

# ‘How Fragile Is Her Future?’ Research Canada

*Prepared for the International Osteoporosis Foundation  
and*

*Sponsored by an educational grant from Lilly*

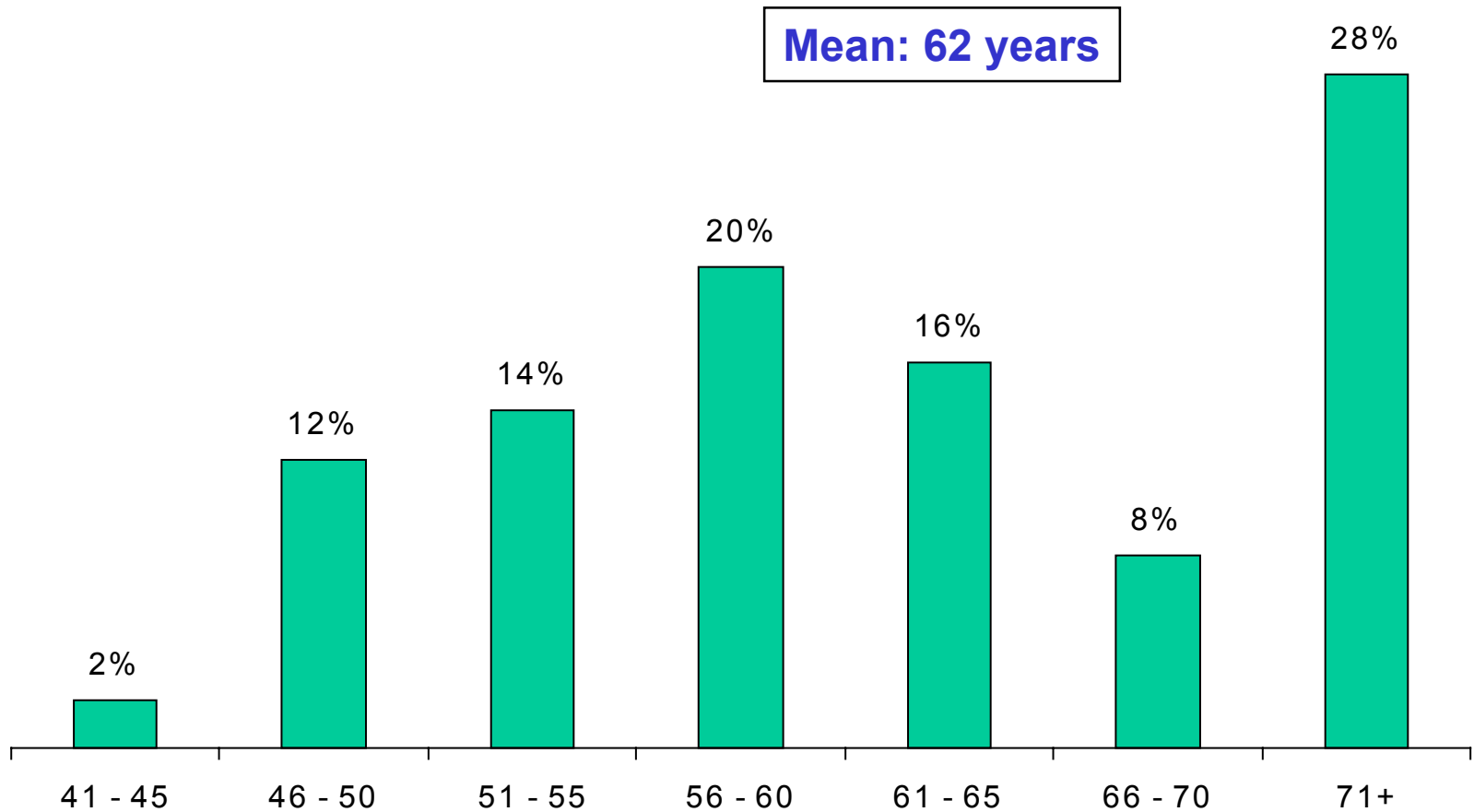
# Research Methodology

- 