

‘How Fragile Is Her Future?’ Research Brazil

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

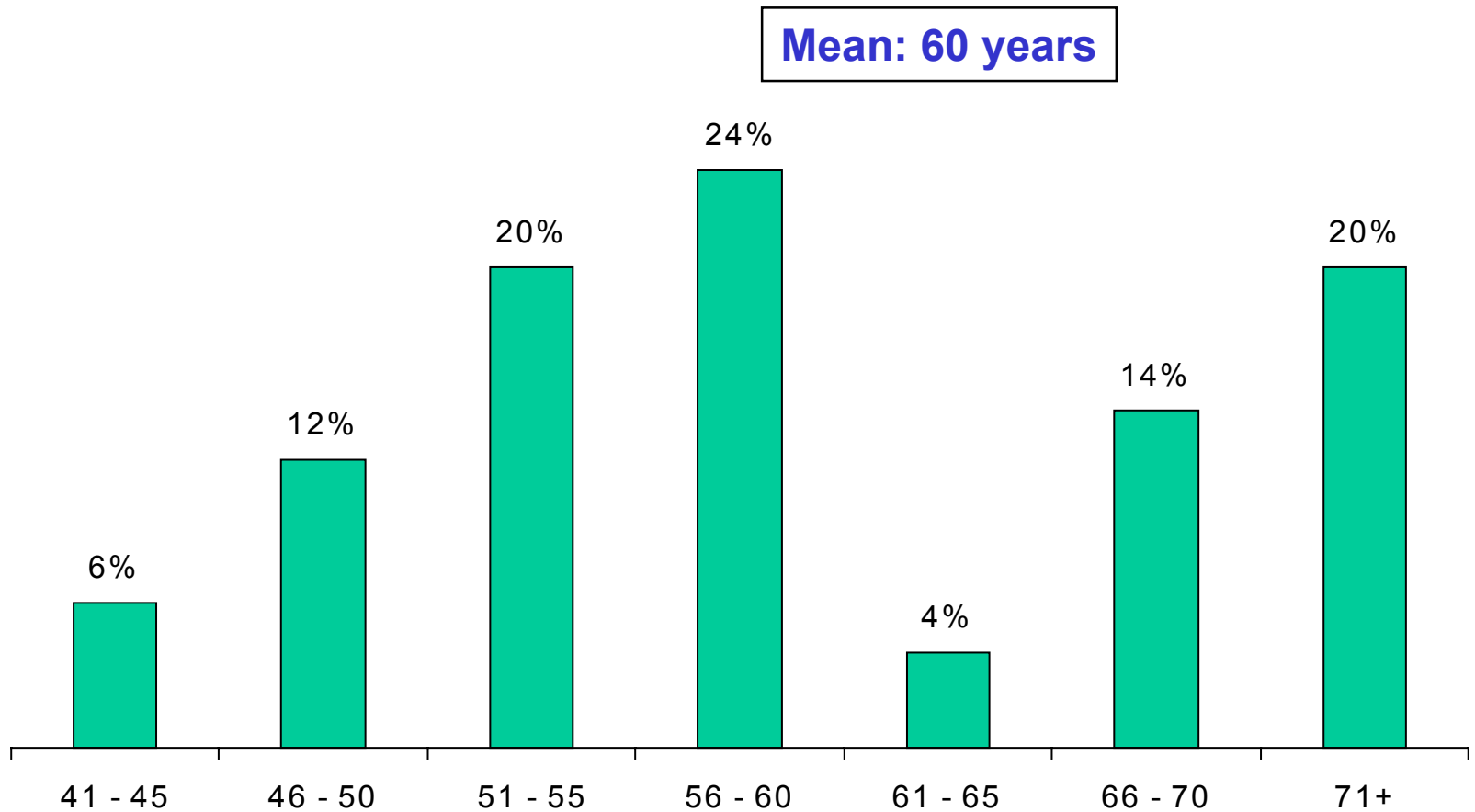
Research Methodology

- 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 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

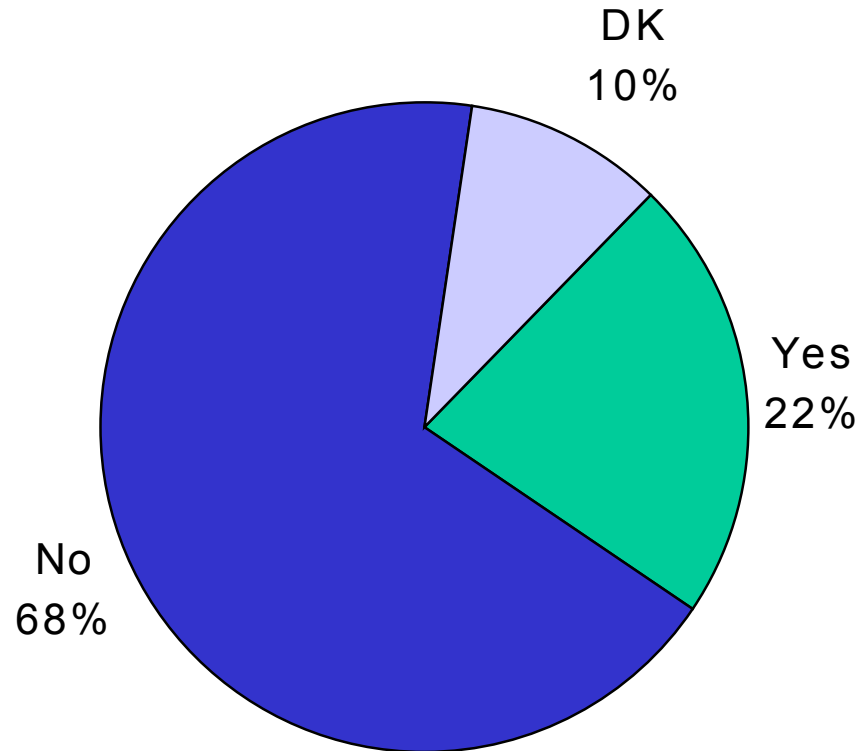
Brazilian Consumers

Q.2 Age of respondents



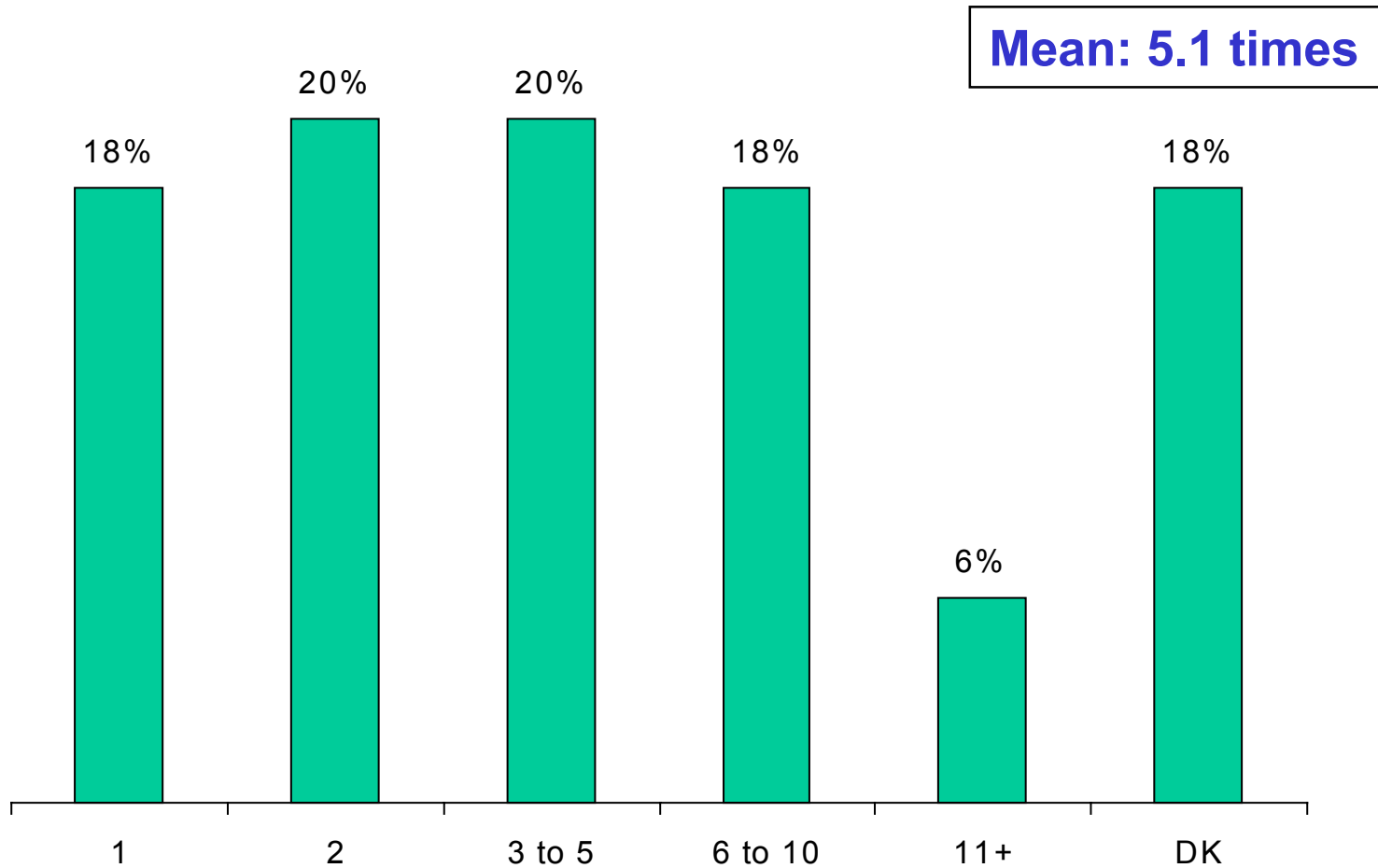
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.4 Whether suffering from osteoporosis



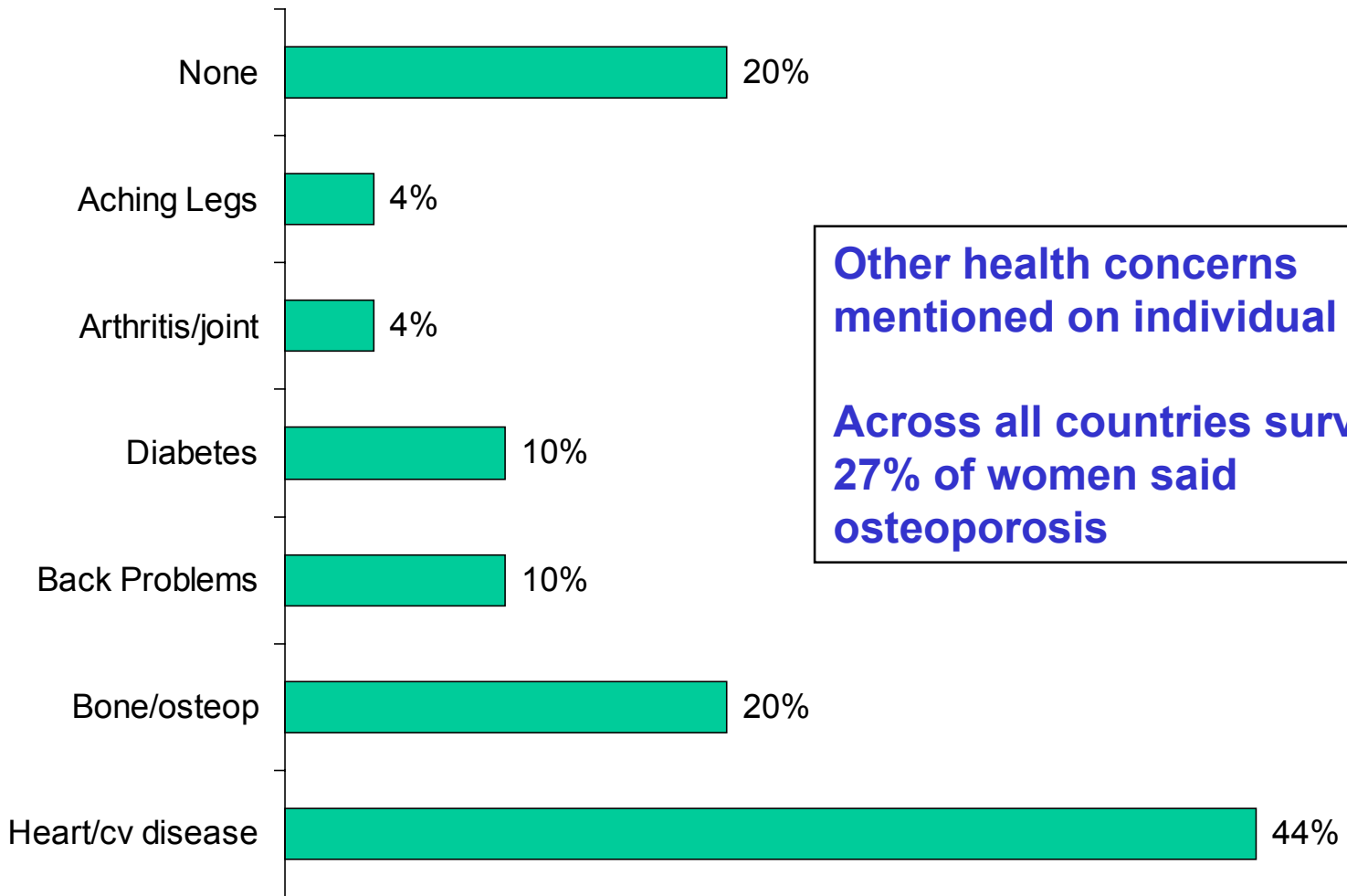
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.5 Number times visited GP in last 12 months



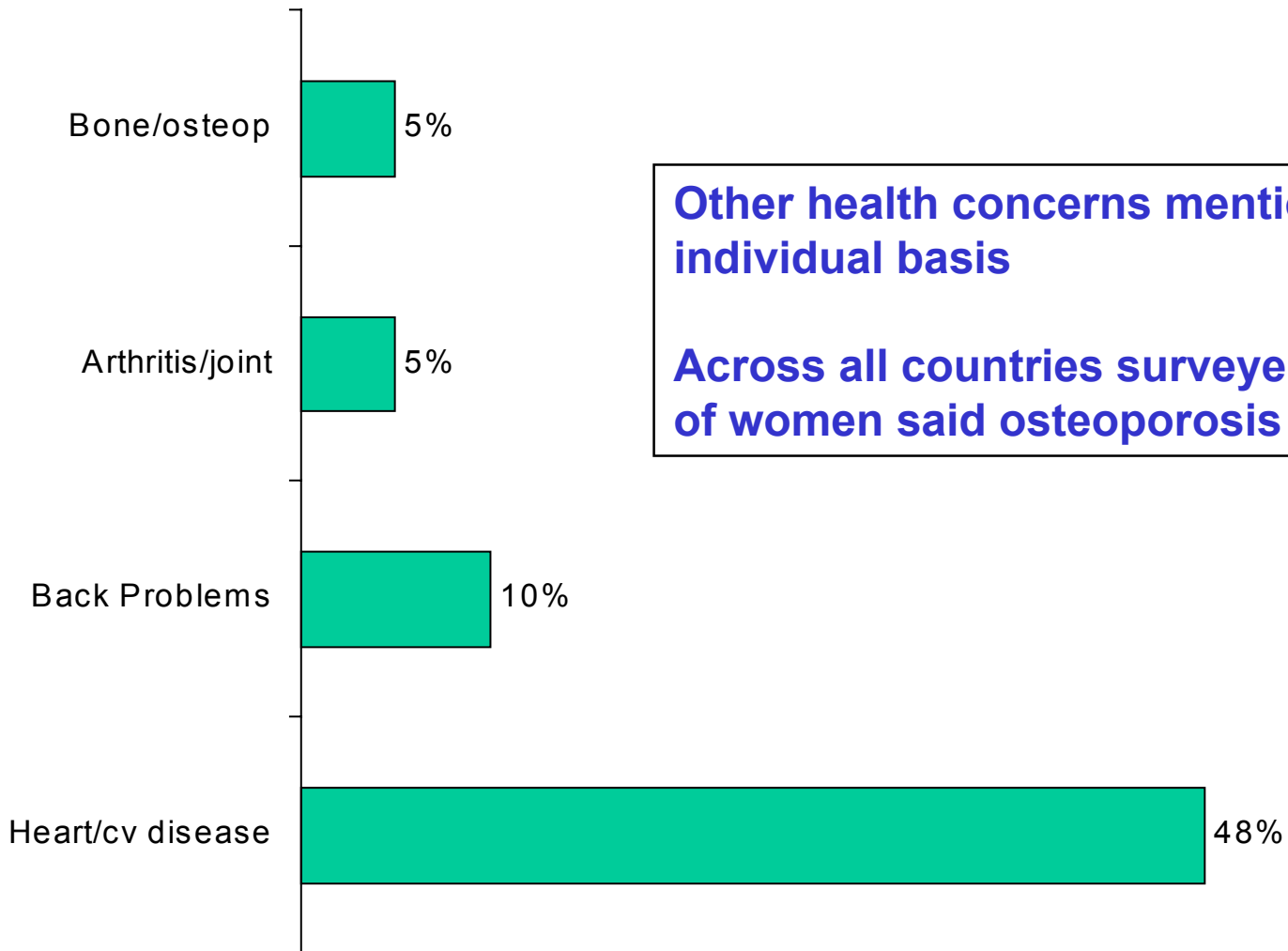
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.6 Key health concerns (spont)



