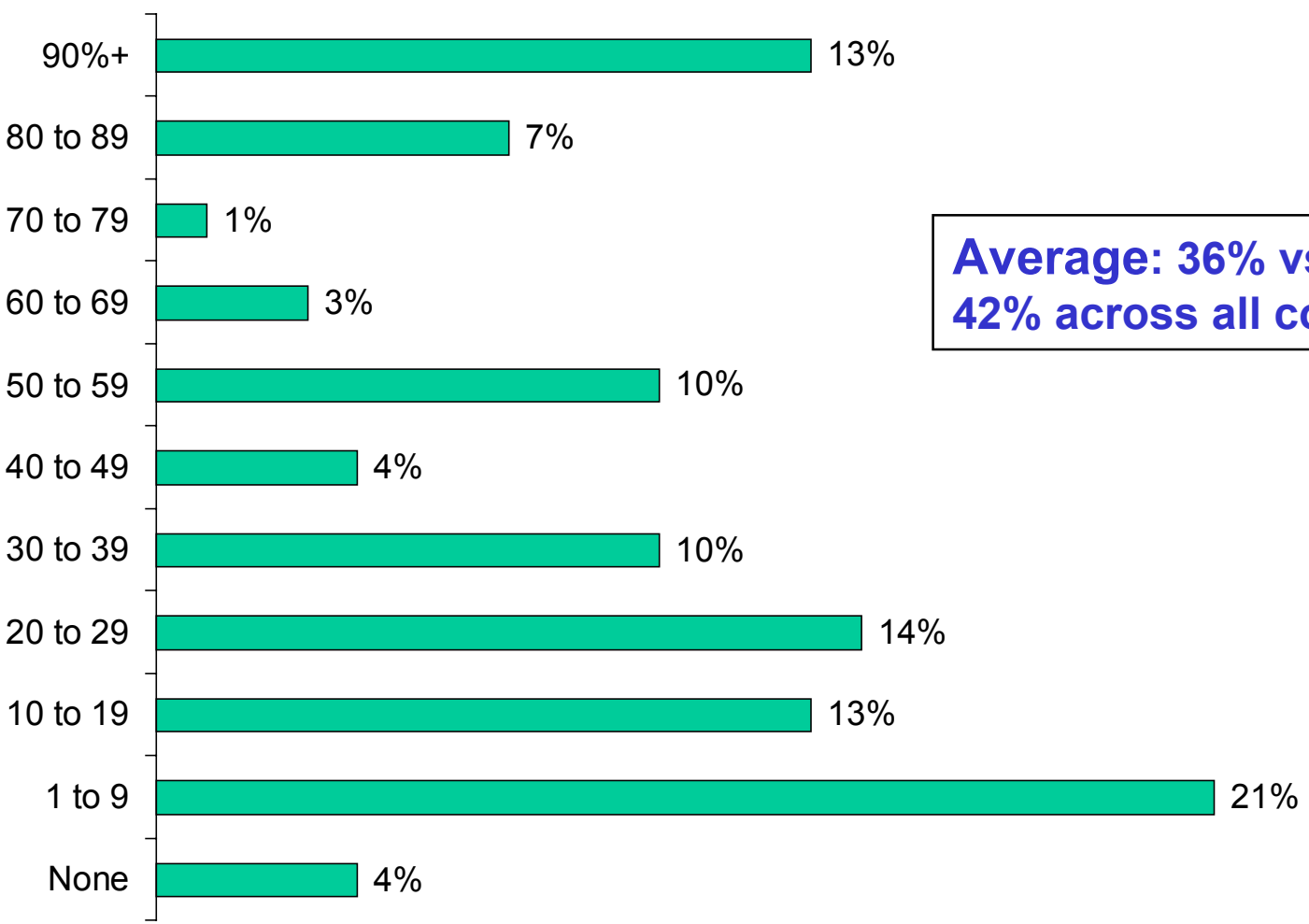
Across all countries a total of 45% of doctors defined it as advising on lifestyle adjustments