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

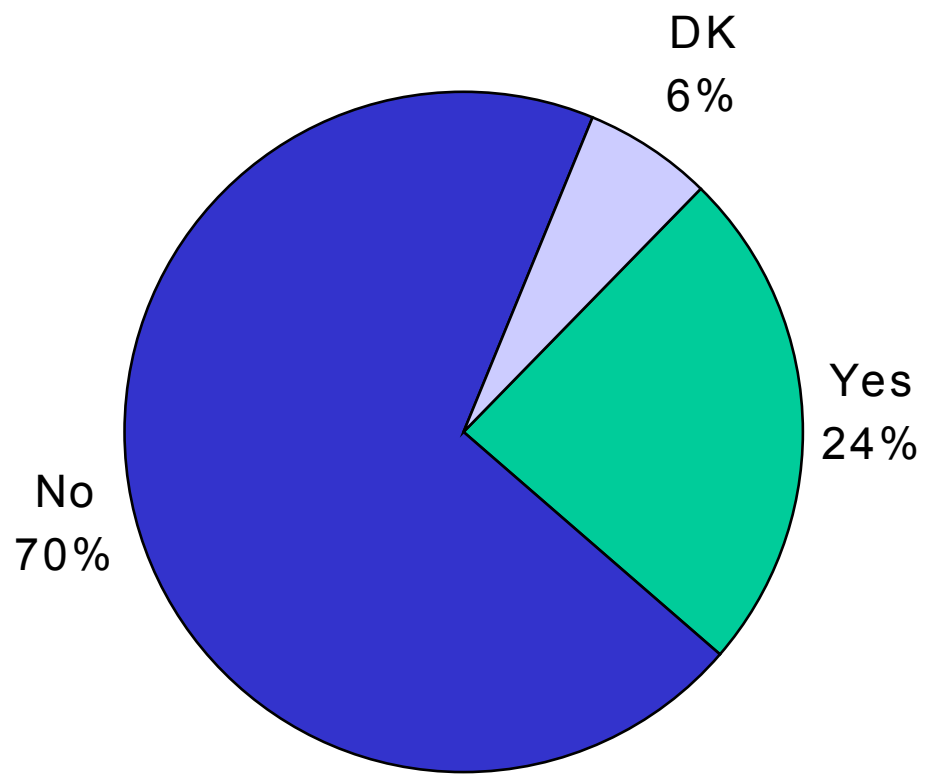
# Canadian Consumers

## Q.2 Age of respondents

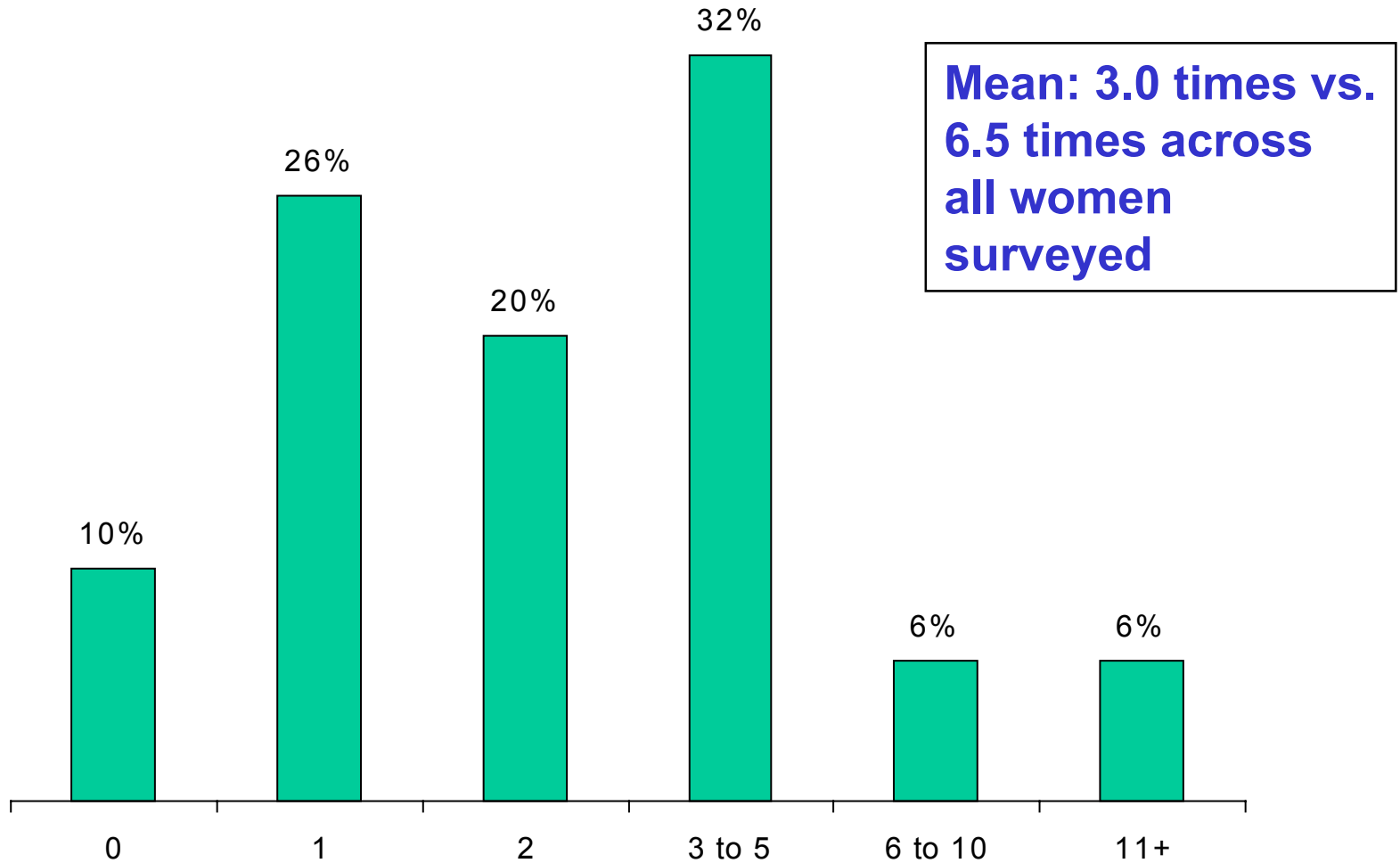


Base: All female respondents aged 41+ and been through menopause (n=50)