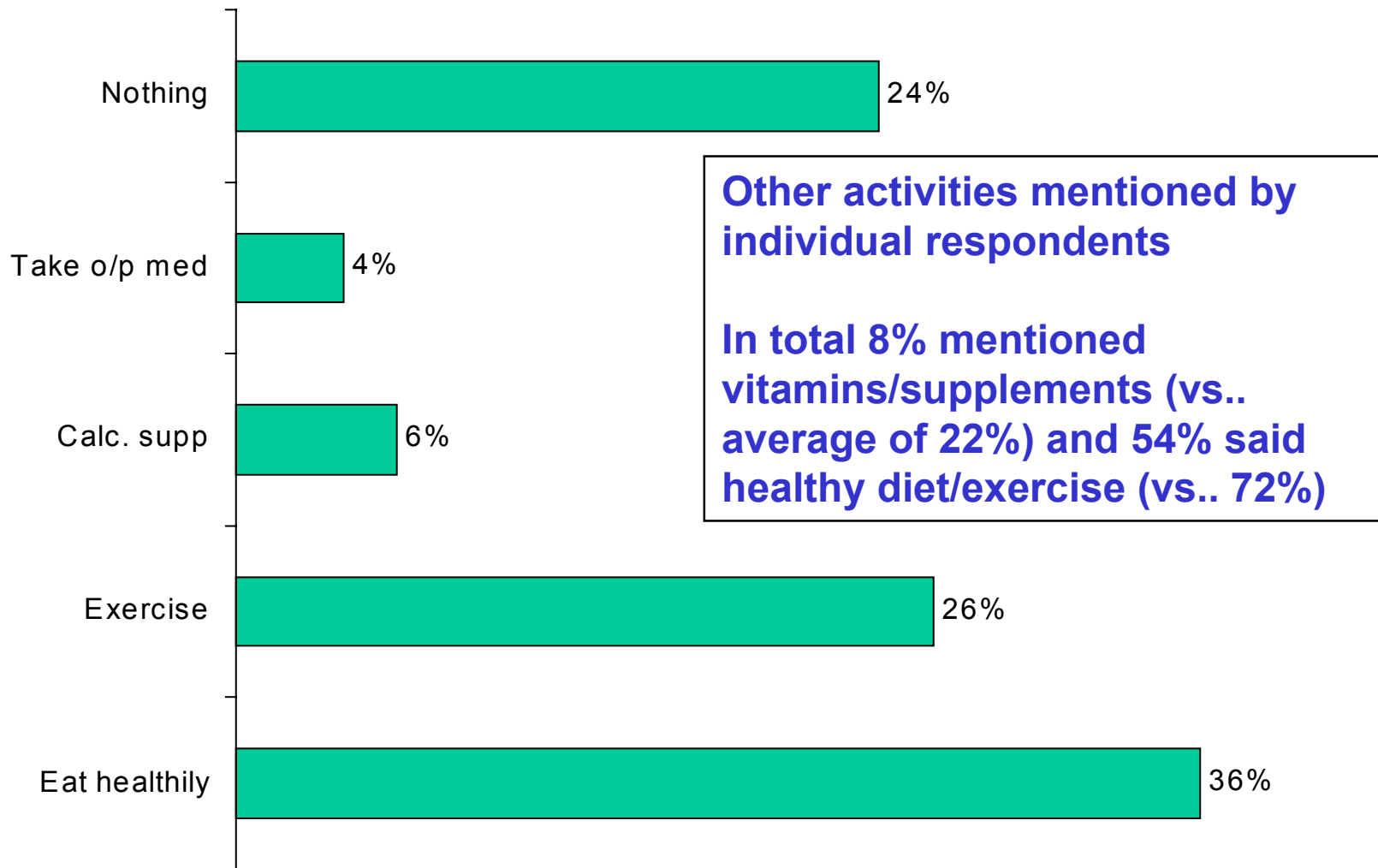
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.7 Main health concern



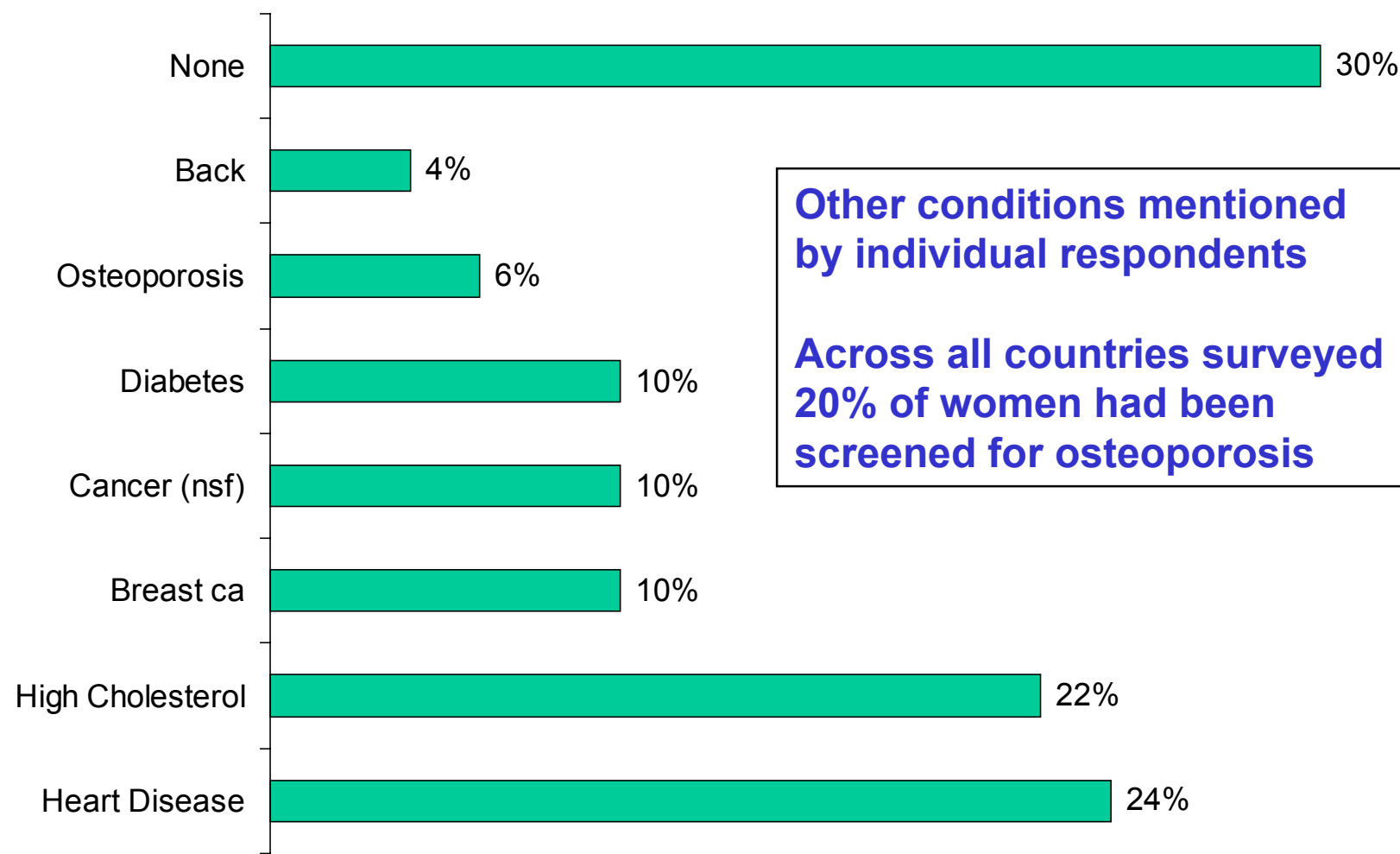
Base: All female respondents who currently have health concerns (n=40)

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



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

Q.9 Diseases screened for over last 5 years

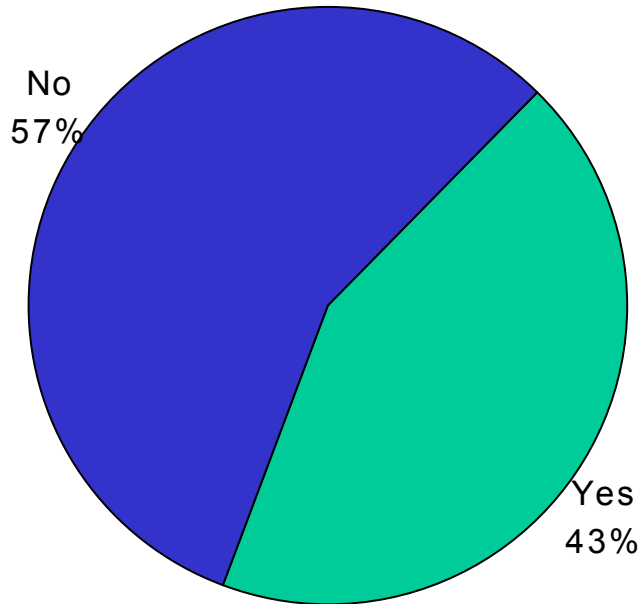


Base: All female respondents aged 41+ and been through menopause (n=50)



Osteoporosis Screening

Q.10 Whether been screened for osteoporosis



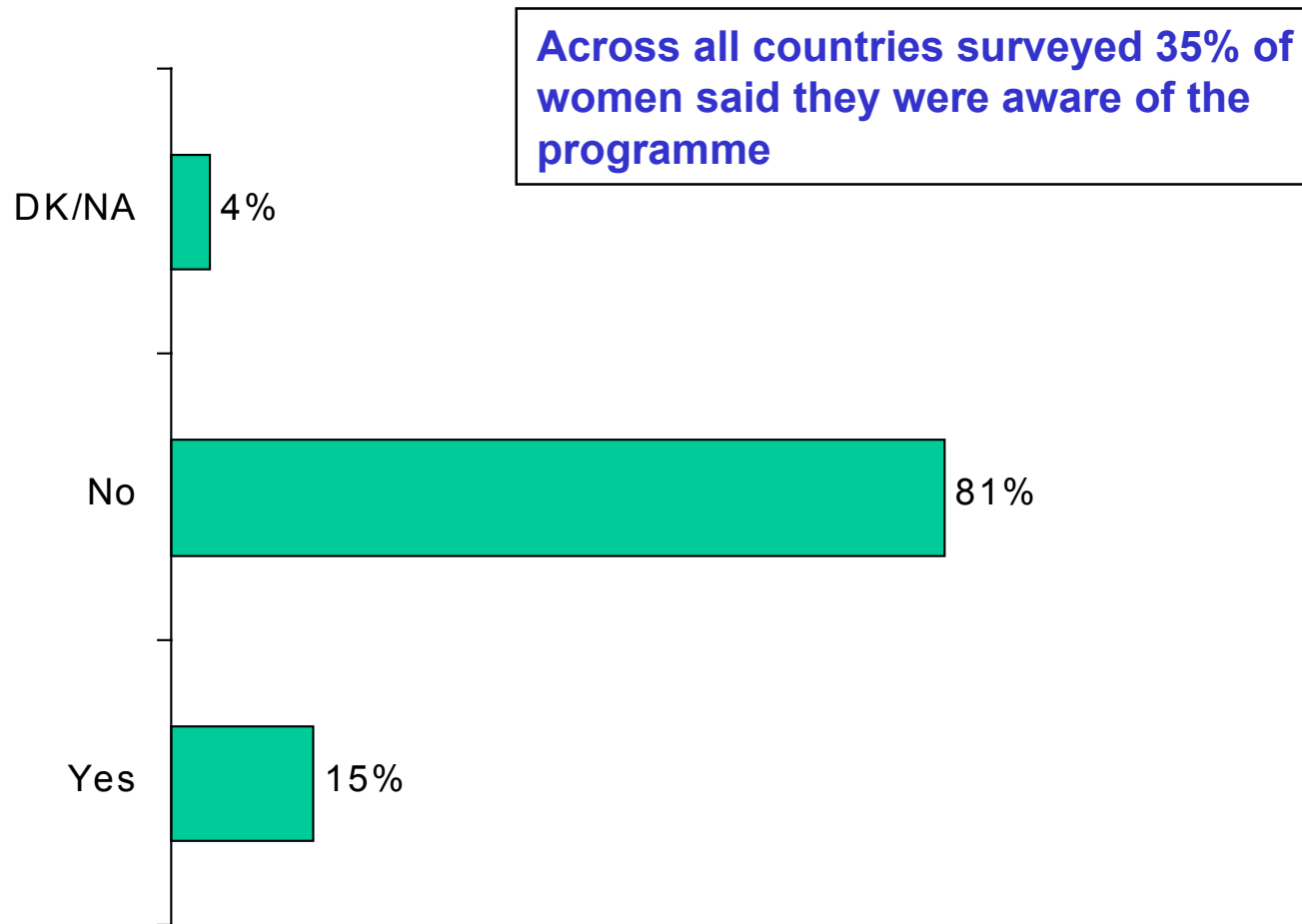
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=47)

Q.11 Reasons for being screened for osteoporosis

Reason	Count
Base:	23
Asked to be screened	5
At risk as post-men.	3
Suffer pain in back	3
Pain in Legs	3
Aching shoulder / neck	2
Suffered fracture	2
Recommended by doctor	2
Family history of o/p	1



Q.12 Awareness of Osteoporosis Screening Programme



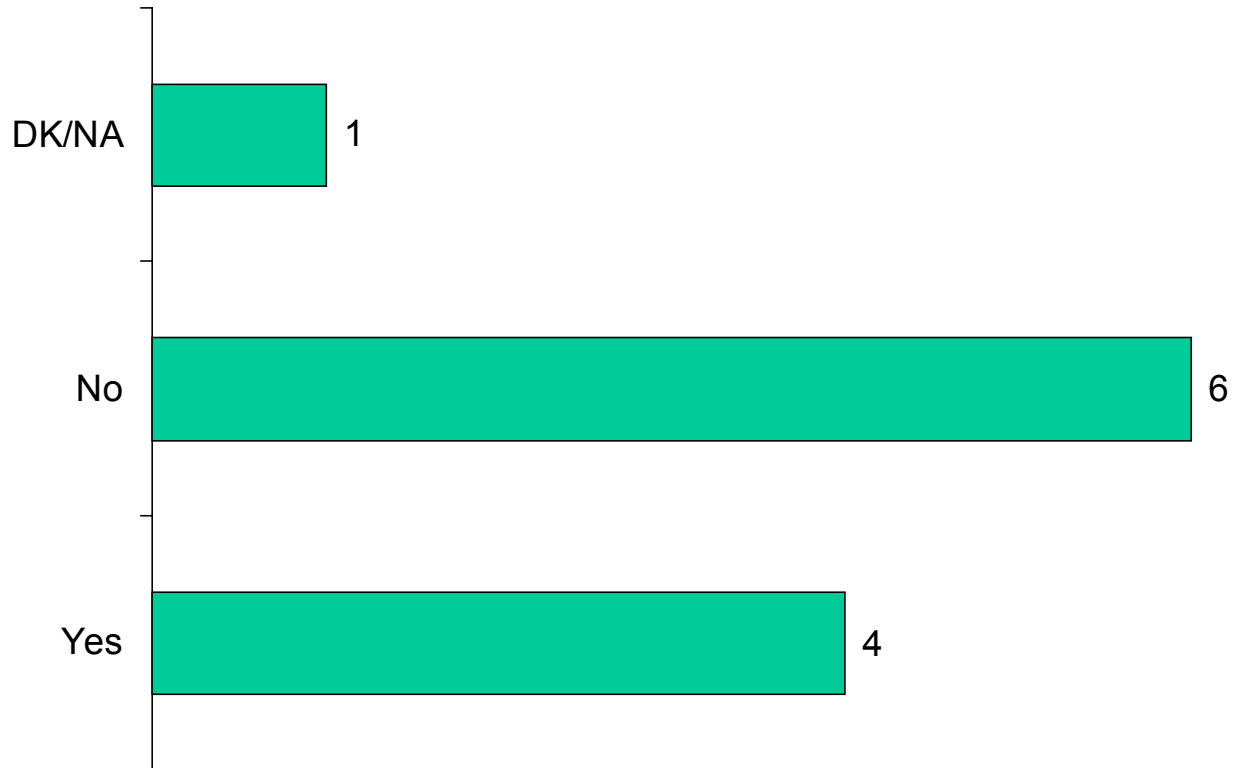
Base: Respondents who have not been screened for osteoporosis (n=27)

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

Base: Postmenopausal women aged 41+ 50

	<u>Brazil</u>	<u>All count</u>
Inability to live independent life	46%	32%
Increased risk of further fractures	40%	69%
Long term pain	32%	53%
Loss of self esteem	20%	27%
Reduced quality of life	20%	48%
Fear of next fracture/fall	14%	50%
Loss of height	12%	46%
None of the above	20%	

Q.14 Proportion suspected osteoporosis prior to diagnosis

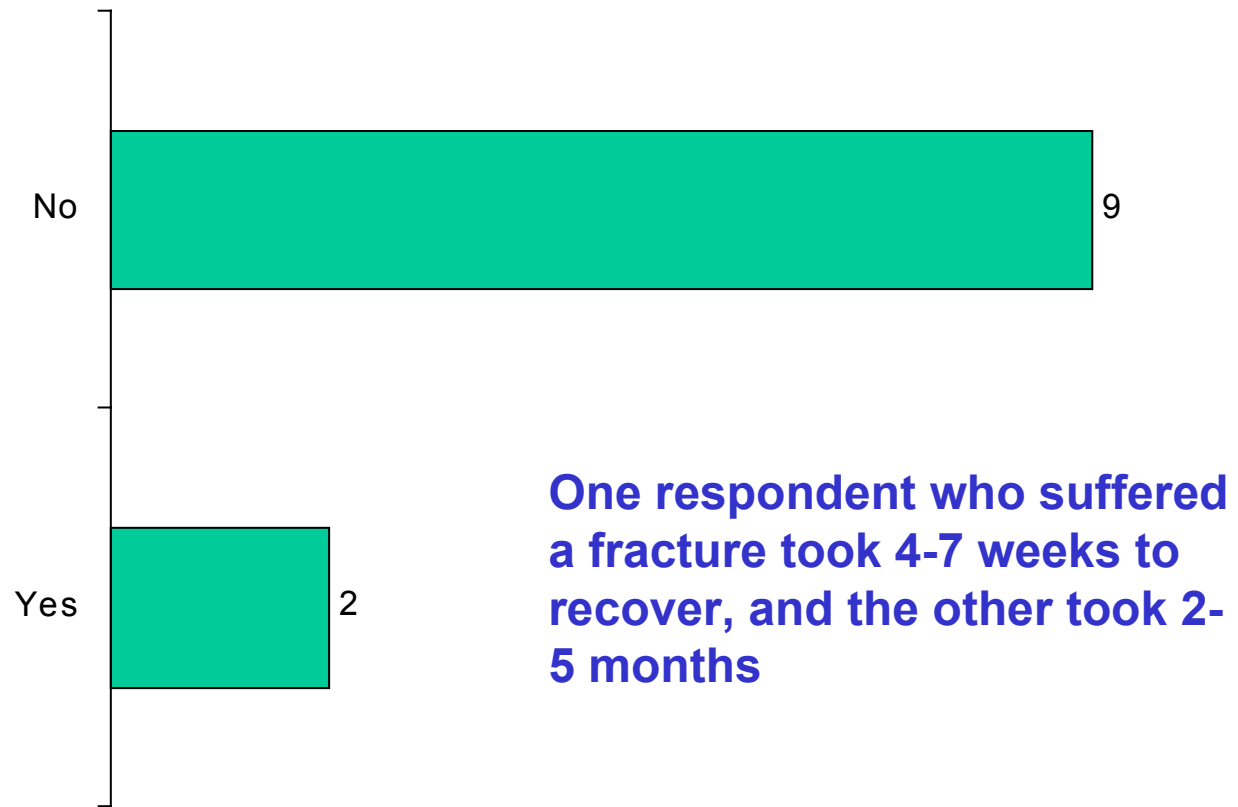


Base: Osteoporosis Sufferers (n=11)