Other definitions mentioned on individual basis

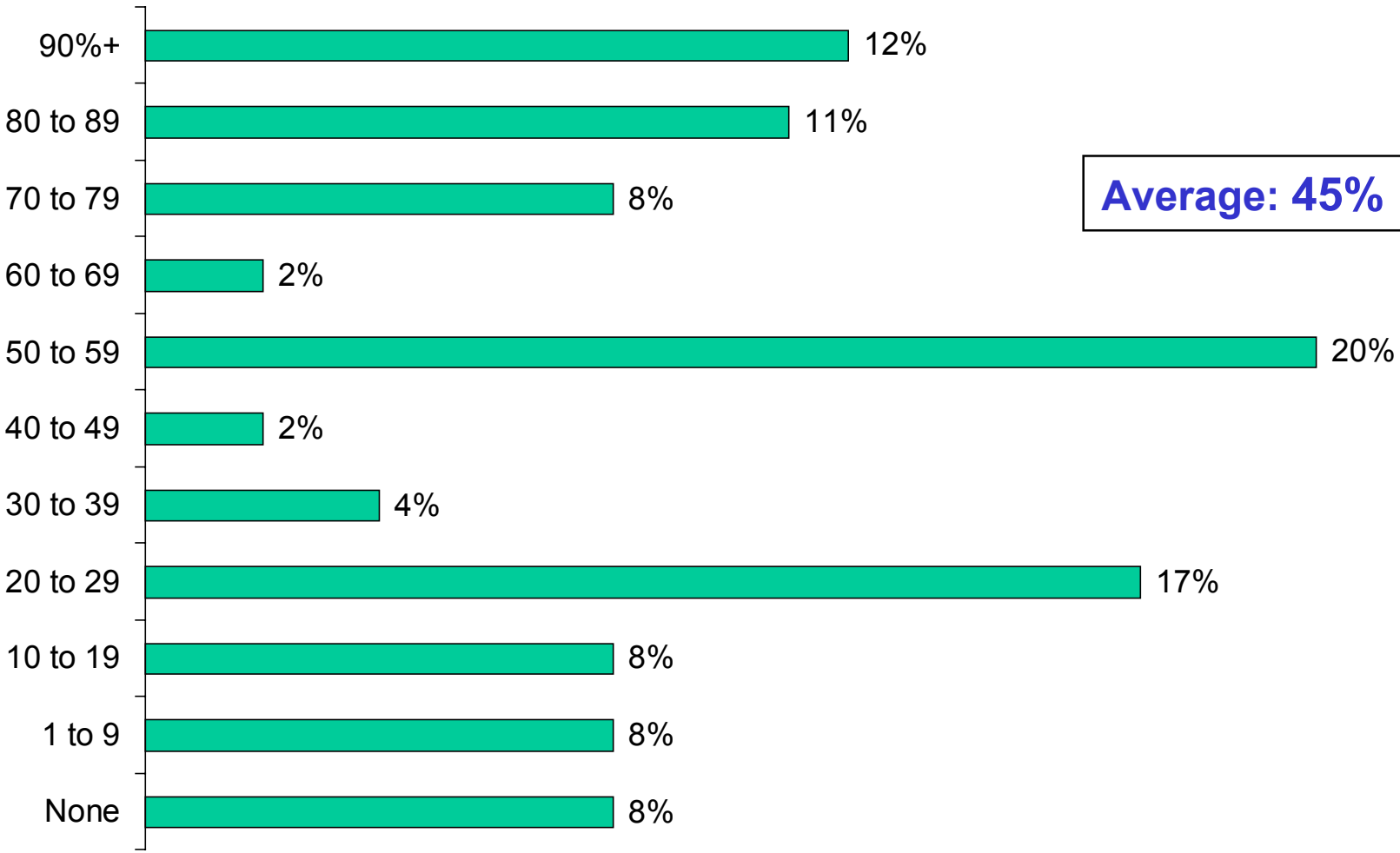
Q.9 Most negative effects of osteoporosis

Base: All GPs	100
Fracture/breaking a bone	63%
Pain	37%
Limiting affect on lifestyle	29%
Debilitation	23%
Lack of independence	12%
Bone loss	4%
Curvature of spine	4%
Mortality from fractures	4%
Decrease in self esteem	3%
Other comments made by 2 or less individuals	

Q.10 % patients rxd medication for treatment of osteoporosis



Q.11 % patients rxd medication for prevention of osteoporosis



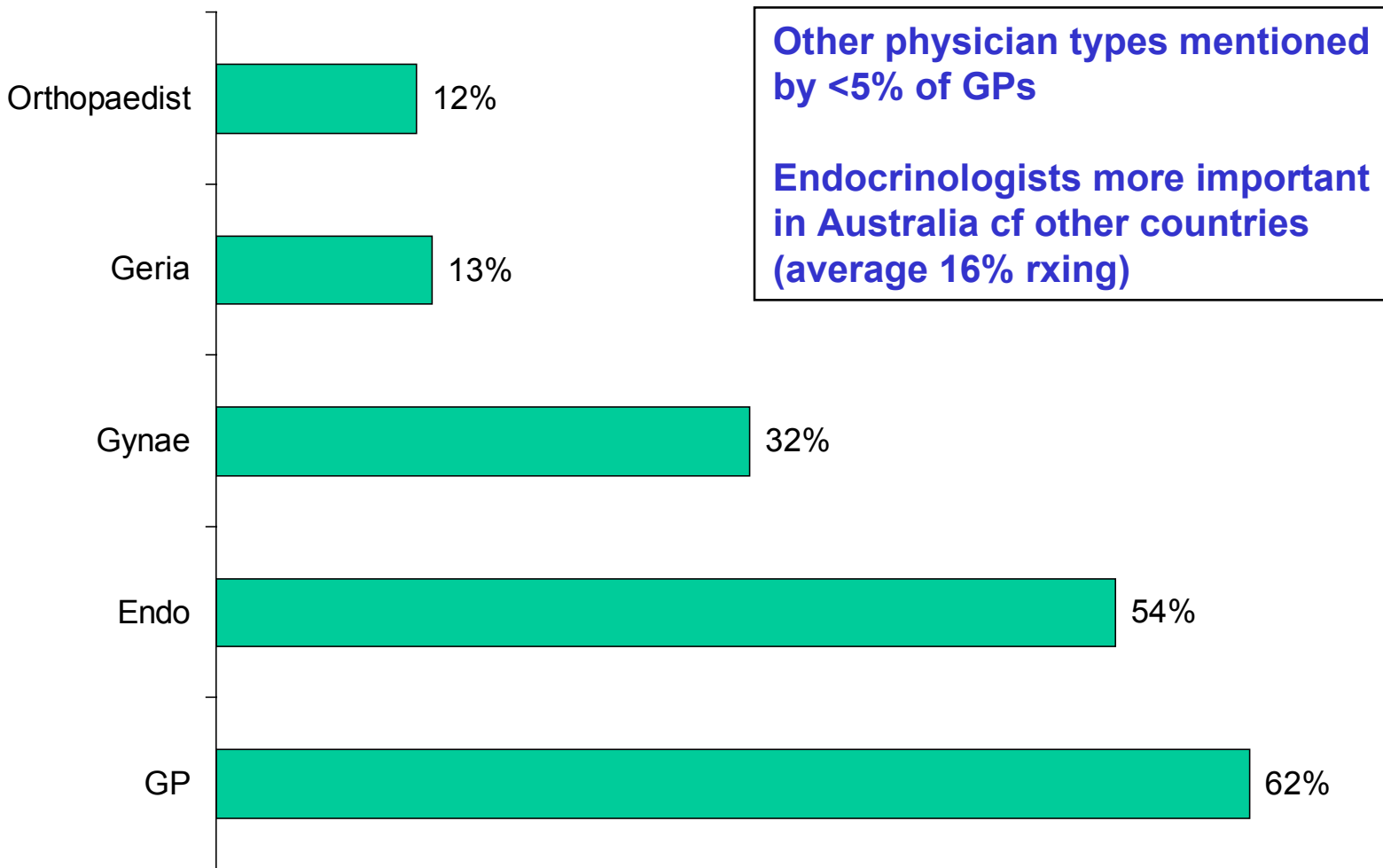
Q.12a Inhibitors of rxing medication for prevention