# Q.4 Whether suffering from osteoporosis

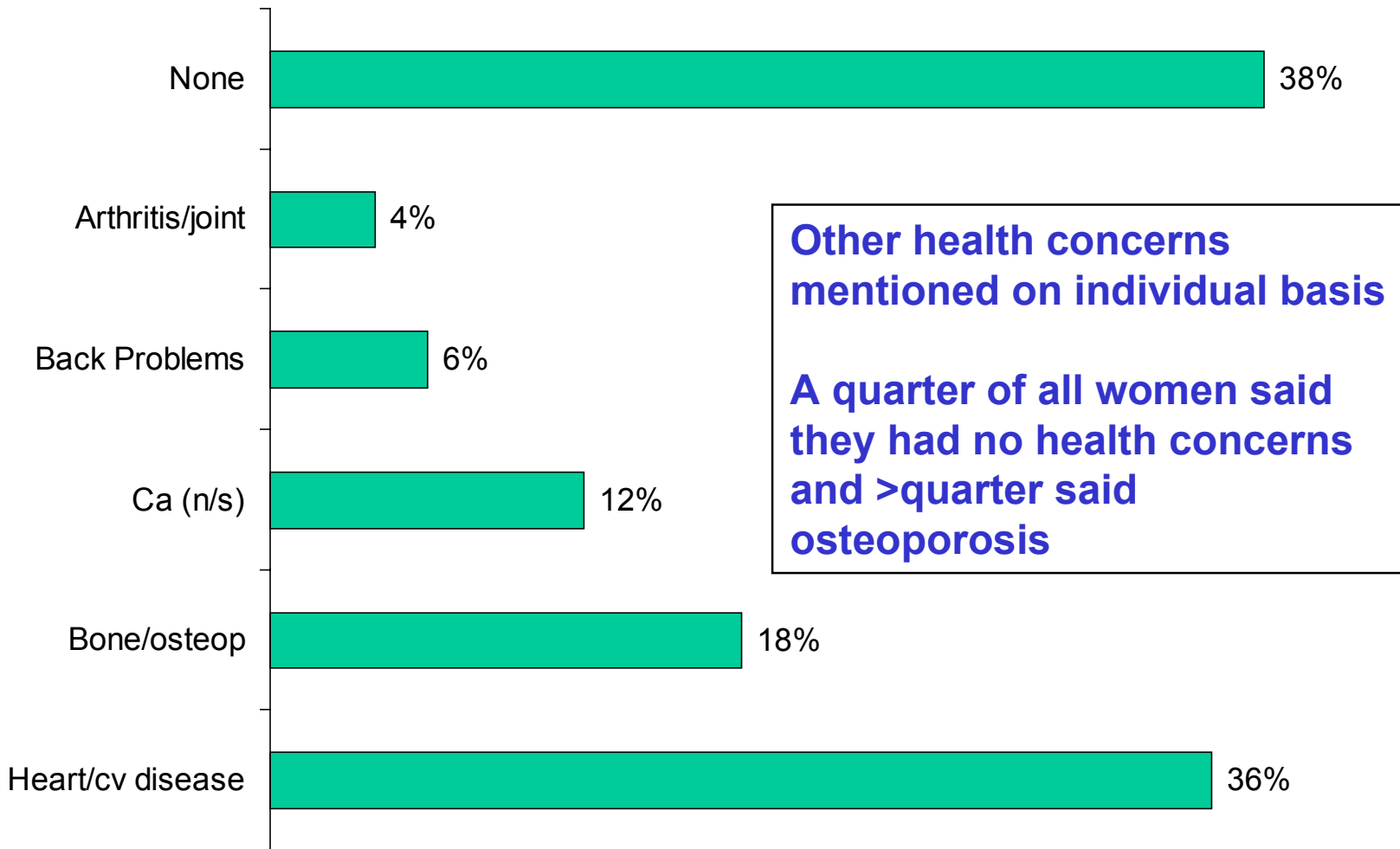


# Q.5 Number times visited GP in last 