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

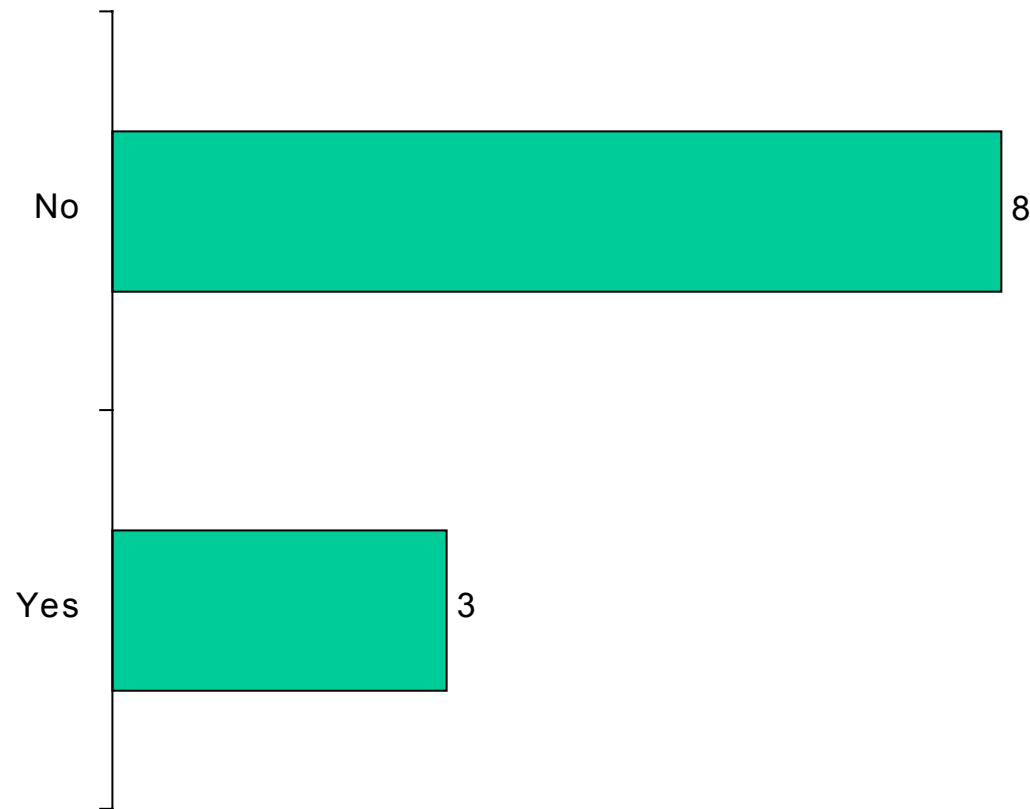
Base: Osteoporosis sufferers	11
Can't go for long walks	2
Pain in Legs	2
Cannot lift heavy weights	1
Live in fear of breaking a bone	1
Back pain	1
Less able to get from place to place	1
Cannot participate in sports	1
None	6

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



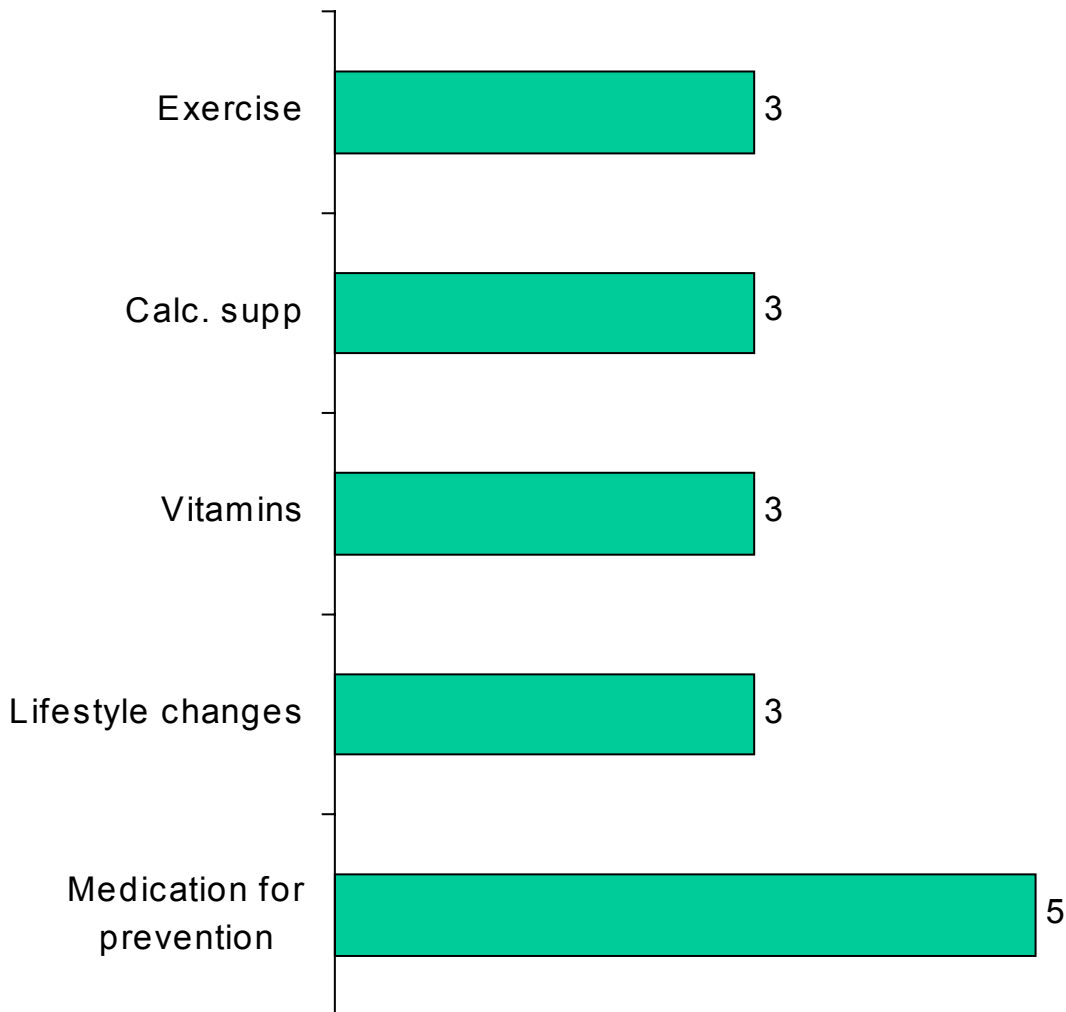
Base: Osteoporosis sufferers (n=11)

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



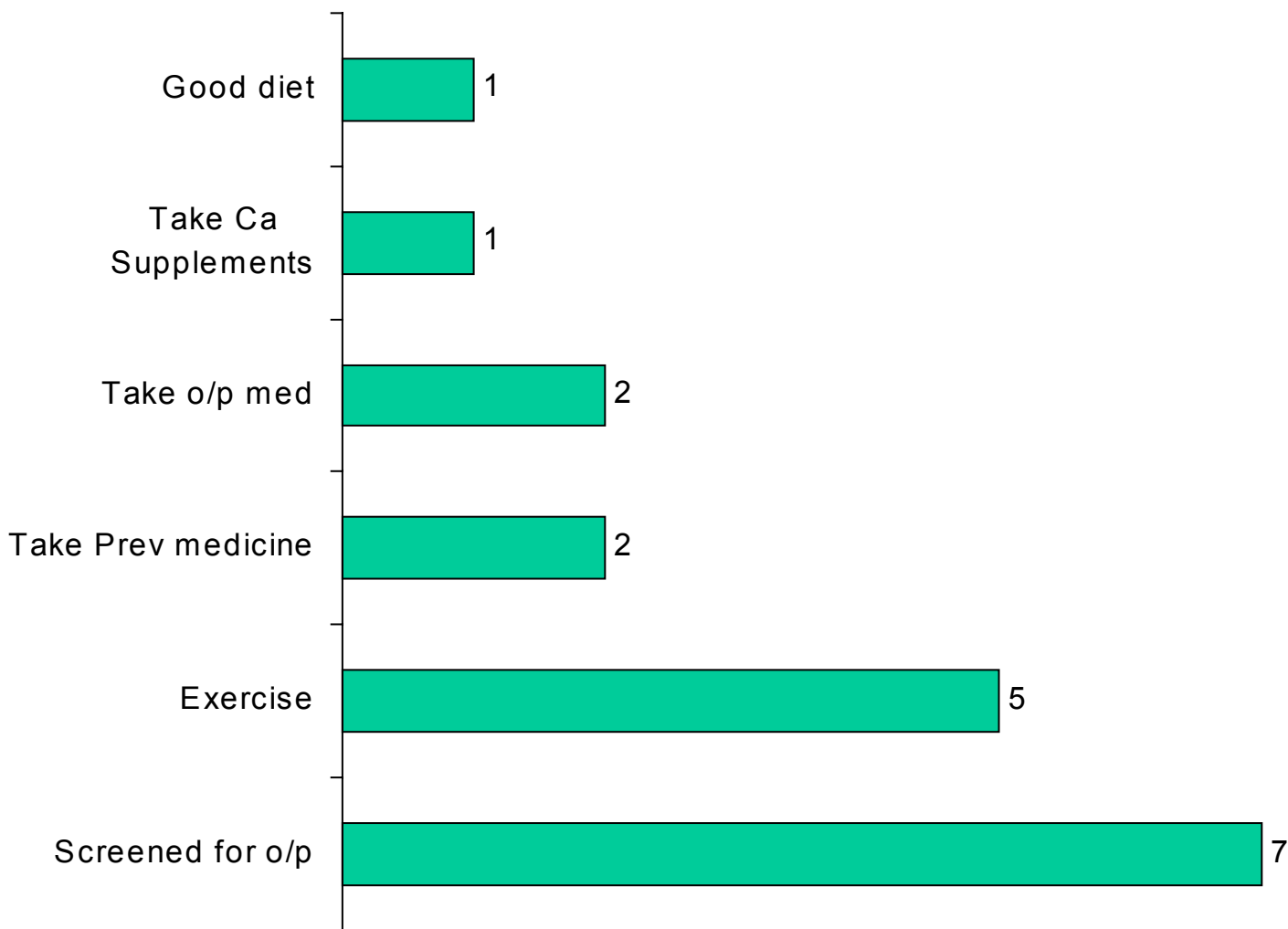
Base: Osteoporosis sufferers (n=11)

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



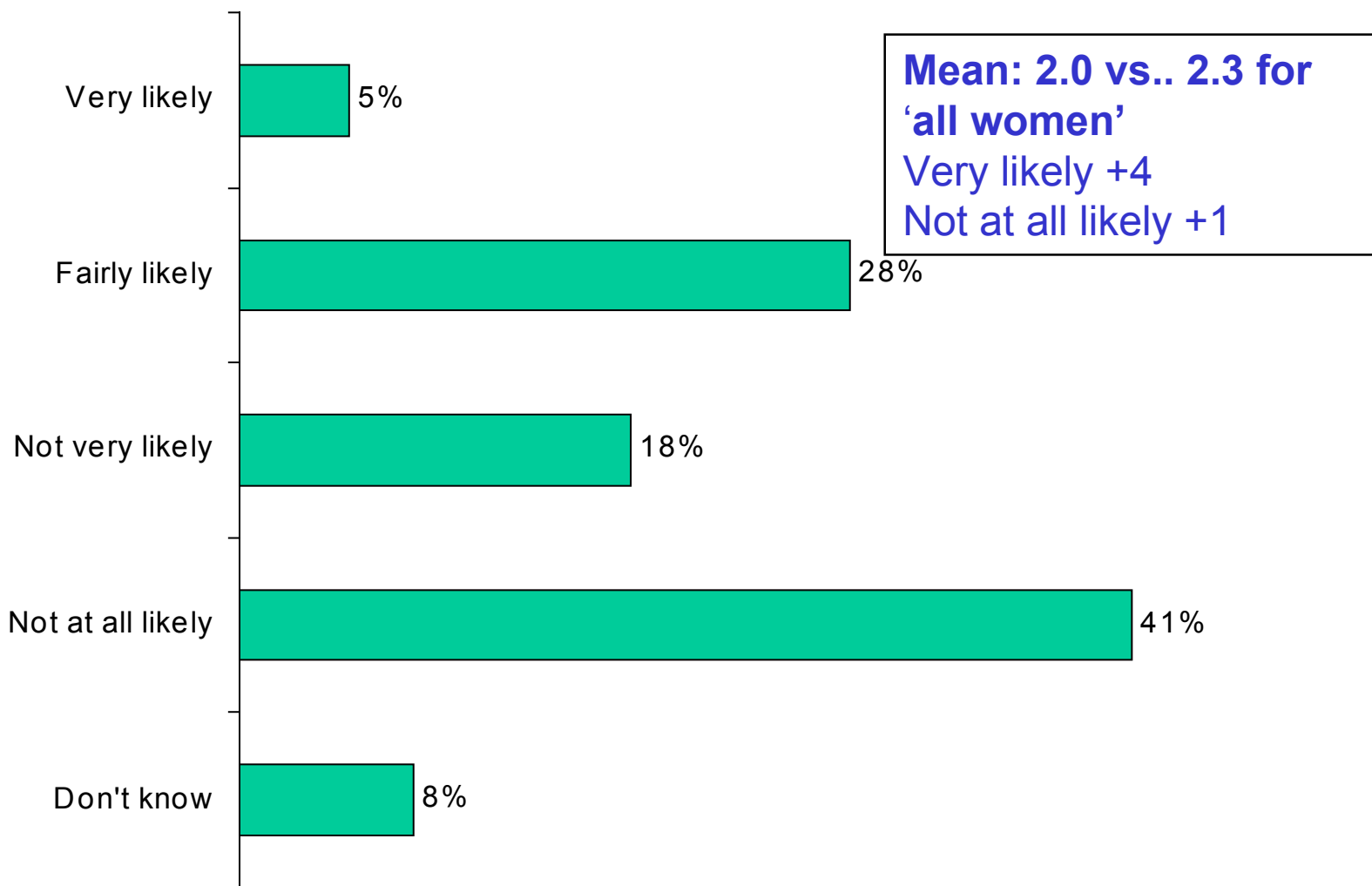
Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=8)

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



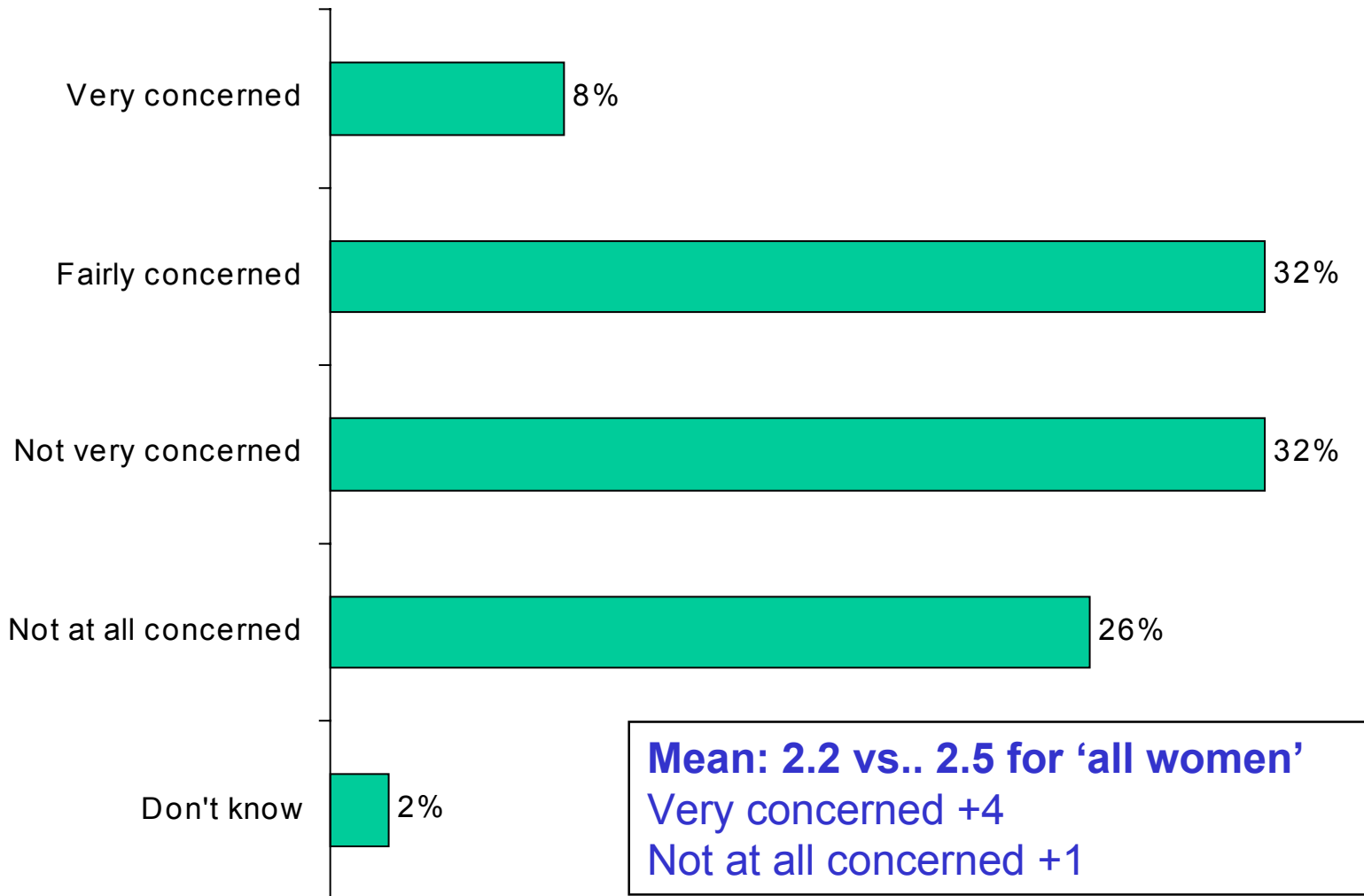
Base: Osteoporosis sufferers (n=11)

Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=39)

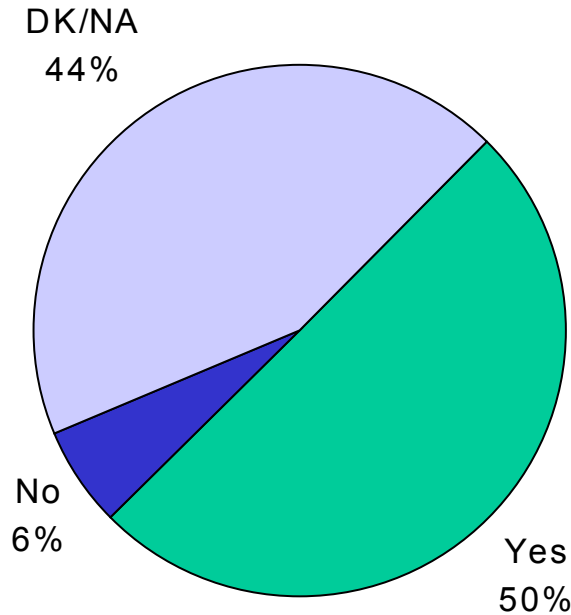
Q.19 Degree of concern about long-term health risks of osteoporosis



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

Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



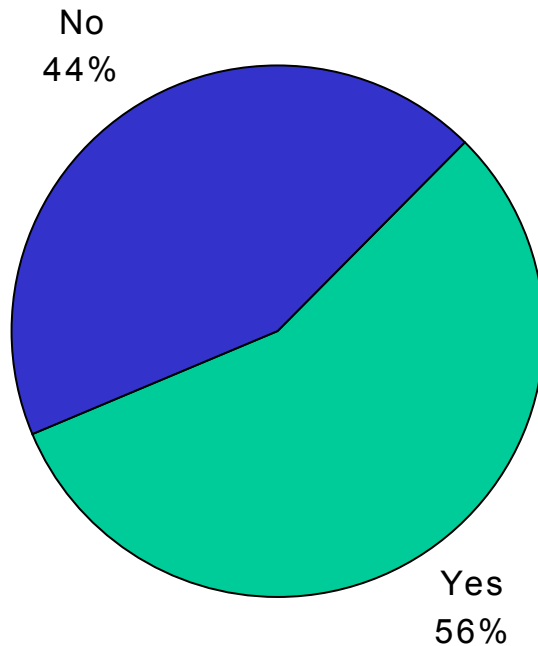
Base: All female respondents aged 41+ who have been through the menopause (n=50)

Q.21 Reasons for discussing osteoporosis with a doctor

Reason	Count
Base	25
Doctor initiated discussion	10
Read/heard about o/p	6
Thought might be at risk	4
Dr. init as post-menopausal	3
Already had fracture	1
Felt was at risk of vert fracture	1
Felt was at risk of fracture	1
Swollen knees/joints	1
Had general check-up	1

Whether discussed long-term health risks of osteoporosis with doctor

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

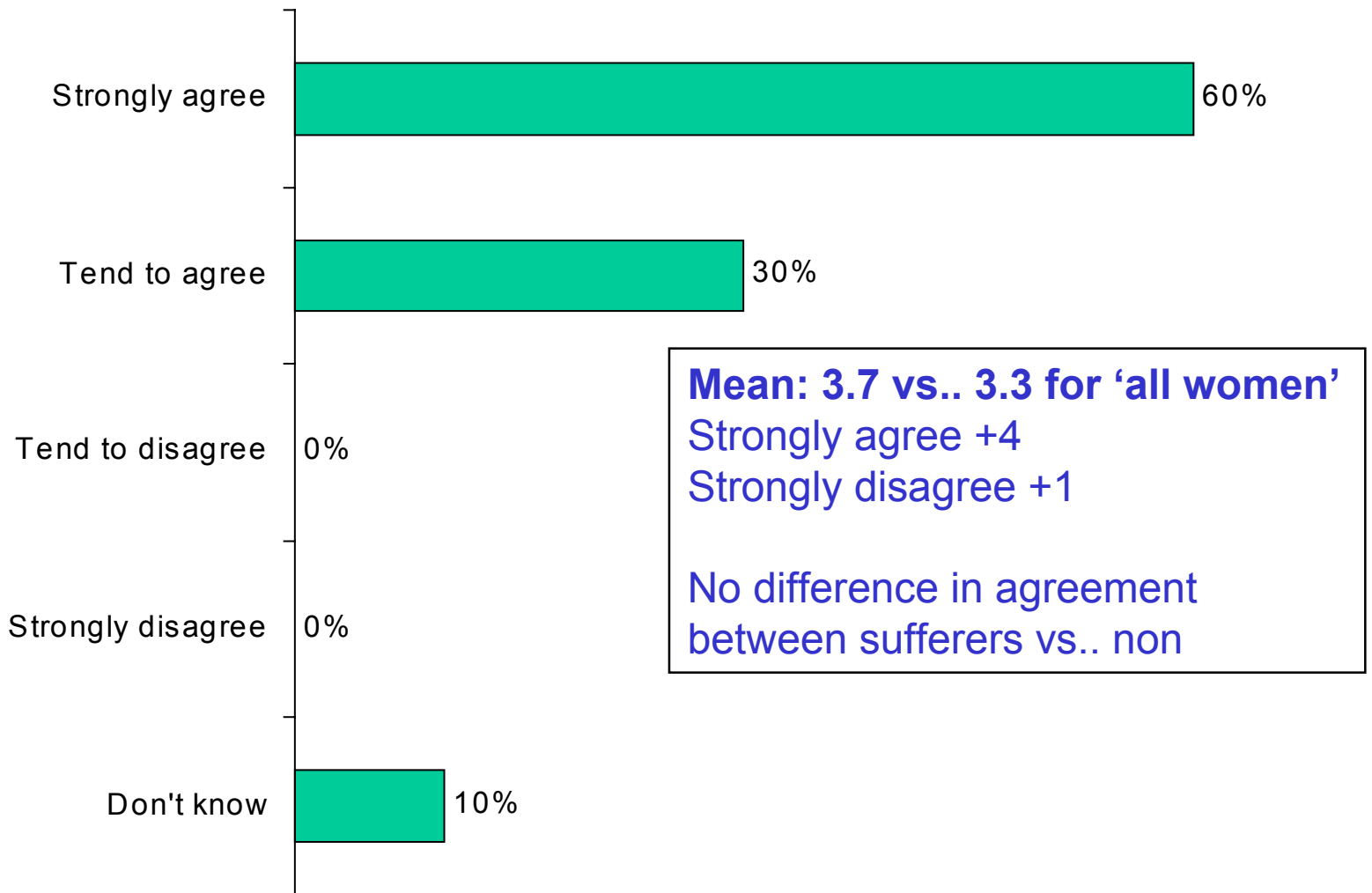


Base: Respondents who have discussed osteoporosis with their doctor (n=25)

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

Reason	Count
Base	11
Doctor didn't raise it	3
Lack of time with doctor	2
Don't believe at risk	2
Don't want think of health risks	1
Not aware of o/p	1
Not looking at l/t concerns	1
Got too many other problems	1
Wrong type of Dr	1

Q.24 Extent of agreement that osteoporosis can be prevented



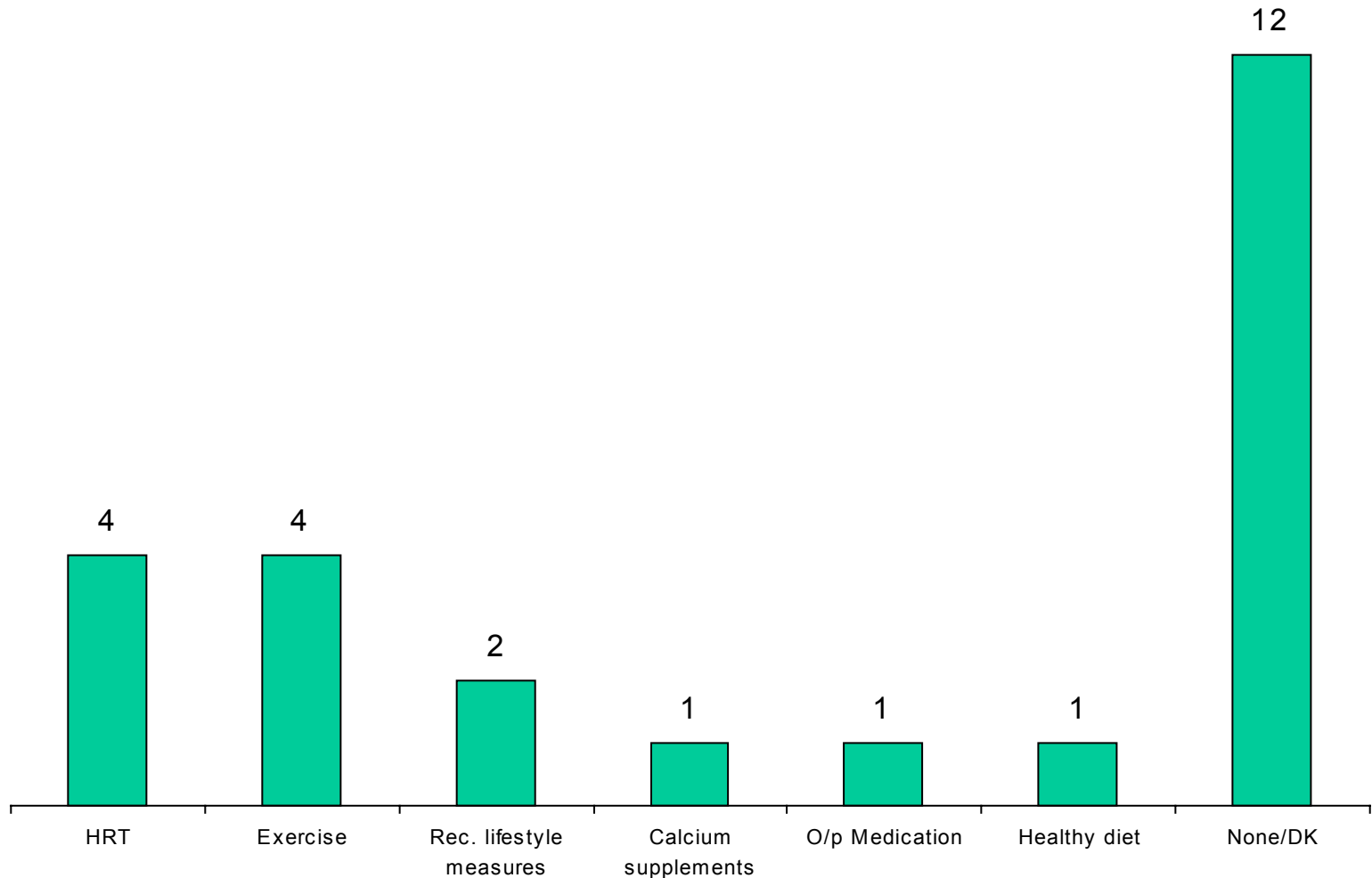
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented

	45
Vitamin D	44%
Healthy diet	27%
Using specific osteoporosis treatment	24%
Calcium supplements	20%
Regular check-ups	13%
Vitamins	2%
Drink Milk	2%
Positive attitude	2%
Don't know	20%

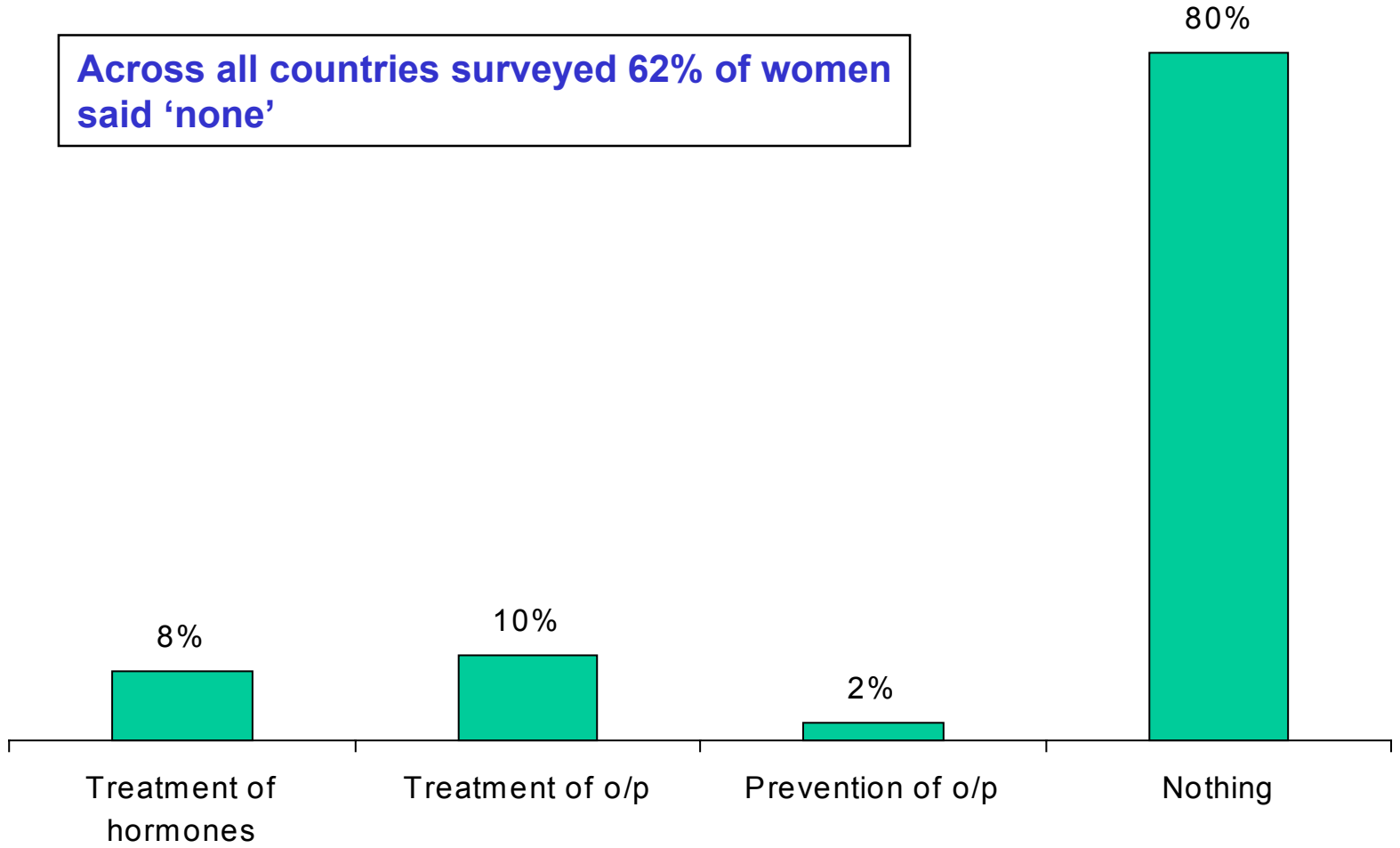
Q.26 Therapy options doctor has discussed in relation to osteoporosis



Base: Respondents who have discussed osteoporosis with their doctor (n=25)