Base: All GPs	100
Side effects	23%
Women aren't good at complying with preventative medicine	22%
Cost	22%
Women don't like dosage regimen	13%
Patients don't want to take medication	10%
Not on drug formulary	9%
Current medications not clinically proven for prevention	6%
Don't believe in preventative medication	6%
None	5%
Other points mentioned by <5% of GPs	

Q.12b Biggest challenge when treating preventatively after menopause

Base: All GPs	100
Patient's unwillingness to take l/t medication	35%
Patient's lack of understanding of l/t health risks	24%
Patient's concern about side effects	15%
Patient's lack of concern about l/t health risks	13%
Patient's lack of knowledge on therapy options	10%
Patient's concerns re. increased risk of cancer	6%
Short of time for discussions	5%
Compliance	5%
Return/irregular bleeding	5%
None/DK	4%

Q.19 Physicians most likely to rx medication for osteoporosis



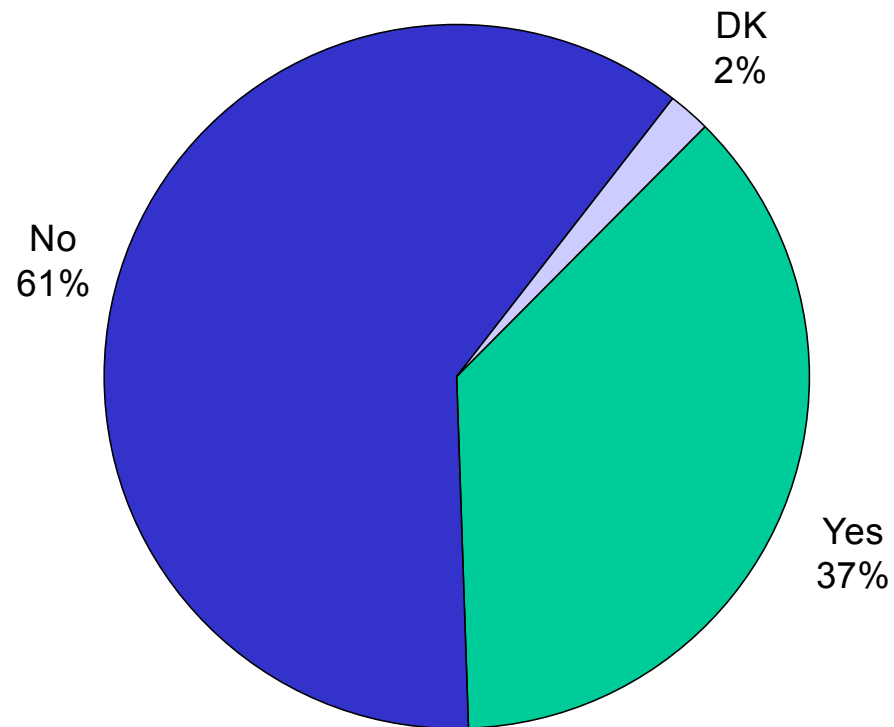
Q.20 Factors affecting decision to rx long term medication

Base: All GPs	100
Side effects *	43%
Compliance ^	24%
Cost	19%
Patient preference	18%
Long term safety *	16%
Well tolerated ^	13%
Effectiveness	11%

* Mentioned by total of 36% of GPs

^ Mentioned by total of 53% vs. 24% across all countries

Q.21 Whether women consult at early enough stage



Base: All GPs (n=100)

Q.22 Most important feature of osteoporosis product

Base: All GPs	100
Increases BMD	17%
Prevention of further fractures	13%
Has no GI side effects	12%
Effective	10%
Effectively stops vertebral fractures	9%
Tolerability	7%
Stops fractures	7%
Has no long term safety risk	7%
Cost effective	5%
Don't know	5%
Other features mentioned by <5% of GPs.	



Q.22/23 Important feature of osteoporosis product

Base: All GPs	100
Has no GI side effects ^	40%
Has no long term safety risks	36%
Prevention of further fractures *	35%
Convenient to take ^	28%
Cost effective	26%
Increases BMD *	23%
Efficacy *	15%
Enhances patient compliance ^	15%
Effectively stops vertebral fractures *	14%