12 months



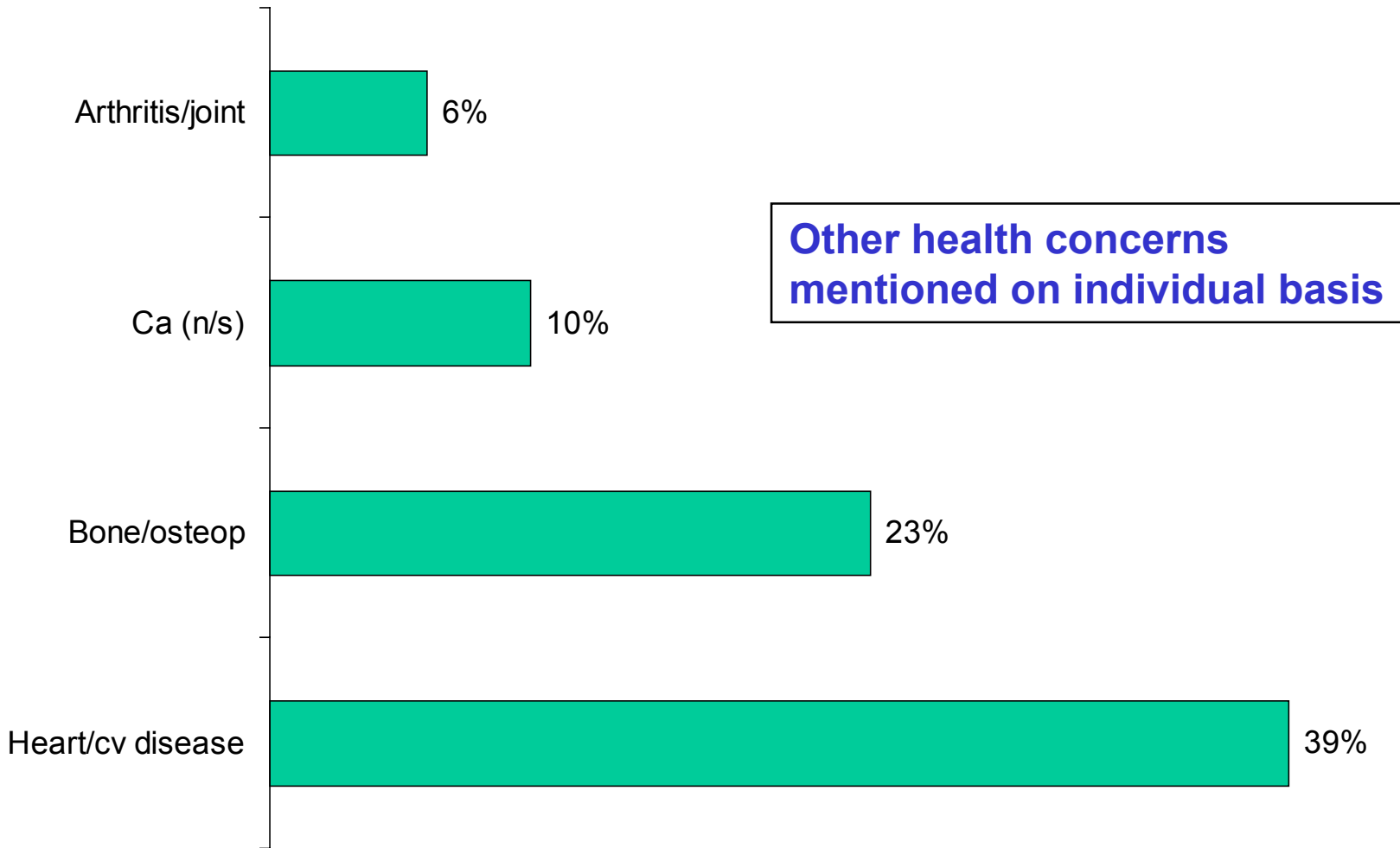
Base: All female respondents aged 41+ and been through menopause (n=50)