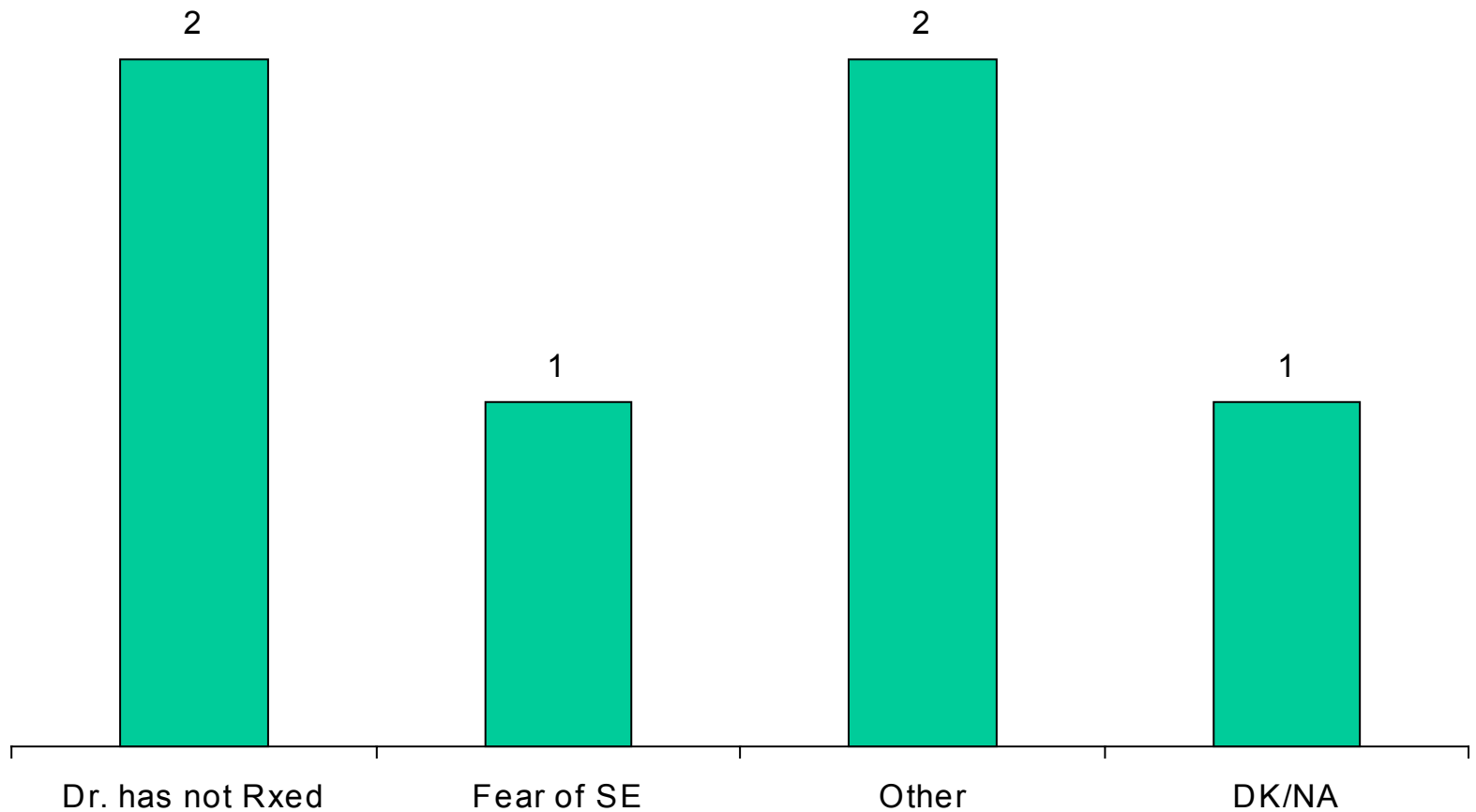
Q.27 Whether currently taking medication for osteoporosis/hormonal problems

Across all countries surveyed 62% of women said 'none'



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

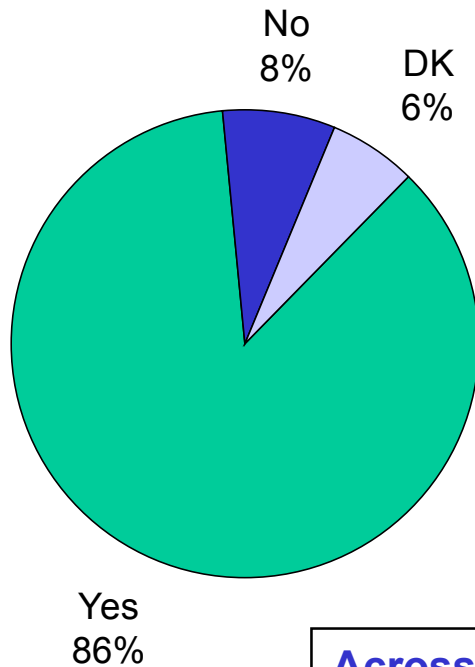
Q.28 Why sufferers are currently not on medication



Base: All osteoporosis sufferers not currently on medication (n=6)

Attitude towards long-term preventative therapy for osteoporosis

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



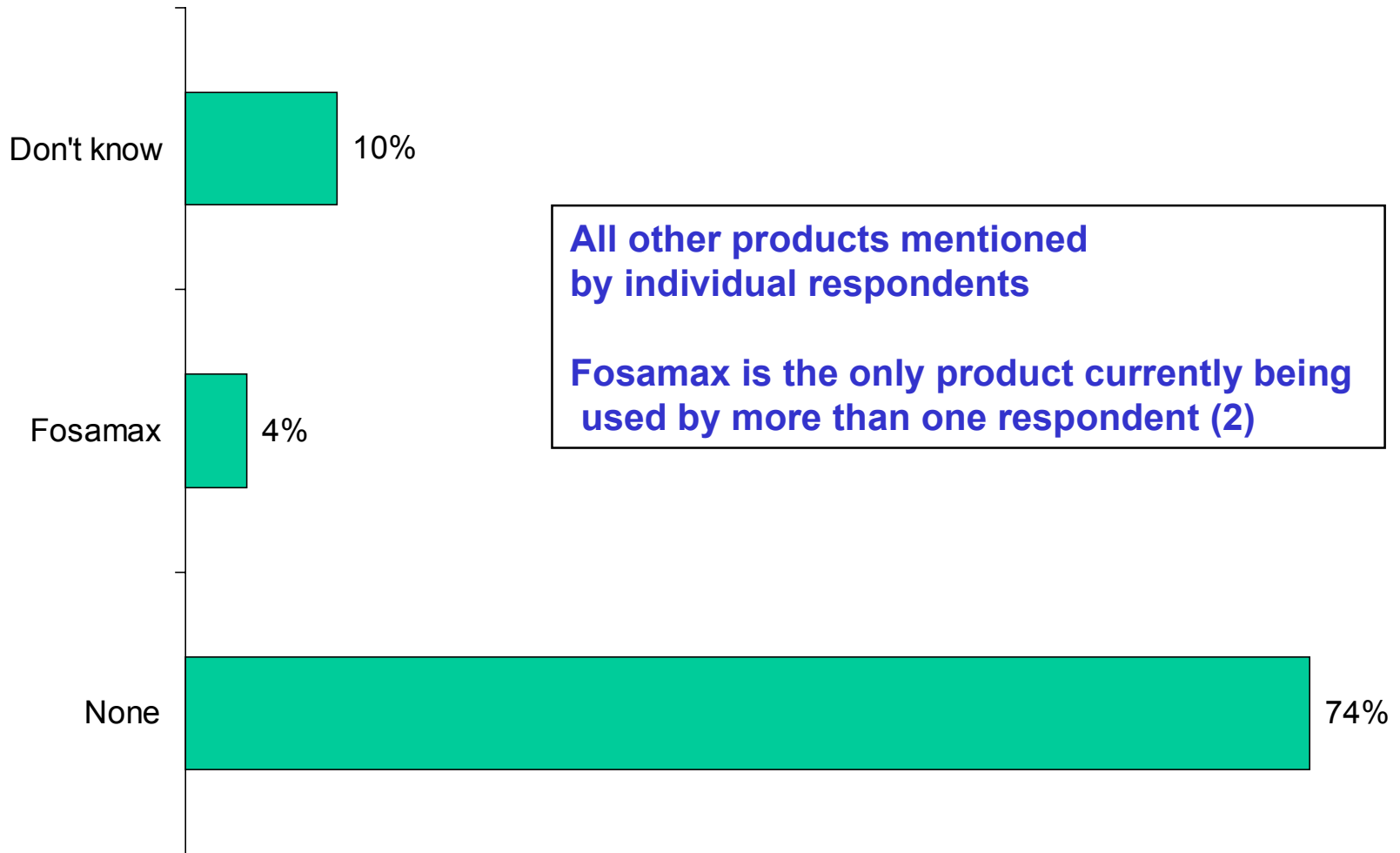
Q.30 Concerns that would stop women taking long-term prevention therapy

Concern	Percentage
Base: Respondents on long-term prevention	49
Cost	14%
If they didn't work	6%
Side effects	2%
Dr. did not insist	2%
Nothing	33%
Don't know	39%

Across all the countries surveyed 77% of women said 'yes'

Base: Respondents not taking long-term prevention of osteoporosis (n=49)

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



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

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	50
It is very important to effectively prevent spinal fractures	100%
Osteoporosis should be viewed as a serious condition	94%
It is very important to effectively prevent osteoporosis	94%
I would like to be/wish I had been screened for o/p	90%
If you can prevent or treat vertebral/spinal fractures you can prevent hip fractures	90%
I wish I had taken medication earlier to prevent osteoporosis	82%
A medicine that can treat a disease is generally more effective than one that can just prevent it	76%
Doctors generally have enough resources to effectively manage osteoporosis in this country	70%
If I had a vertebral fracture I am sure I would know about it	68%
I am concerned about the l/t risk to my health of taking HRT	68%
Getting fragile/brittle bones is an inevitable part of the ageing process	66%
I feel I have enough info and knowledge on osteoporosis	66%
Doctors in this country do not seem to take o/p seriously	48%
Osteoporosis is not a life-threatening condition	44%

Summary

Summary

- v The average age of the women taking part in the survey was 60, of whom 22% were suffering from osteoporosis
- v On average the women had visited their GP 5 times in the last year
- v The main health concern cited by the women was heart disease (<half), followed by osteoporosis (fifth vs. >quarter across all countries surveyed)
- v The one main health concern that the women had was again heart disease (<half). Only 5% mentioned osteoporosis compared with 21% average across all countries studied.

Summary

- v >third of women said that they ate healthily to improve or maintain long term health. One quarter said they took exercise. A similar number said they did nothing to improve/maintain their long term health
 - v 8% mentioned vitamins and supplements compared with 22% overall
- v <half the women said they had been screened for osteoporosis – higher than reported across all countries (third). The majority of respondents had actually requested to be screened, with only two respondents saying their doctor had recommended them to undergo screening
- v Of those who had not been screened 15% were aware that there was a screening programme – lower than the average across all countries at 35%

Summary

- v The women in Brazil had less associations of long term health risks with osteoporosis. <half associated it with an inability to live an independent life (vs. third across all countries), 4 out of 10 associated it with an increased risk of further fractures (vs. 7 out of 10 across all countries) and a third with long term pain (vs. >half across all countries)
- v 4 out of 11 women with osteoporosis suspected they had the disease prior to diagnosis and 3 of the 11 said they were aware they were at risk prior to diagnosis
- v Half of the sufferers said that the disease had a major impact on their quality of life
- v 5 of the 8 women said they would have taken medication for prevention if they had known they were at risk of osteoporosis

Summary

- v 7 of the 11 women sufferers said they would suggest to other women that they should be screened and 5 of the 11 said they would recommend that they take exercise. Only two sufferers said they would recommend that they take specific osteoporosis treatment
- v A third of women said they felt they were likely to develop osteoporosis in the future and 40% 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). Of these, 40% of respondents said the doctor initiated the discussion and a quarter personally raised the discussion because they had read/heard about the disease

Summary

- v >half the women who had discussed the disease with a doctor went on to discuss the long term health risks
- v 90% of the women believed that osteoporosis can be prevented, with the best way of preventing being vitamin D (44%), followed by a healthy diet (>quarter) and specific osteoporosis treatment (quarter)
- v <half the women who had discussed osteoporosis with their doctor did not discuss therapy options, with only one respondent saying they discussed specific osteoporosis medications
- v Only a fifth of women were currently taking medication for osteoporosis/hormonal problems cf. >third across all countries surveyed

Summary

- v 6 of the 11 osteoporosis sufferers were not actually taking medication for the condition - 2 respondents said the doctor had not rxd anything
- v 8 out of 10 women would consider taking long term preventative therapy if recommended by their doctor, with cost being the main concern that they would have (14%). However a third of women said that nothing would stop them taking long term prevention if recommended by their doctor
- v Three-quarters of the respondents had never used a product for prevention/treatment of osteoporosis.

Summary

- v All women felt that it was important to effectively prevent osteoporosis
- v 9 out of 10 women agreed that osteoporosis should be viewed as a serious condition, that it's important to effectively prevent spinal fractures, they wished they had been/would be screened for osteoporosis and that if you can prevent spinal fractures, you can prevent hip fractures also
- v 8 out of 10 wished they had taken medication earlier
- v 7 out of 10 agreed that medication that treats is better than medication that prevents, that they would know if they had a vertebral fracture, were concerned about long term health risks of taking HRT, that brittle bones were an inevitable part of ageing and that doctors generally have enough resources to effectively manage the condition

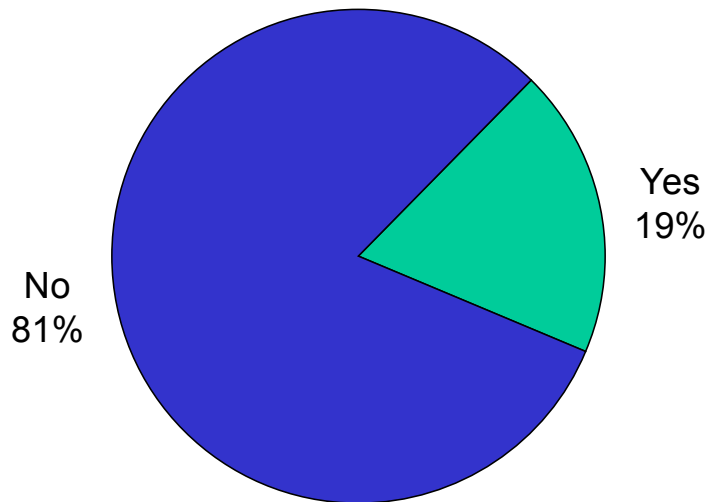
Summary

- v 3 out of 10 felt they did not have enough information on the condition
- v <half the women didn't feel that doctors took osteoporosis seriously enough, with a similar number saying osteoporosis was a life-threatening condition