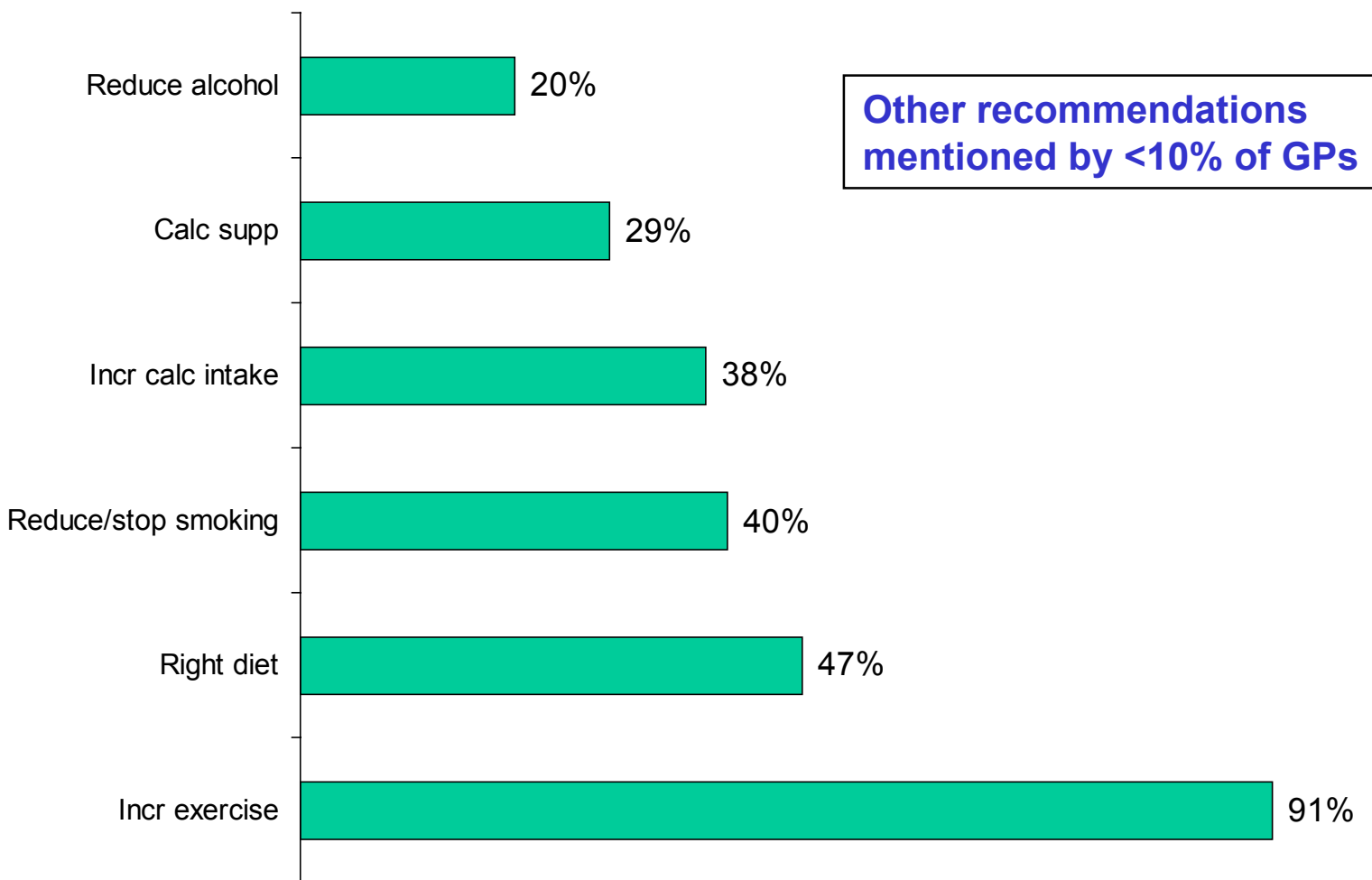
* Mentioned by a total of 74% GPs

^ Mentioned by a total of 67% GPs

Q.24 Ideal candidates for preventative medication (prompted)

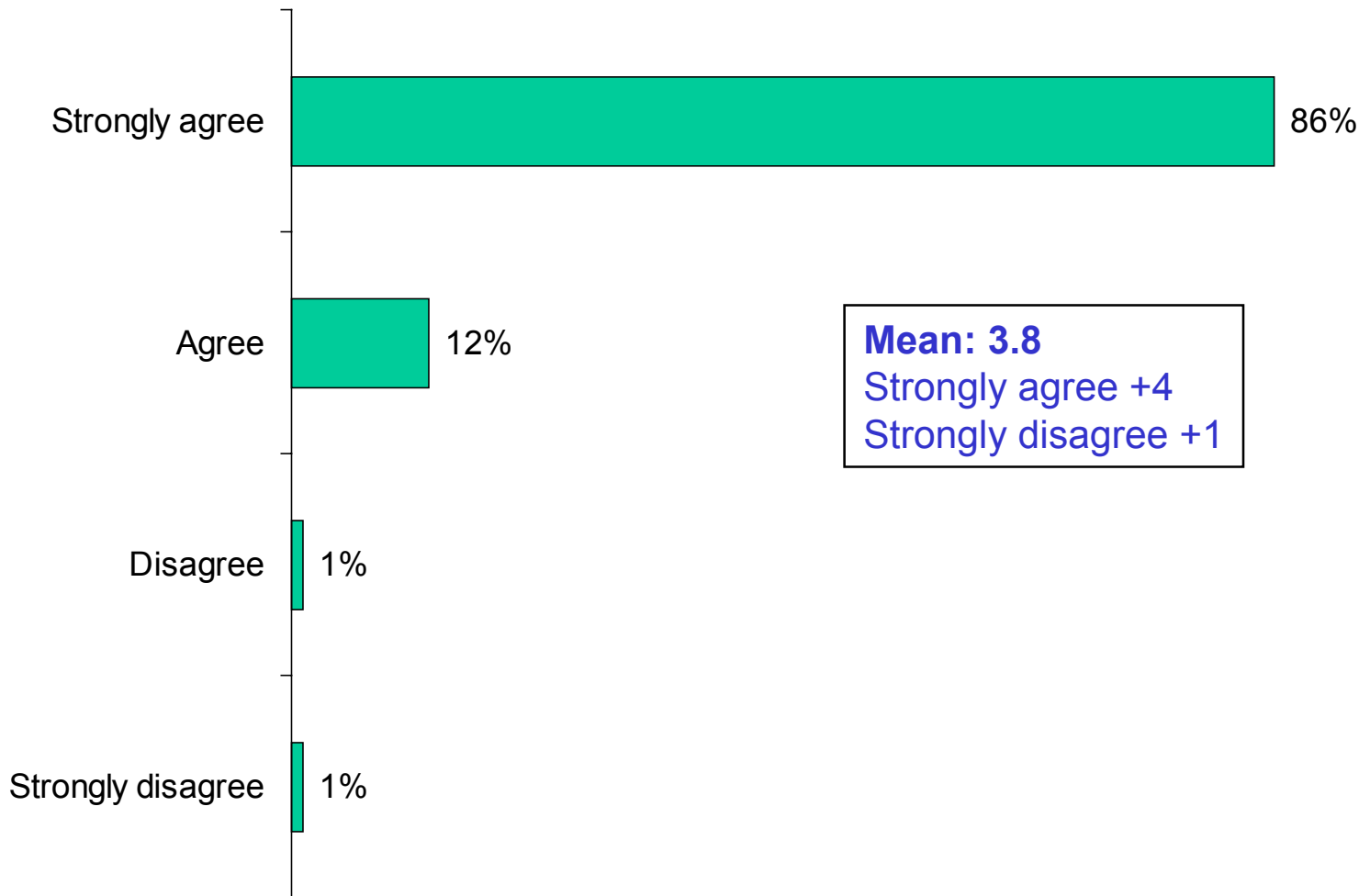
Base: All GPs	100
Women with family history of osteoporosis	94%
Women at high risk of hip fracture	94%
Women with history of hip fracture	93%
Women at high risk of vertebral fracture	93%
Women with vertebral fracture	91%
Women going through early menopause	91%
Asymptomatic postmenopausal women	70%
Peri-menopausal women	58%
Women at risk from developing cardiac problems	55%
Women at risk from developing breast problems	25%