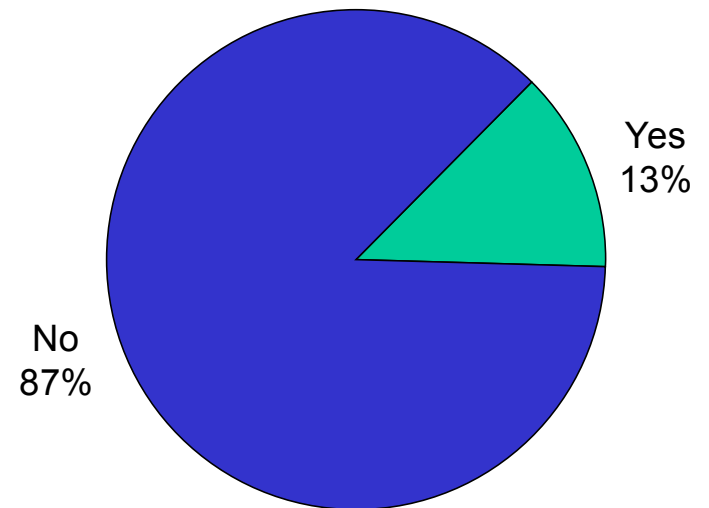
Brazilian Doctors

Clinics held in surgery

Menopause Clinic



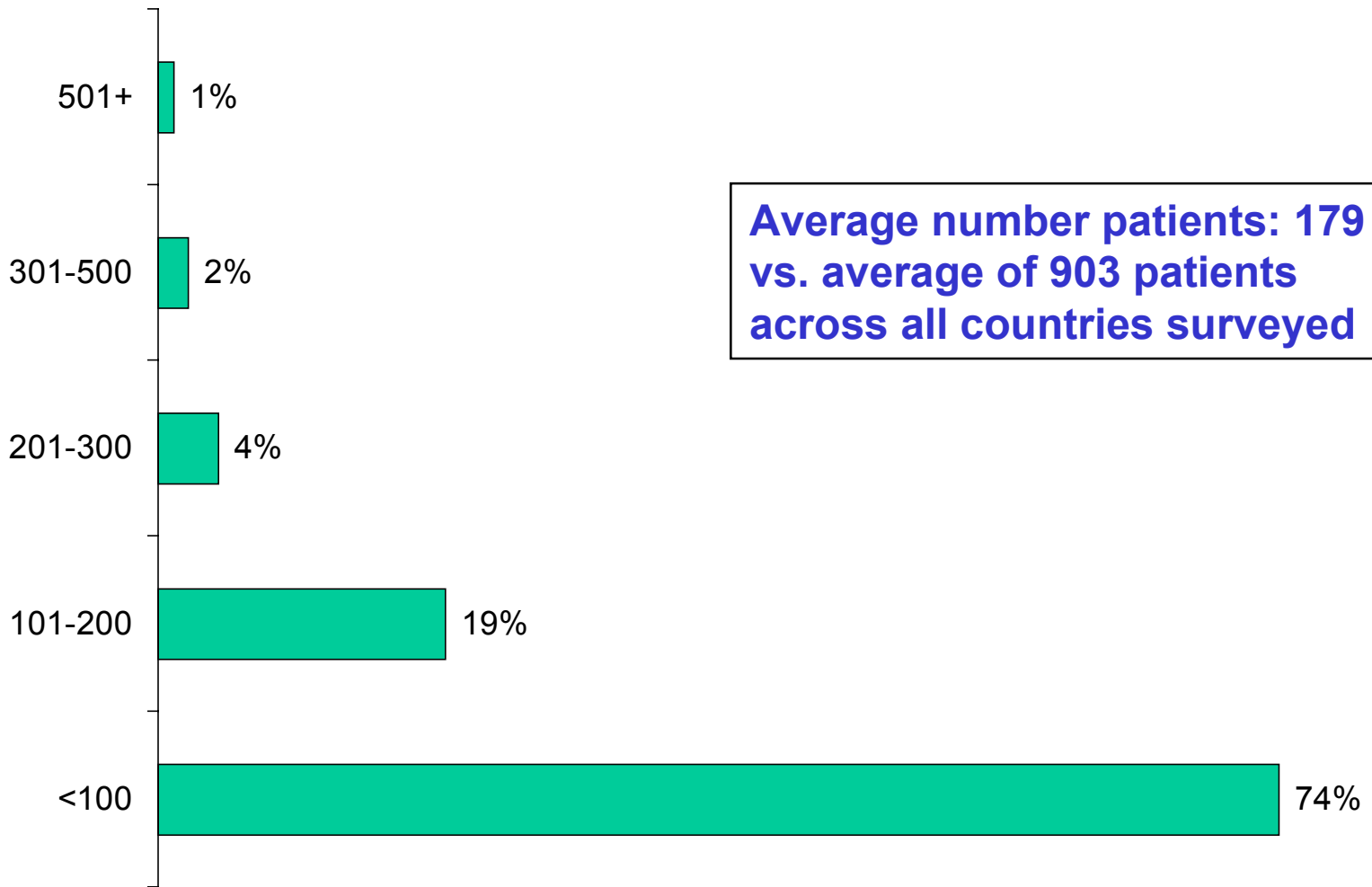
Osteoporosis Clinic



Across all countries surveyed 23% ran menopause clinics and 20% osteoporosis

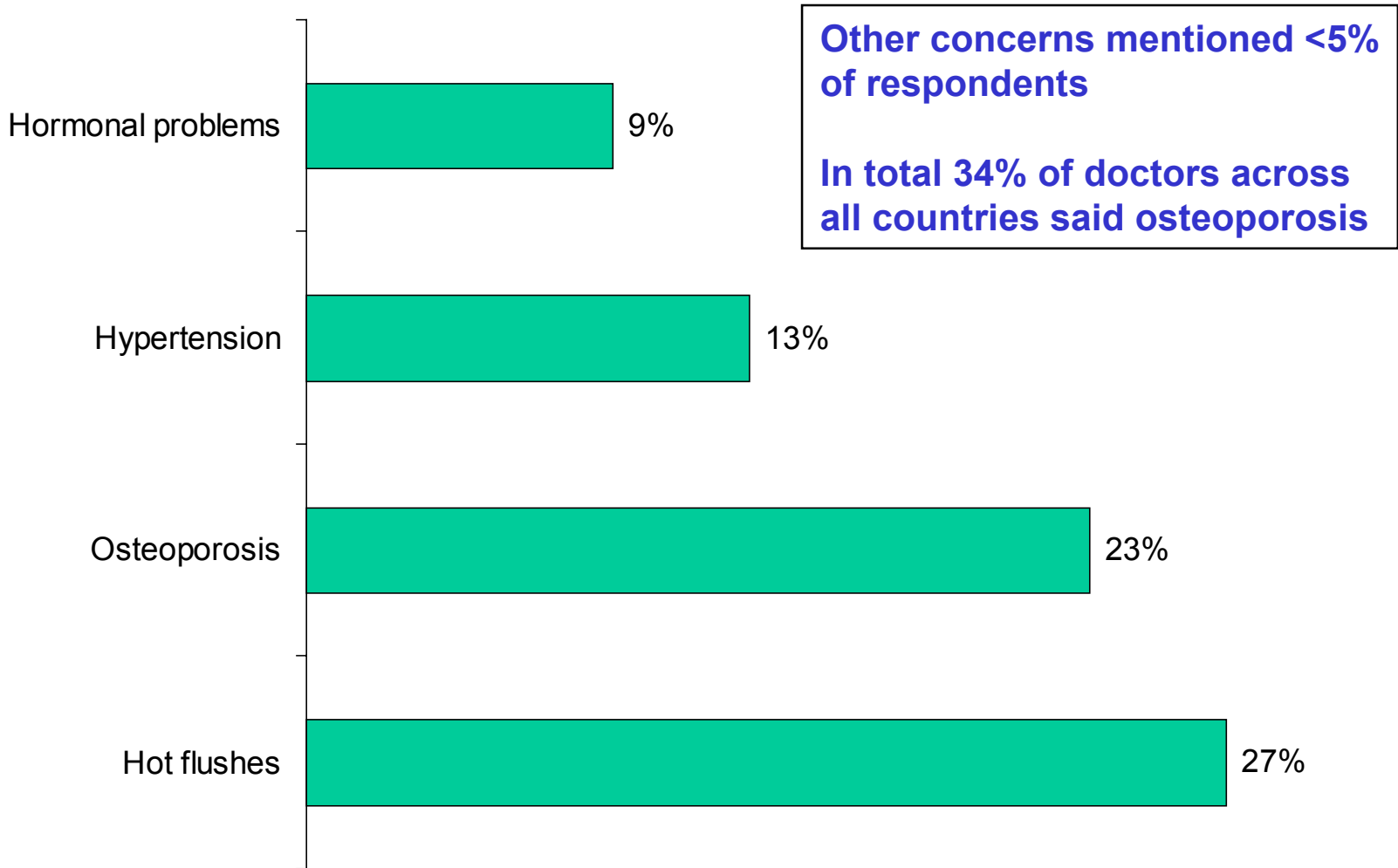
Base: All respondents (n=100)

Q.3 Number post-menopausal women in practice

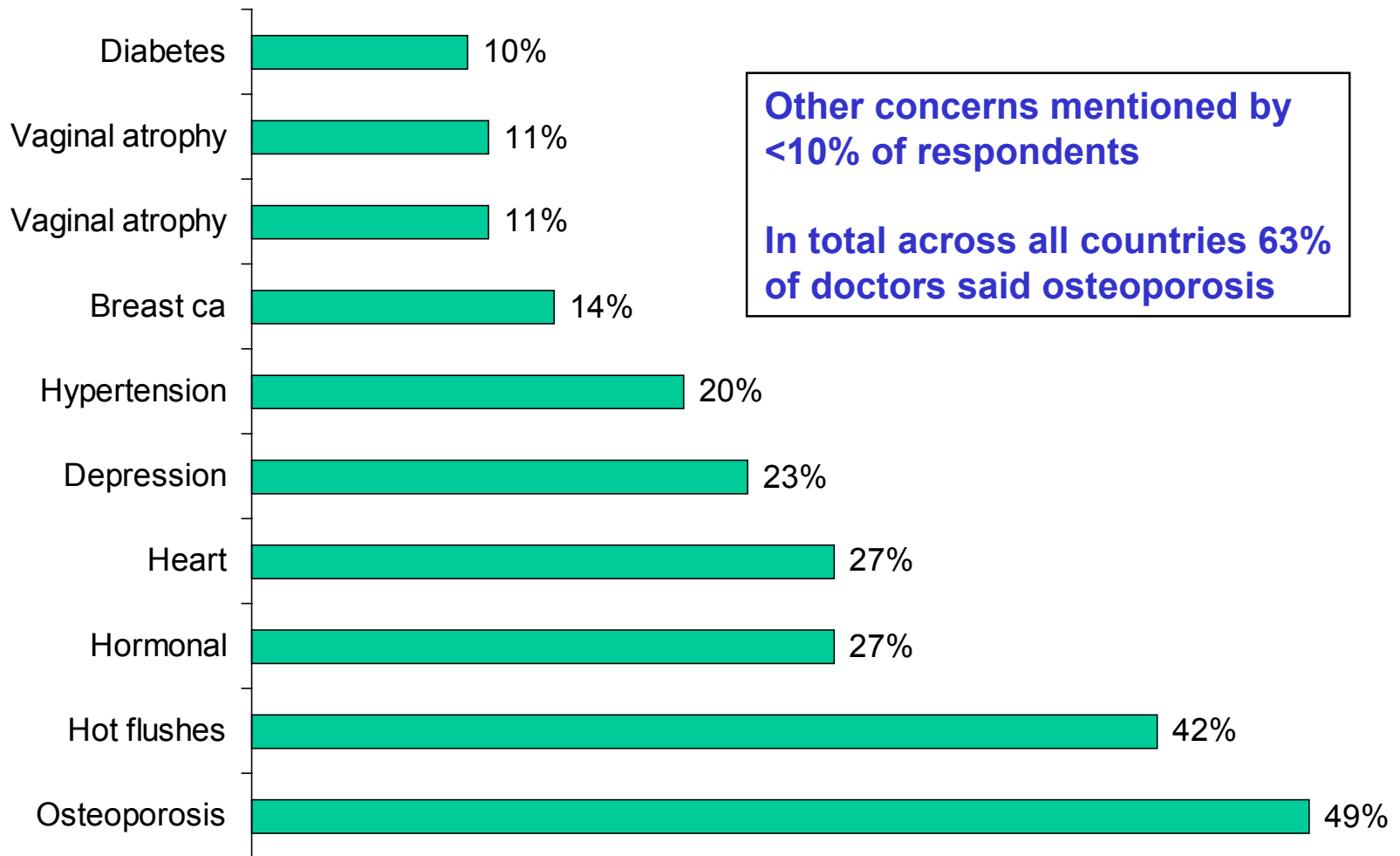


Base: All respondents (n=100)

Q.4 Key health concern discussed

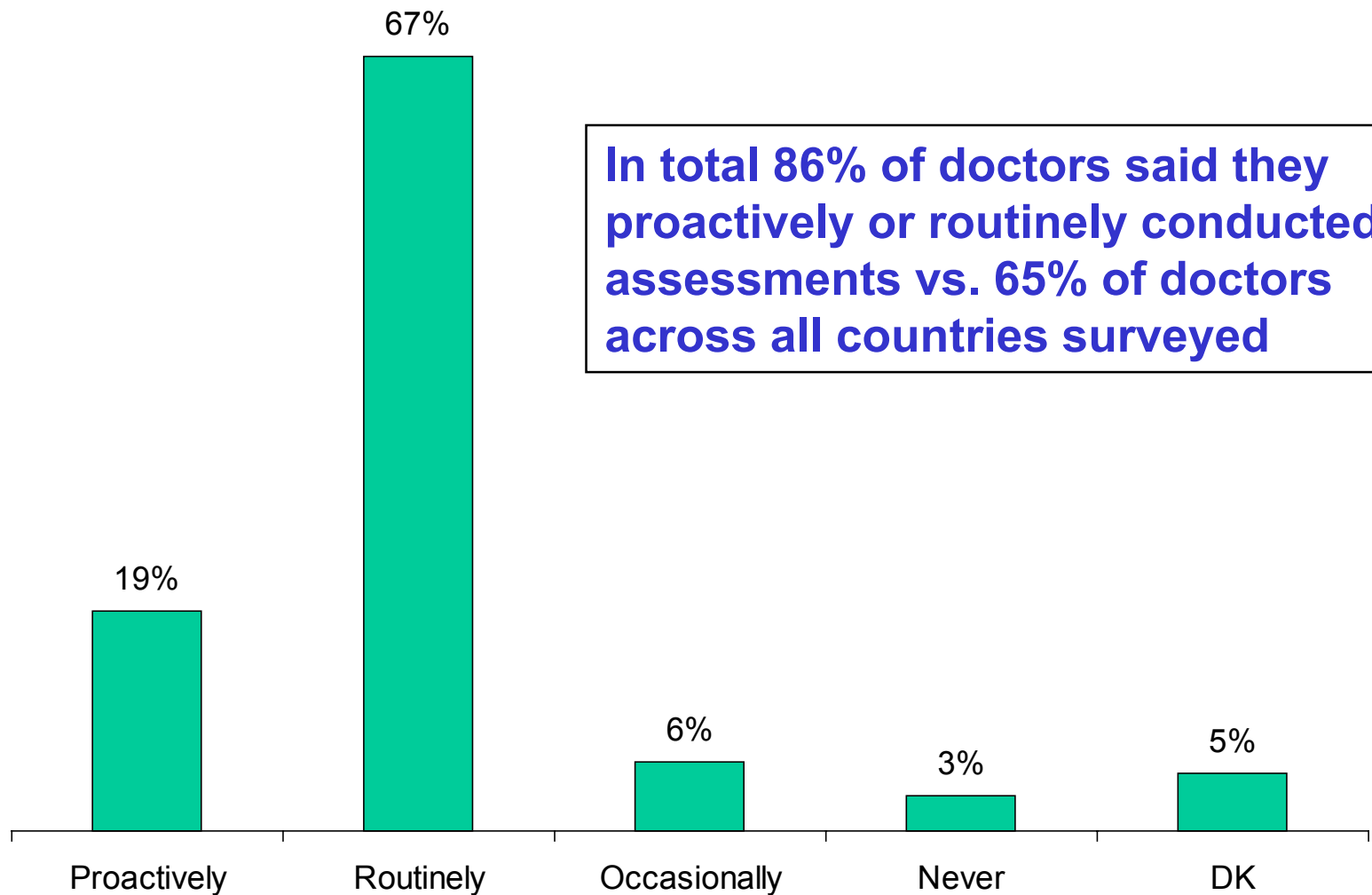


Q.4/5 Total mentions of health concerns



Base: All respondents (n=100)

Q.6 Approach to health risk assessment



Base: All respondents (n=100)

Q.7 Limiters on health status reviews

Base: All respondents	100
Patients can't afford treatment	31%
Cost of bone densitometry	6%
Patients unaware of risk	6%
Patients not interested	6%
Reluctance from patients	5%
Lack of time	5%
Nothing	7%

Cost of treatment much more prominent in Brazil in terms of limitations on reviews (mentioned by 6% of all doctors surveyed)

Other comments made by <5% of respondents

Q.8a Definition of treatment

Base: All respondents	100
Starting medication when woman is at risk of developing osteoporosis	56%
Starting medication when woman has already develop osteoporosis	38%
Radiological/bone density scan evidence	7%
Lifestyle changes	4%
Improving done density	1%
Don't know	3%

Across all countries surveyed 43% of doctors said 'starting medication when a woman is at risk of developing osteoporosis'

Q.8b Definition of prevention

Base: All respondents	100
Starting medication before woman is at risk	69%
Advising women on lifestyle advice	26%
Starting medication when woman is at risk but not yet suffered a fracture	6%
Screening patients when they reach the menopause	2%
HRT	1%
Don't know	2%

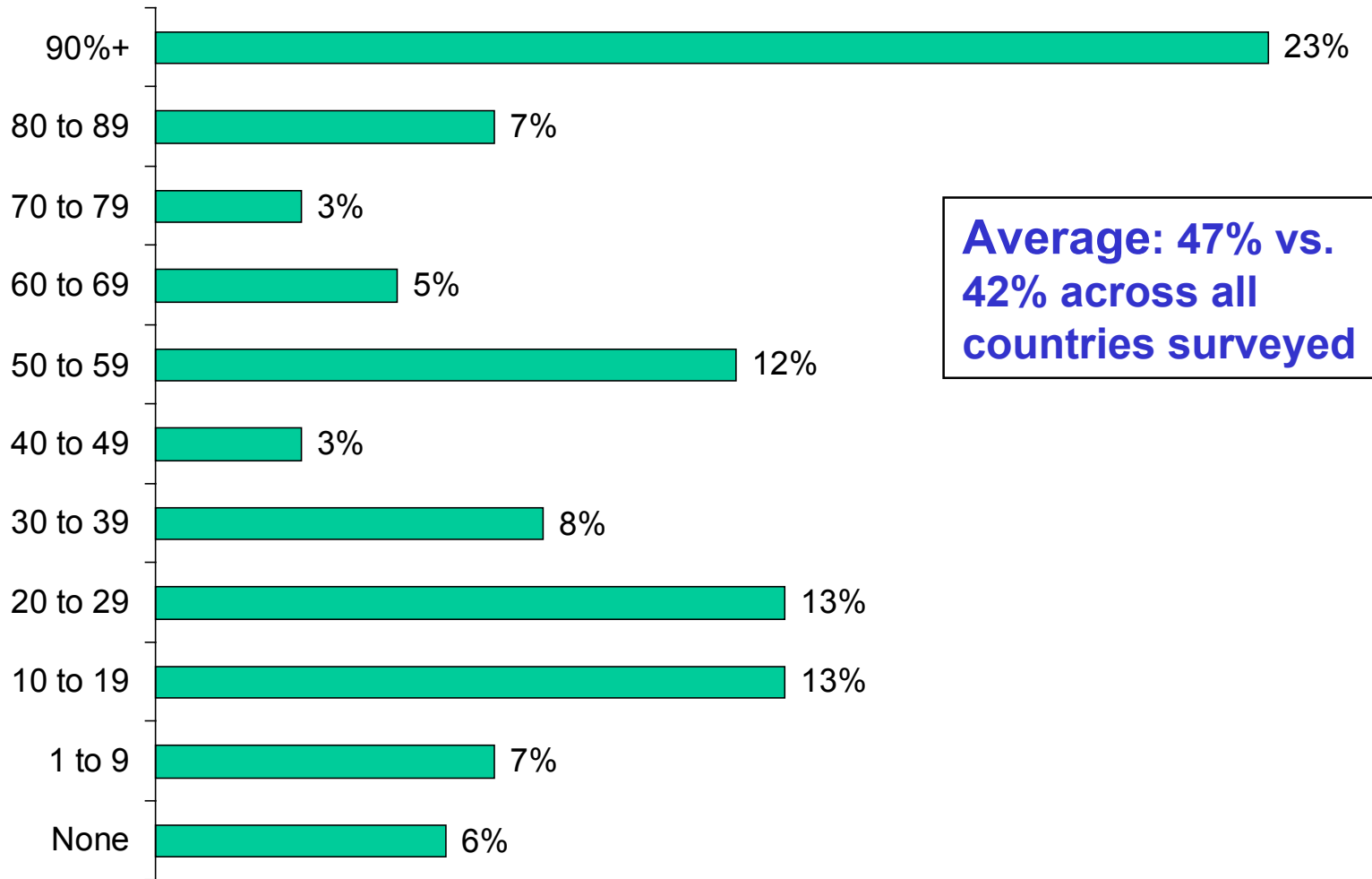
Across all countries surveyed 33% of doctors defined prevention as starting medication before a woman is at risk'

Q.9 Most negative effects of osteoporosis

Base: All respondents	100
Fracture/breaking a bone	90%
Pain	37%
Limiting affecting on lifestyle	14%
Lack of independence	7%
Curvature of spine	6%
Debilitation	3%
Bone loss	3%

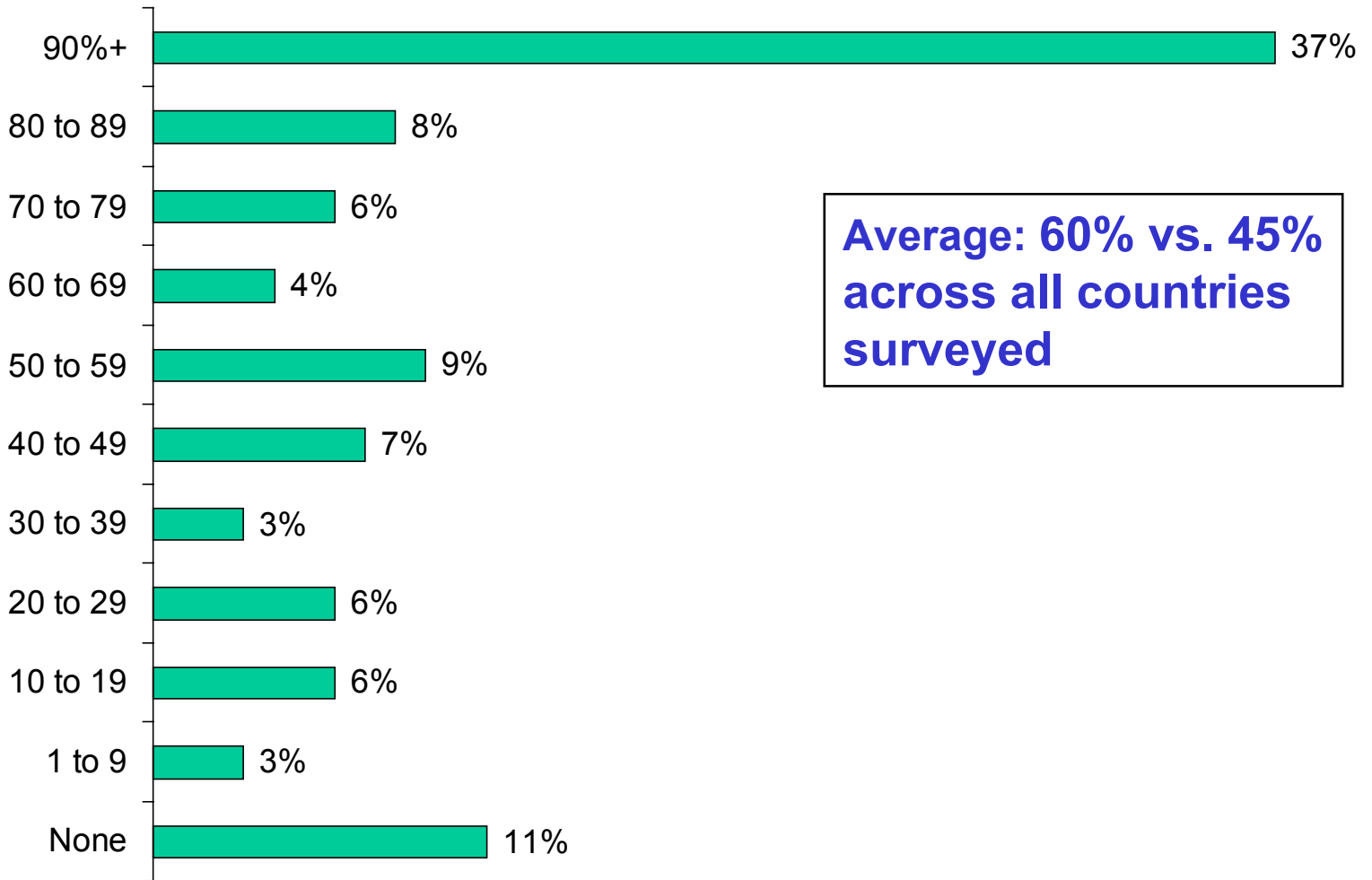
Other comments mentioned by 2 or less respondents

Q.10 % patients rxd medication for treatment of osteoporosis



Base: All respondents (n=100)

Q.11 % patients rxd medication for prevention of osteoporosis



Base: All respondents (n=100)

Q.12a Inhibitors of rxing medication for prevention

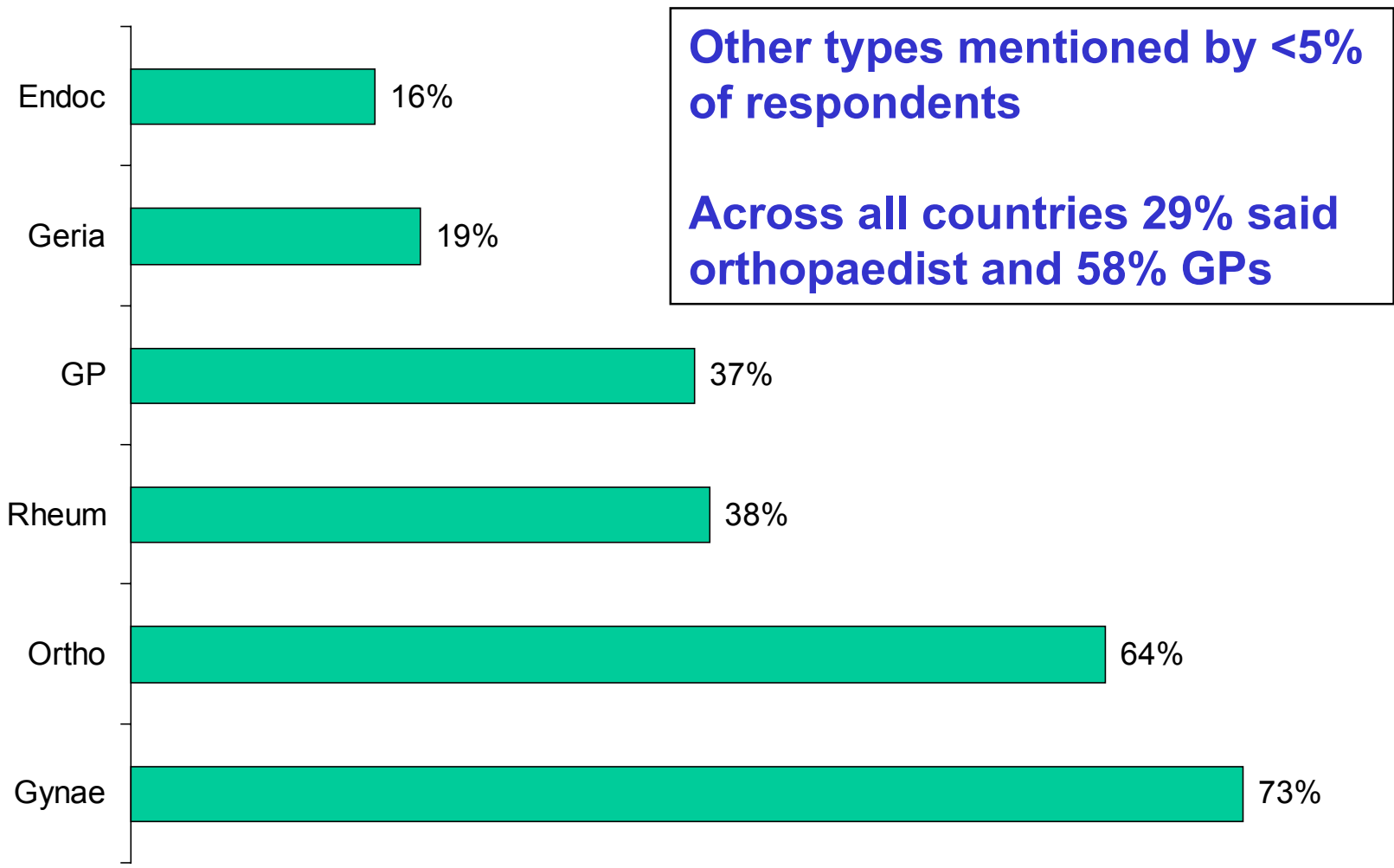
Base: All respondents	100
Cost	43%
Not sure when the appropriate time to start rxing	16%
Contraindications	15%
Side effects	14%
Prefer to advocate lifestyle changes	6%
Patients don't want to take medication	5%
Family history of breast cancer	3%
None	14%
Other comments made by 2 or less respondents	

Cost more of a factor in Brazil compared to other countries (in total cost mentioned by 33% of doctors vs. 44% in Brazil)

Q.12b Biggest challenge when treating preventatively after menopause

Base: All respondents	100
Maintaining quality of life	29%
Compliance	14%
Patients lack of understanding of l/t health risks	13%
Patients see no need for treatment	11%
Patients lack of knowledge about therapy options	11%
Patients concern about side effects	9%
Patients lack of concern about l/t health risks	8%
Patients concern about increased risk of cancer	6%
Nothing/DK	5%
Other comments made by <4% of GPs	

Q.19 Physicians most likely to rx medication for osteoporosis



Base: All respondents (n=100)

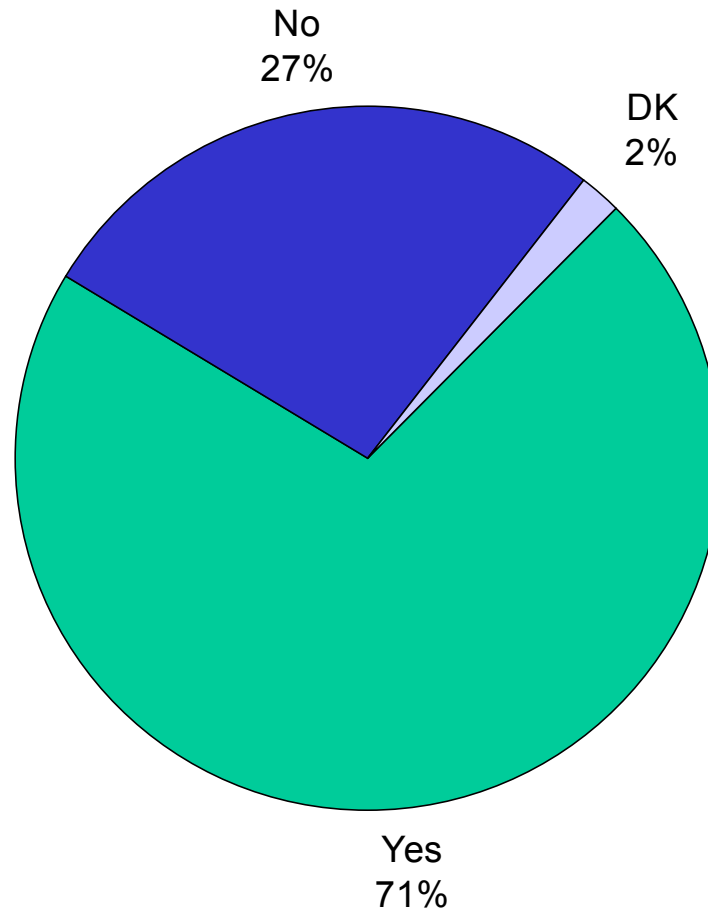
Q.20 Factors affecting decision to rx long term medication

Base: All respondents	100
Cost	55%
Side effects	26%
Compliance ^	9%
Well tolerated ^	6%
Ease of use ^	4%
None	6%
Don't know	6%

^ Mentioned by 19% of doctors

Cost much more important in Brazil (only mentioned by 28% of doctors across all countries)

Q.21 Whether women consult at early enough stage



Across all countries only 38% of doctors said 'yes'

Base: All respondents (n=100)

Q.22 Most important feature of osteoporosis product

Base: All respondents	100
Increases BMD	25%
Cost effective	18%
Efficacy	13%
Has no GI side effects	9%
Reduces bone turnover	4%
Convenient to take	3%
Prevention of further fractures	3%
Replaces hormones	3%

Other features mentioned by 2 or less respondents



Q.22/23 Important feature of osteoporosis product

Base: All respondents	100
Cost effective	56%
Has no GI side effects ^	40%
Prevention of further fractures *	33%
Increases BMD *	30%
Effective *	23%
Convenient to take ^	20%
Reduces bone turnover *	10%
Stops fractures *	7%
Effectively stops vertebral fractures *	6%

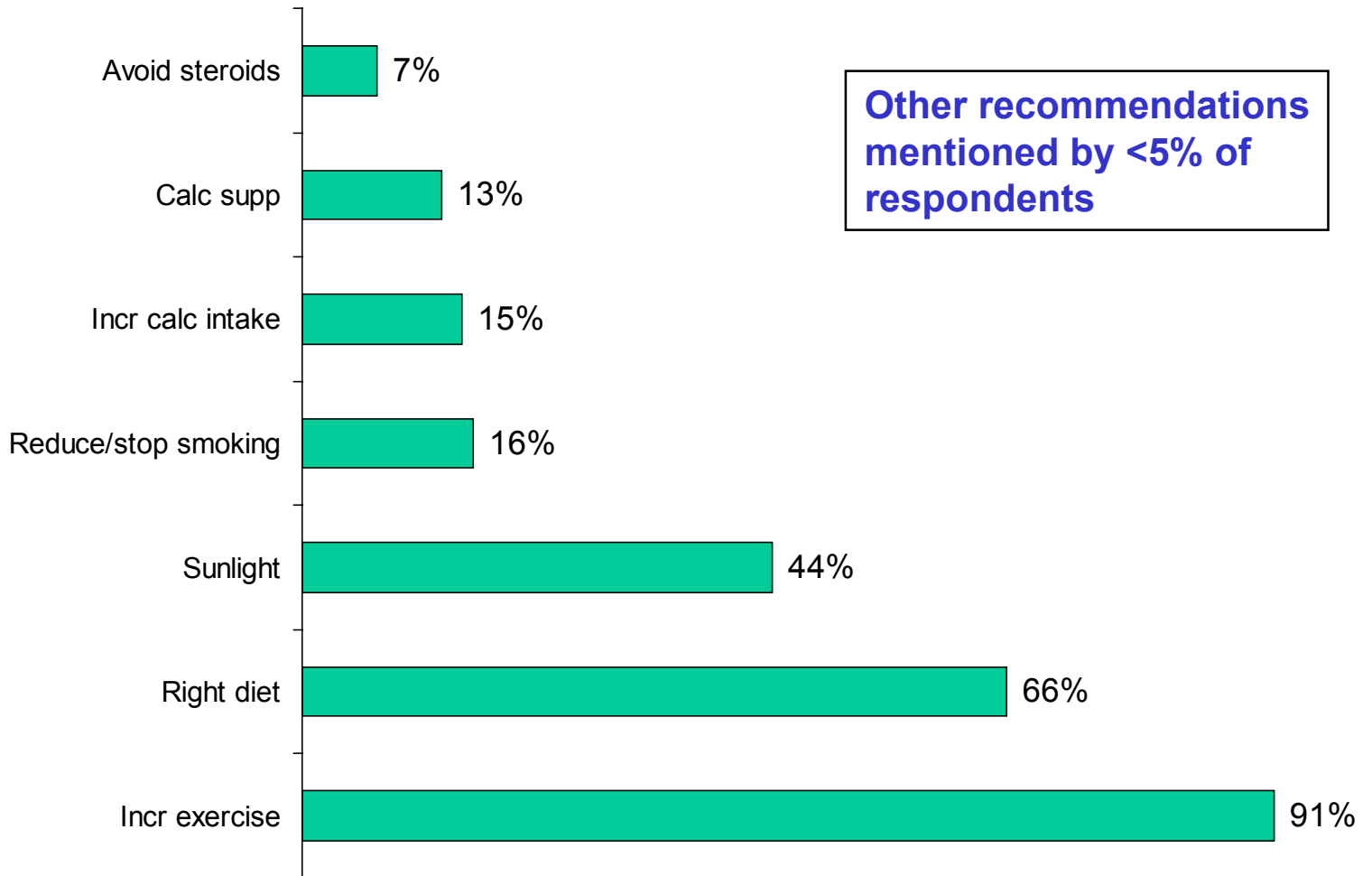
* Mentioned by 72% of doctors

^ Mentioned by 53% of doctors

Q.24 Ideal candidates for preventative medication (prompted)

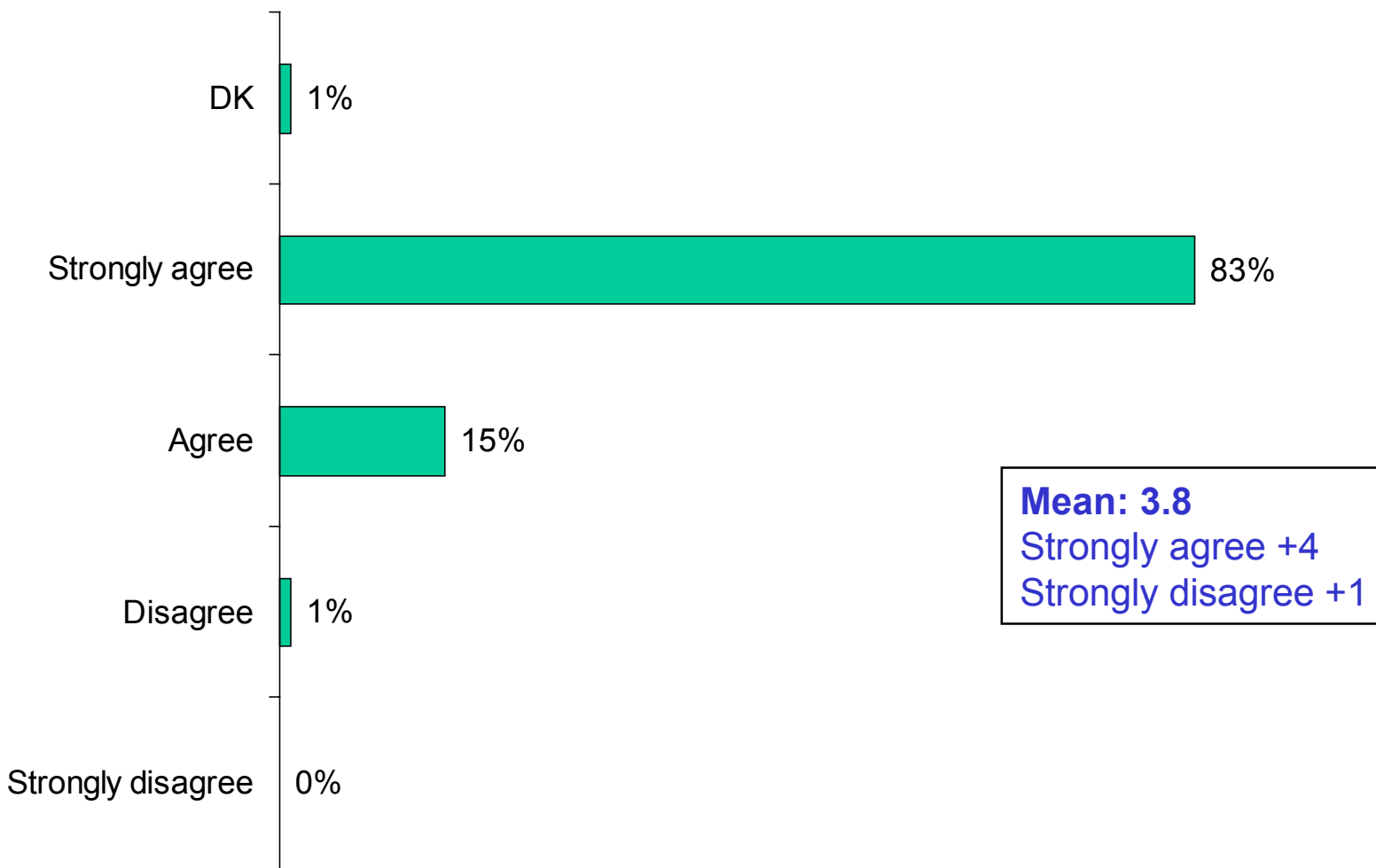
Base: All respondents	100
Women with vertebral fracture	88%
Women going through early menopause	85%
Women with family history of osteoporosis	83%
Women with history of hip fracture	83%
Asymptomatic postmenopausal women	66%
Peri-menopausal women	65%
Women at risk from developing cardiac problems	54%
Women at risk from developing breast problems	45%
None	3%