Q.25 Therapy/lifestyle recommendations suggest to women



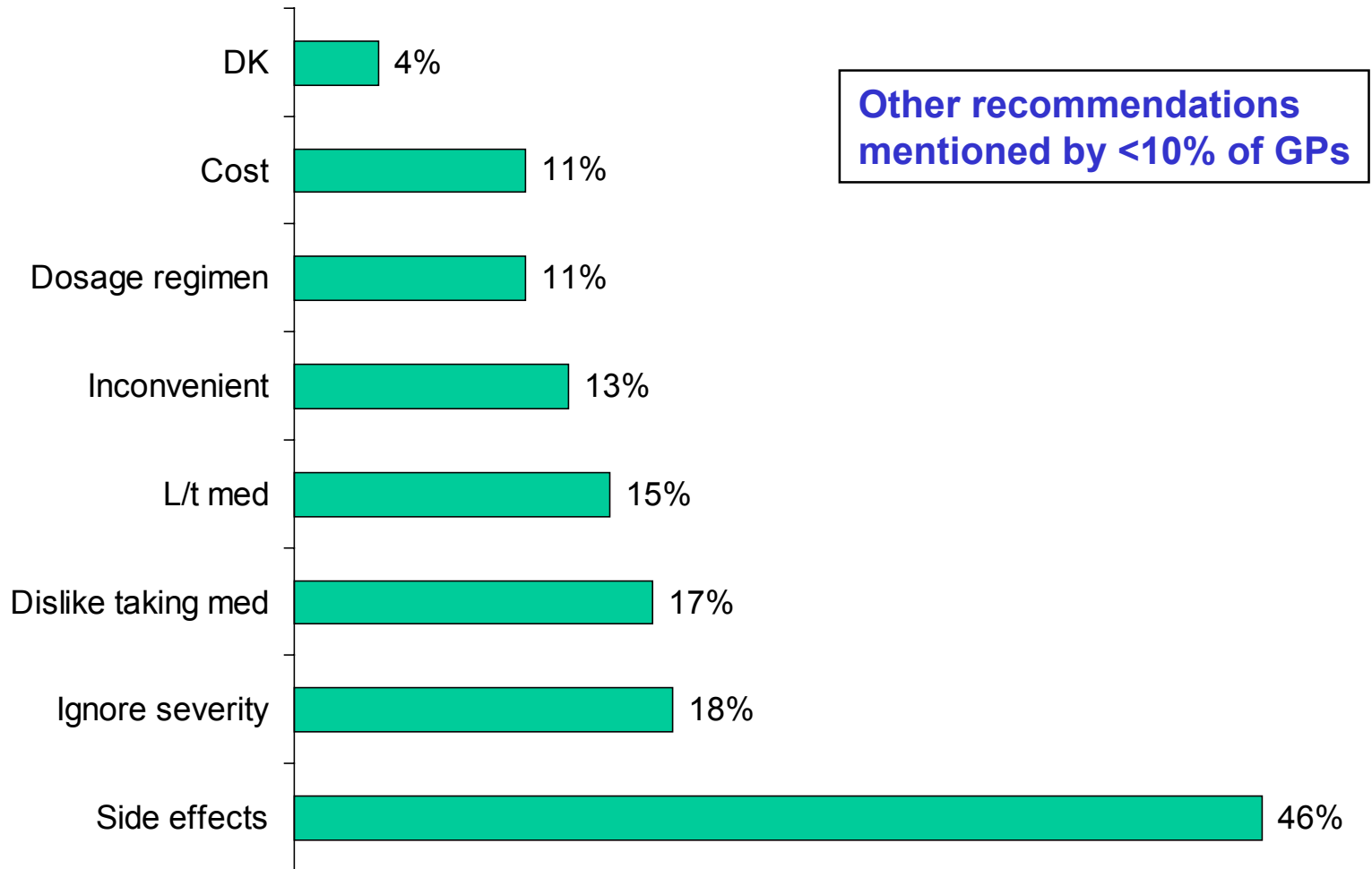
Base: All GPs (n=100)