Q.25 Therapy/lifestyle recommendations suggest to women



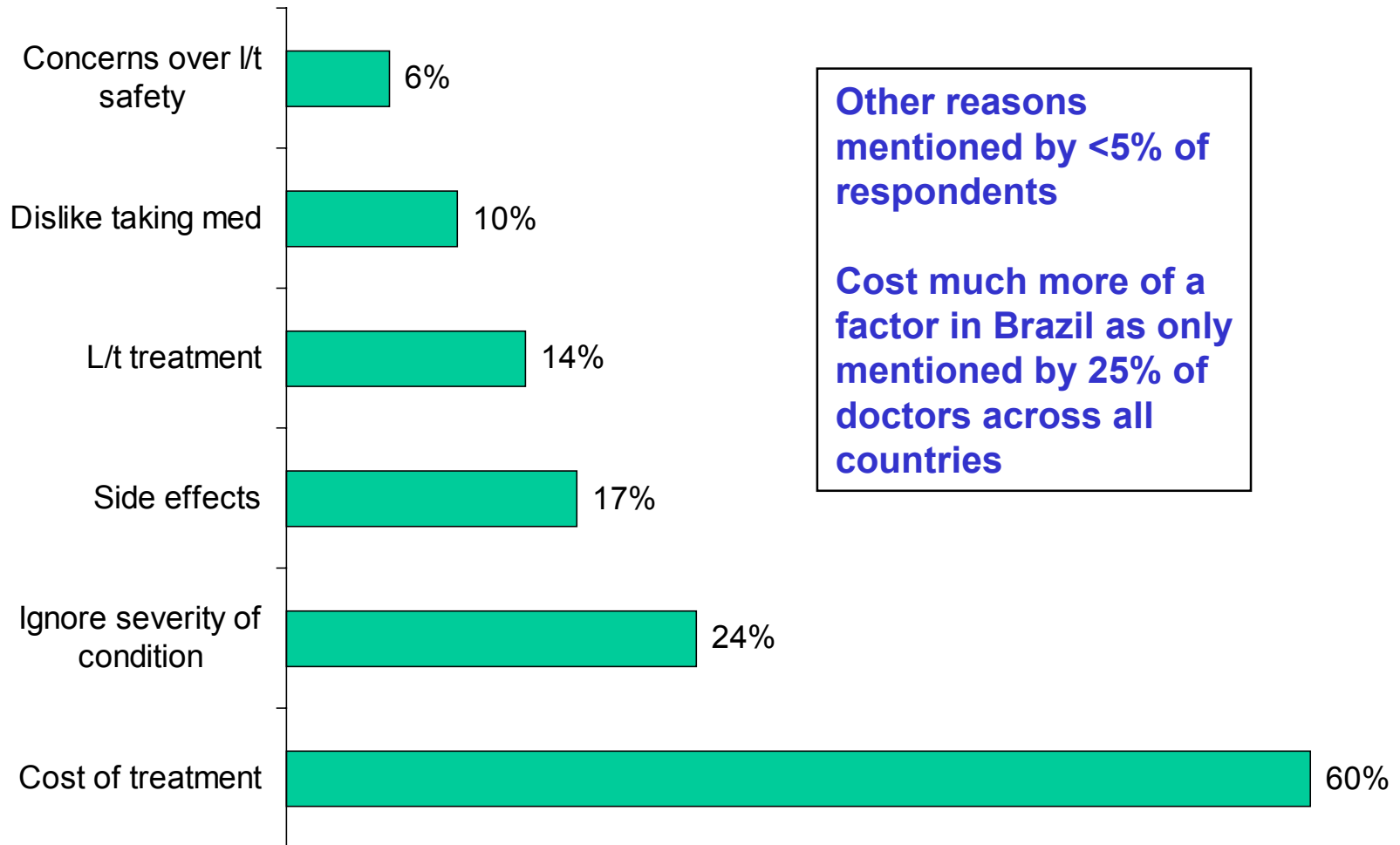
Base: All respondents (n=100)

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



Base: All respondents (n=100)

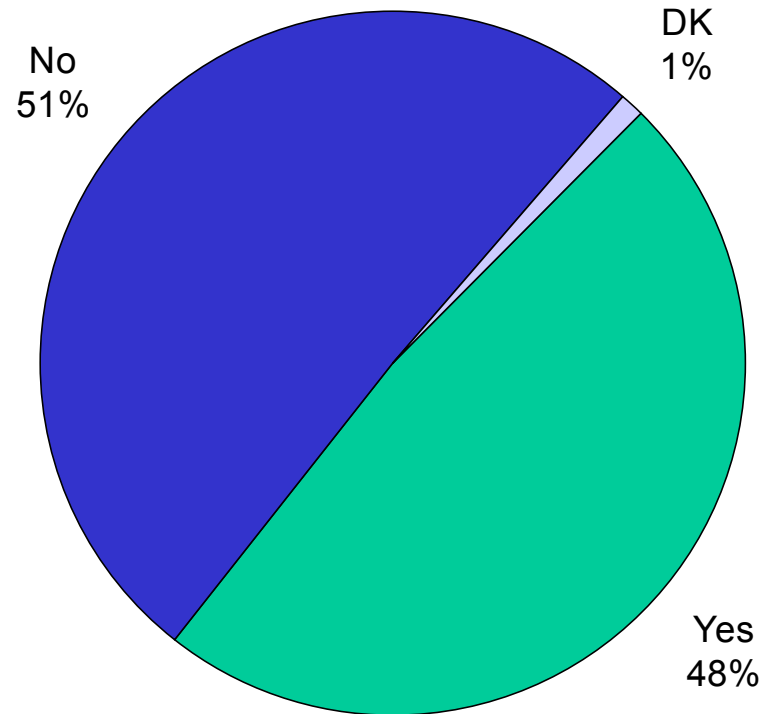
Q.27 Reasons for non-compliance



Base: All respondents (n=100)

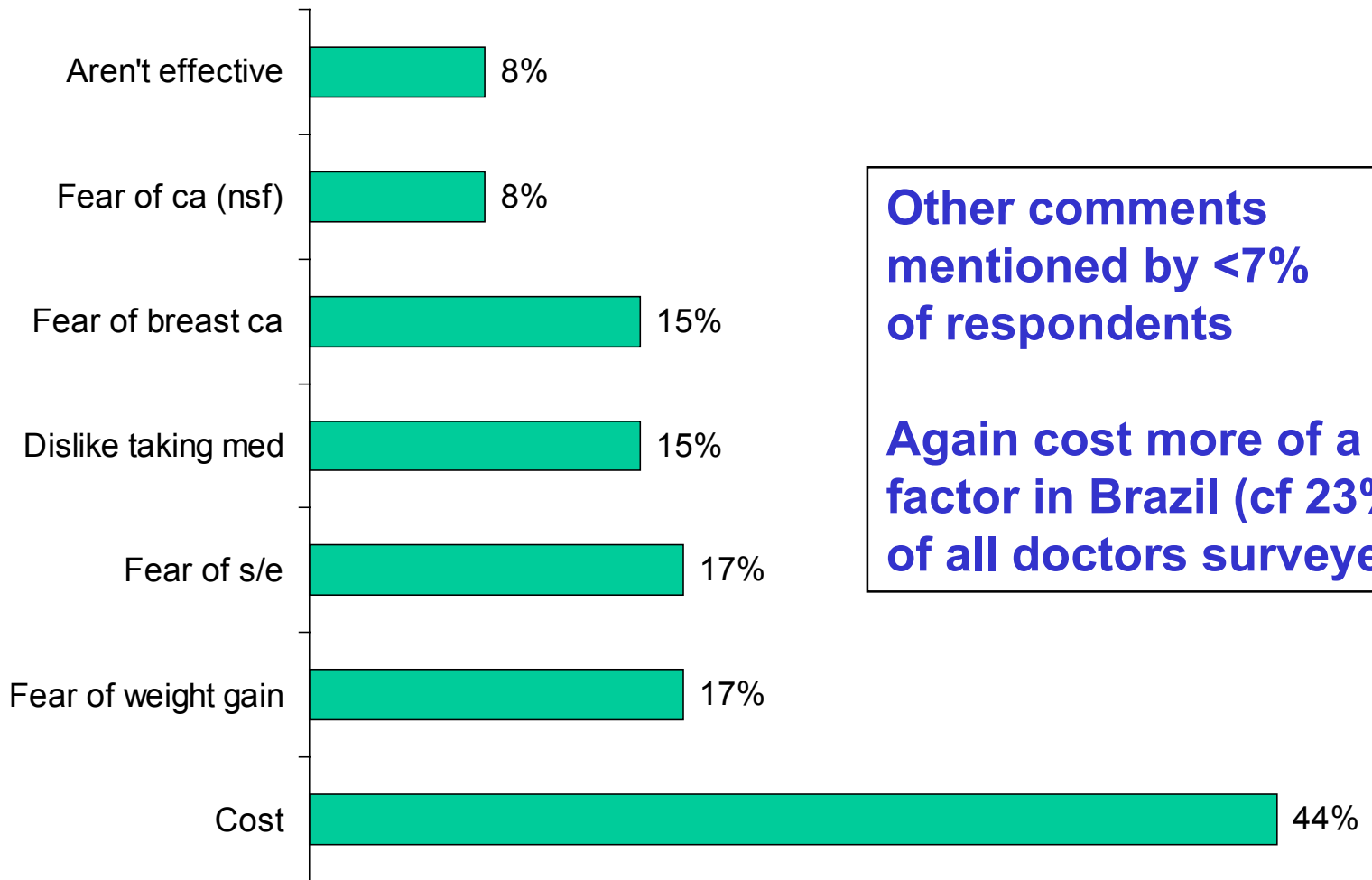
Q.28 Whether patient has refused recommended o/p treatment

Across all countries surveyed 61% of doctors said 'yes'



Base: All respondents (n=100)

Q.29 Reasons why patients refuse treatment



Base: Doctors whose patients have refused recommended medication (n=48)

Q.30 Agreement with statements

Base: All GPs	100
The screening programme for osteoporosis could be improved	100%
Osteoporosis fractures are a maj. clinical problem	100%
Osteoporosis should be viewed as a serious condition	96%
The main aim of o/p management is to prevent fractures	96%
Our goal should be to prevent women suffering first fracture	95%
If you can prevent vert. fractures you can stop secondary frac.	89%
Bone fragility is an inevitable factor in growing old	49%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	40%
A medicine that can treat a disease is generally more effective than one that can just prevent	25%
The screening programme for o/p is sufficiently w/spread	15%
The screening programme for o/p is sufficiently funded	8%

Summary

- v A fifth of doctors said they ran a menopause clinic and >tenth said they ran an osteoporosis clinic (vs. fifth across all countries surveyed)
- v On average the GPs estimated they had 178 postmenopausal women in their practice (vs. average of 903 patients across all the countries surveyed)
- v The one key health concern the doctors have for their postmenopausal women is hot flushes (>quarter), with the next most frequently mentioned main concern being osteoporosis (23% vs. 34% across all countries)
- v When looking at all health concerns for postmenopausal women, a half stated osteoporosis, two fifths hot flushes and >quarter heart and hormonal problems. Across all countries surveyed two-thirds of doctors said osteoporosis was a concern

Summary

- v 8 out of 10 doctors said they proactively or routinely conducted health risk assessments which was higher than that found across all countries surveyed (6 out of 10)
- v A third of doctors said the fact that patients can't afford treatment limited the level of overall health status reviews that they conduct.
- v >half of doctors defined 'treatment' as starting medication when a woman is at risk. >third defined it as starting medication when a woman has developed osteoporosis
- v > two-thirds of doctors defined 'prevention' as starting medication before a woman is at risk, which was significantly higher than shown across all countries surveyed (average of 33%). A quarter of doctors defined it as advising women on lifestyle changes

Summary

- v Nine-tenths of doctors felt that the most negative effect of osteoporosis was fractures, followed by pain (37%)
- v On average the doctors estimated that 47% of their postmenopausal women would be receiving medication for ‘treatment’ and 60% for ‘prevention’ (this compares to an average across all countries of 45%)
- v Two-fifths felt that cost was inhibiting them from rxing medication for the prevention of osteoporosis
- v A third of doctors felt that the biggest challenge they face when treating preventatively after the menopause was maintaining quality of life

Summary

- v Three-quarters of the doctors said gynaecologists were most likely to rx medication for osteoporosis, followed by orthopaedists (two-thirds), rheumatologists and GPs (>third)

Summary

- v >half of doctors felt that cost affected their decision as to which product to rx for long term medication. > quarter felt side effects were a factor in their decision, whilst a fifth of doctors stated compliance
- v A quarter of doctors felt that women did not consult them at an early enough stage
- v Three-quarters of the doctors said that impact on the bone was an important feature of an osteoporosis product, followed by >half saying that compliance/convenience were important factors. A similar number said cost was an important factor
- v Almost 9 out of 10 doctors said that women with a vertebral fracture were ideal candidates for preventative medicine

Summary

- v Nine-tenths of doctors recommend to postmenopausal women that they increase their exercise, two-thirds follow a correct diet and >two-fifths to get more sunlight
- v Almost all the doctors agreed that compliance is an important factor in a drug's efficacy, with the main reason cited for non-compliance being the cost of the treatment (6 out of 10 doctors), followed by a quarter saying that women ignore the severity of the condition
- v <half the doctors have experienced women refusing to take recommended osteoporosis treatment, with the main reason being the cost of treatment (4 out of 10 doctors)

Summary

- v All doctors agreed that osteoporosis fractures are a major clinical problem and that the screening programme could be improved
- v 9 out of 10 doctors agreed that their goal should be to prevent women suffering a first fracture, it should be viewed as a serious condition, that the main aim of osteoporosis treatment is to prevent a fracture and if you can prevent vertebral fractures you can prevent hip fractures
- v Only half the doctors agreed that bone fragility is a factor of growing old
- v 4 out of 10 doctors said that it is often the case that a women is not diagnosed until she suffers from a first fracture

Summary

- v 8 out of 10 doctors did not feel that the screening programme was sufficiently widespread and 9 out of 10 doctors did not feel the programme was sufficiently funded

Conclusions and Recommendations

Awareness

Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 73% of all women suffering from osteoporosis were not aware they were at risk
- v 64% of sufferers were not aware that they had the disease prior to diagnosis
- v 96% of doctors think that osteoporosis should be viewed as a serious condition
- v All doctors feel that osteoporosis fractures are a major clinical problem
- v Half of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only a fifth of postmenopausal women stated they were concerned about the disease

Awareness

- v Half the women had discussed osteoporosis with a doctor and of these, 52% said their doctor initiated the discussion
- v Two-thirds of the women who have discussed the disease with a doctor have NOT discussed long term risks, mainly because the doctor didn't raise them
- v 1 in 3 women will develop osteoporosis
 - v only 5% of women feel they are very likely to develop the condition and only a 8% 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 maintaining the patients quality of life, followed by patient compliance
 - 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 90% of doctors stated that the most negative effect of osteoporosis was fractures/breaking a bone, followed by pain
- v Half of the women associate osteoporosis with an inability to live an independent life, two-thirds with an increased risk of further fractures, a third with long term pain and fifth with loss of self esteem or a reduced quality of life
- v Of the women with osteoporosis, just under half stated that it had impacted on their quality of life (can't go for long walks, pain in the legs)
- v Two-thirds 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 47% of postmenopausal women on medication for treatment (vs. <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 just less than half the women have been screened for osteoporosis and on screening, 91% of women were identified as suffering from the disease
- v If screening identifies the disease - why have only 9% of patients been recommended screening by their own doctor?
- v All of the 10 doctors believe the screening programme should be improved
- v All 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 2% said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v Four-fifths 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 Just under a third 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 All of the doctors believe that osteoporosis fractures are a major clinical concern but only 60% of postmenopausal women are on preventative medicine
- v Over half of osteoporosis sufferers are NOT on medication
- v However two-thirds 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 Just under half of the doctors have experienced patients refusing to take long term preventative medicine, mainly because of the cost



Effective prevention and treatment

- 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 Only one of the women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 60% of their postmenopausal women patients are on preventative medication and 47% are rxd treatment

Effective prevention and treatment

- v 7 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, half 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 only a quarter indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors



Prescribing inhibitors

- v Two-fifths of doctors say cost/lack of funding is the greatest factor affecting their decision to rx a medication
- v Over a quarter of doctors think that the biggest challenge they face is maintaining a patients' quality of life
- v Just under a fifth of doctors said that contraindications affected their rxing decisions, followed by a drug's side effect profile affects
- v This in turn leads to an average of 53% of patients NOT being rxd medication for the treatment of osteoporosis and 40% NOT being prescribed preventative medicine
- v Half of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v Two-thirds of doctors cite cost as the main reason for non-compliance and a quarter said that a cause is because patients ignore the severity of the disease
- 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