Q.26 Extent of agreement “Compliance is an important factor in drug’s efficacy”



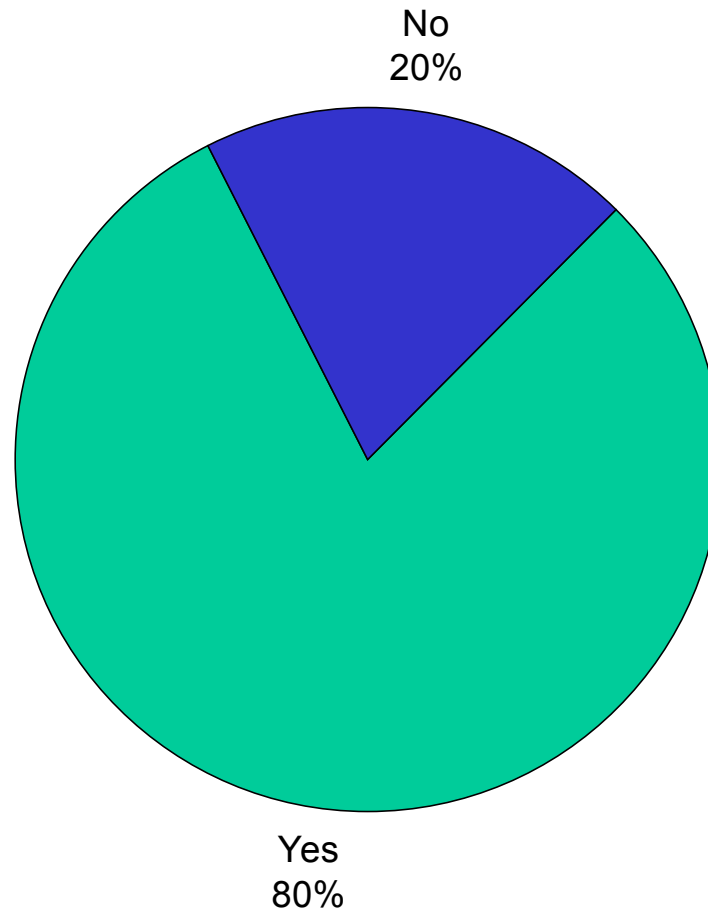
Base: All GPs (n=100)

Q.27 Reasons for non-compliance



Base: All GPs (n=100)

Q.28 Whether patient has refused recommended o/p treatment

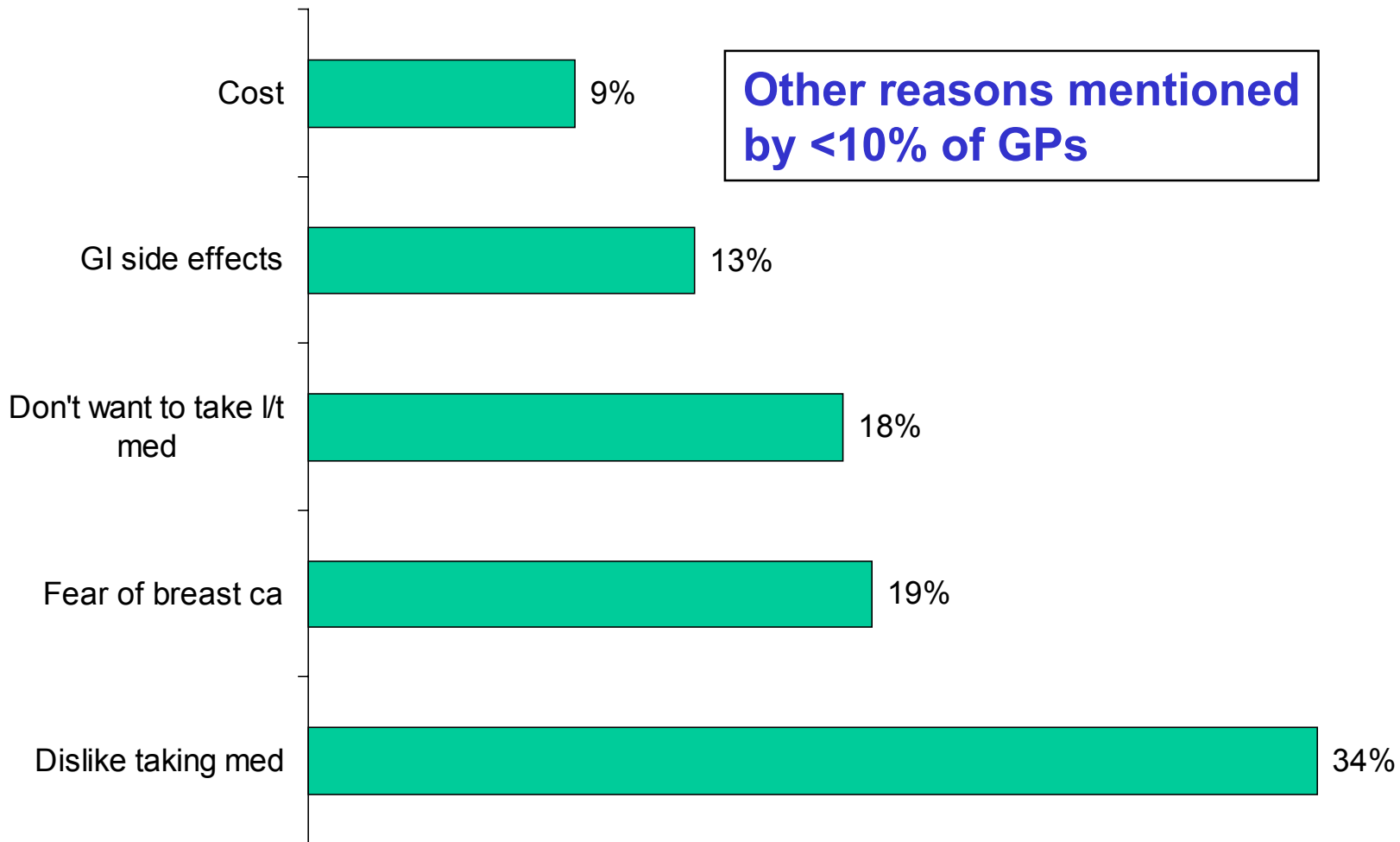


Across all countries a total of 61% of GPs said 'yes'

Base: All GPs (n=100)



Q.29 Reasons why patients refuse treatment



Q.30 Agreement with statements

Base: All GPs	100
Our goal should be to prevent women suffering first fracture	98%
Osteoporosis should be viewed as a serious condition	97%
The screening programme for osteoporosis could be improved	94%
Osteoporosis fractures are a maj. clinical problem	94%
The main aim of o/p management is to prevent fractures	94%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	93%
If you can prevent vert. fractures you can stop secondary frac.	79%
Bone fragility is an inevitable factor in growing old	61%
A medicine that can treat a disease is generally more effective than one that can just prevent	36%
The screening programme for o/p is sufficiently w/spread	18%
The screening programme for o/p is sufficiently funded	17%

Summary

- v 14% of GPs held menopause clinics (vs. average of 23% across all countries) and 9% held osteoporosis clinics (average of 20% across all countries)
- v On average the GPs currently had 554 postmenopausal women in their practice, however half of the GPs said they had <100 patients. This compared to an average of 903 patents across all countries
- v <third of GPs said the key health concern they discuss with women is osteoporosis, whilst a fifth said hormonal problems and just less than this heart/cardiovascular disease
- v In total however, >half the GPs said they discuss osteoporosis with their postmenopausal patients, followed by heart/cardiovascular disease, whilst a third of GPs discuss breast cancer and/or hormonal problems, with a fifth discussing hot flushes

Summary

- v 80% of GPs said they either proactively or routinely conducted health risk assessments (cf 65% across all countries).
 - v 2 GPs said they never conducted health risk assessments with postmenopausal women. Half the GPs said lack of time limited the level of health status reviews they conduct with postmenopausal women (cf fifth of all doctors), with a fifth saying patients don't request them (vs. tenth of all doctors surveyed)
- v >third of GPs defined 'treatment' as starting medication when a woman has already developed osteoporosis, whilst a third defined it as starting medication when a woman is at risk. A fifth of GPs said they would define it as starting medication when a woman has experienced her first fracture

Summary

- v Two-thirds of GPs defined ‘prevention’ as advising women on lifestyle changes (vs. <half of all doctors surveyed). A third defined it as starting medication before the woman is at risk and a fifth starting medication when a woman is at risk but not yet suffered a fracture
- v Two-thirds of GPs felt that the most negative effect of osteoporosis was having fractures/breaking bones >third felt it was pain, >quarter the impact on lifestyle and <quarter debilitation
- v On average the GPs had 36% of patients receiving ‘treatment’ vs. 45% receiving ‘prevention’
- v Things that inhibit GPs from rxing preventatively included side effects, lack of compliance and cost (<quarter)

Summary

- v The biggest challenge which the GPs face when treating women preventatively was felt to be the patient's unwillingness to take long term medication (third) followed by the patient's lack of understanding of the long term health risks (quarter)

Summary

- v The main physician types for osteoporosis are GPs (two thirds) followed by endocrinologists (>half)
 - v endocrinologists have more of a role to play in Australia for this disease compared to average (16%)
- v The main factor which affects doctors' decision when rxing long term were compliance issues (third) and side effects/long term safety (half vs. quarter of all doctors surveyed)
- v Two-thirds of GPs felt that women did not consult them at an early enough stage
- v The most important feature for an osteoporosis product was felt to be efficacy on bones (three-quarters) followed by compliance issues (two-thirds)

Summary

- v When prompted on ideal candidates for preventative medication, the majority received 90%+ agreement, with the least agreement being seen for Asymptomatic women (70%), peri-menopausal women (58%), women at risk from developing cardiac problems (55%) and women at risk from developing breast problems (25%)
- v In terms of lifestyle changes GPs recommend to women, the key one was exercise (9/10), followed by correct diet (half), reduce/stop smoking (40%) and increase calcium intake (>third)
- v Four-fifths of GPs strongly agree that compliance is an important factor in drug's efficacy

Summary

- v The main reason why GPs feel women do not comply with long term treatment is the side effects experienced (<half). <fifth said women ignore the severity of the disease
- v Four-fifths of GPs said they had experience of patients refusing recommended treatment, with the main reason for this being that women did not want to take medication (third)
- v When asked to give their strength of agreement with a list of statements, almost all the GPs agreed with “our goal should be to prevent women suffering from a first fracture” and “osteoporosis should be viewed as a serious condition”

Summary

- v 9 out of 10 GPs agreed that the screening programme could be improved, fractures are a major clinical concern, the main aim of management should be to prevent fractures and it's often the case that women are not diagnosed until they present with a fracture
- v 8 out of 10 GPs agreed that if you can prevent vertebral fractures you can stop secondary fractures
- v 8 out of 10 GPs did not believe the screening programme was sufficiently widespread or funded
- v 6 out of 10 GPs agreed that bone fragility was part of the ageing process

Conclusions and Recommendations

Awareness

Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 86% of all women suffering from osteoporosis were not aware they were at risk
- v 69% of sufferers were not aware that they had the disease prior to diagnosis
- v 97% of doctors think that osteoporosis should be viewed as a serious condition
- v 94% of doctors feel that osteoporosis fractures are a major clinical problem
- v Just over half of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only a quarter of postmenopausal women stated they were concerned about the disease

Awareness

- v Just over half of the women had discussed osteoporosis with a doctor and of these, 46% said their doctor initiated the discussion
- v A third of the women who have discussed the disease with a doctor have NOT discussed long term risks, mainly because the doctor there was a lack of time with the doctor
- v 1 in 3 women will develop osteoporosis
 - v only a 5% of women feel they are very likely to develop the condition and only a fifth are very concerned about the long term health risks of osteoporosis

Awareness

- v **Greater education is required amongst postmenopausal women**
 - v the biggest challenge doctors face is patients lack of understanding OR a lack of concern of the long term health risks of osteoporosis
 - v greater education will generate a greater understanding of the disease and its consequences
 - v women will then be more concerned about osteoporosis and become more proactive in prevention/management

Impact on Daily Life



Impact on Daily Life

- v Two-thirds of doctors stated that the most negative effect of osteoporosis was fractures/breaking a bone, followed by pain
- v Four-fifths of women associate osteoporosis with an increased risk of fracture or a reduced quality of life, three-quarters with long term pain, loss of height or fear of the next fracture/fall and just over half with a loss of self esteem or an inability to live an independent life
- v Of the women with osteoporosis, two-thirds stated that it had impacted on their quality of life (back pain, can't for long walks, can't lift heavy weights)
- v Three-quarters of osteoporotics said they would have taken preventative medicine if they had known they were at risk

Impact on Daily Life

- v Given the impact of these effects, why are only 36% of postmenopausal women on medication for treatment (vs. a tenth of women who claim to be on treatment)
- v **If these women had been given earlier preventative medicine, the negative effects may have been avoided**

Screening

Screening

- v Almost all the GPs said that their goal should be to prevent a first fracture, that osteoporosis should be viewed as a serious condition and that the main aim of management was to prevent fracture
- v However only a third of women have been screened for osteoporosis and on screening, two-thirds of women were identified as suffering from the disease
- v If screening identifies the disease - why have none of the patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 8 out of 10 doctors believe that the screening programme is NOT sufficiently funded
- v 8 out of 10 doctors believe the screening programme is NOT sufficiently widespread

Screening

- v Four-fifths of doctors think they either proactively or routinely conduct health risk assessments, in reality when asked for their definition of prevention, only one doctor said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v Half of women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 20% of women strongly agree that osteoporosis can be prevented
- v Two-thirds of doctors feel that women do NOT consult at an early enough stage

Screening

- v **The screening service clearly needs to be improved and promoted**
 - v screening should take place earlier, leading to earlier diagnosis
 - v this will lead to long term prevention of fractures
- v Two-thirds of women stated that they would know if they had a vertebral fracture
- v **Women must be educated that osteoporosis can be a silent disease and that as soon as they go through the menopause they must actively request to be screened**

Effective Prevention and Treatment

Effective prevention and treatment

- v 9 out of 10 doctors believe that osteoporosis fractures are a major clinical concern but only 45% of postmenopausal women are on preventative medicine
- v Two-thirds of the doctors defined prevention as giving lifestyle advice rather than rxing medication
- v Two-thirds of osteoporosis sufferers are NOT on medication
- v However three-quarters of osteoporotics would have taken preventative medicine if they had known they were at risk
- v Women would take preventative medicine if their doctor recommended it
- v Four-fifths of doctors have experienced patients refusing to take long term preventative medicine, mainly because they dislike taking medication or have a fear of breast cancer



Effective prevention and treatment

- v 93% of doctors believe that ideal candidates for prevention are women at high risk of a vertebral fracture
- v **Women need to understand why they should be on long term medication**
 - v this should lead to an increase in the number of women being placed on medication and, more importantly, staying on medication
- v None of the women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 45% of their postmenopausal women patients are on preventative medication and 36% are rxd treatment



Effective prevention and treatment

- v 4 out of 10 women are concerned about the long term effects of HRT
 - v **doctors need to be made aware of these concerns so that patients comply with treatment**
- v When asked which features doctors consider important in an osteoporosis treatment, two-thirds said convenience / tolerability / GI side effects



Effective prevention and treatment

- v **In turn women need to have a greater awareness that there are specific treatments as none of the women indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors

Prescribing inhibitors

- v A quarter of doctors said that side effects inhibit their rxing of medication for prevention, followed by lack of compliance and cost of treatment
- v 35% of doctors think that the biggest challenge they face patients' unwillingness to take long term medication or their lack of understanding of the long term risks
- v This in turn leads to an average of 64% of patients NOT being rxd medication for the treatment of osteoporosis and 55% NOT being prescribed preventative medicine
- v Four-fifths of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v Two-fifths of doctors cite side effects as the main reason for non-compliance and <fifth claim that women ignore the severity of the condition or dislike taking medication
- v **Lobbying is required to create more funds to invest in this condition**
- v **Again, doctors need to be educated that there are specific osteoporosis medications which are ‘cleaner’ than those currently used**
- v **With greater education amongst patients, concerns about long term medication will be put to rest**



Key Recommendations

- v It is clearly obvious from the results of this survey that both doctors' and postmenopausal women need greater education on the disease
- v If women receive preventative medicine, the widely reported negative effects of the disease will be avoided
- v The screening service needs to be improved and promoted
- v Women need to understand that osteoporosis is a silent disease and they should actively ask to be screened when reaching the menopause
- v Women need to understand the benefits of long term medication
- v Doctors need to be aware that there are specific osteoporosis products available which provide everything that they are asking for