# Q.6 Key health concerns (spont)



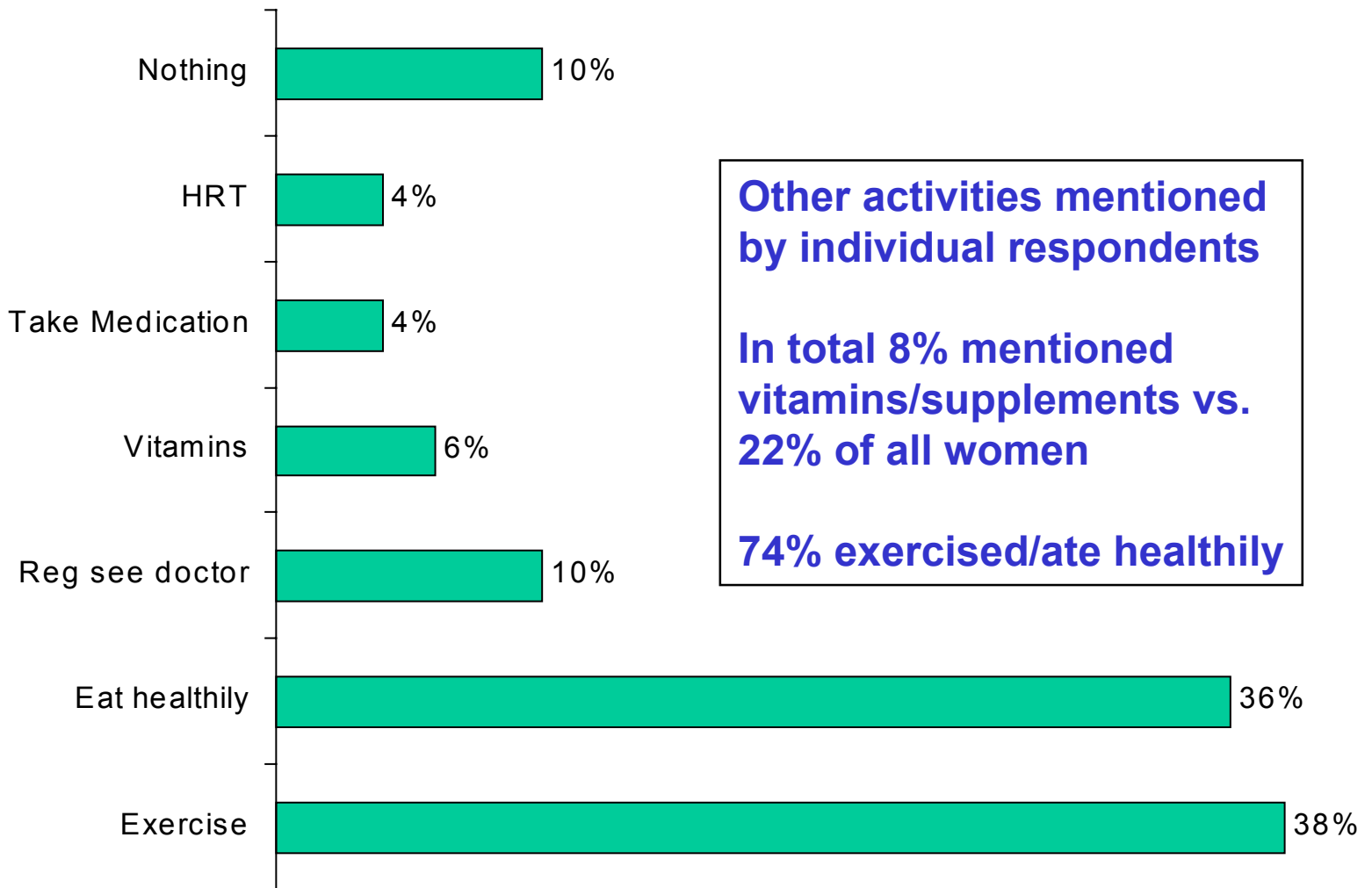
Base: All female respondents aged 41+ and been through menopause (n=50)

# Q.7 Main health concern



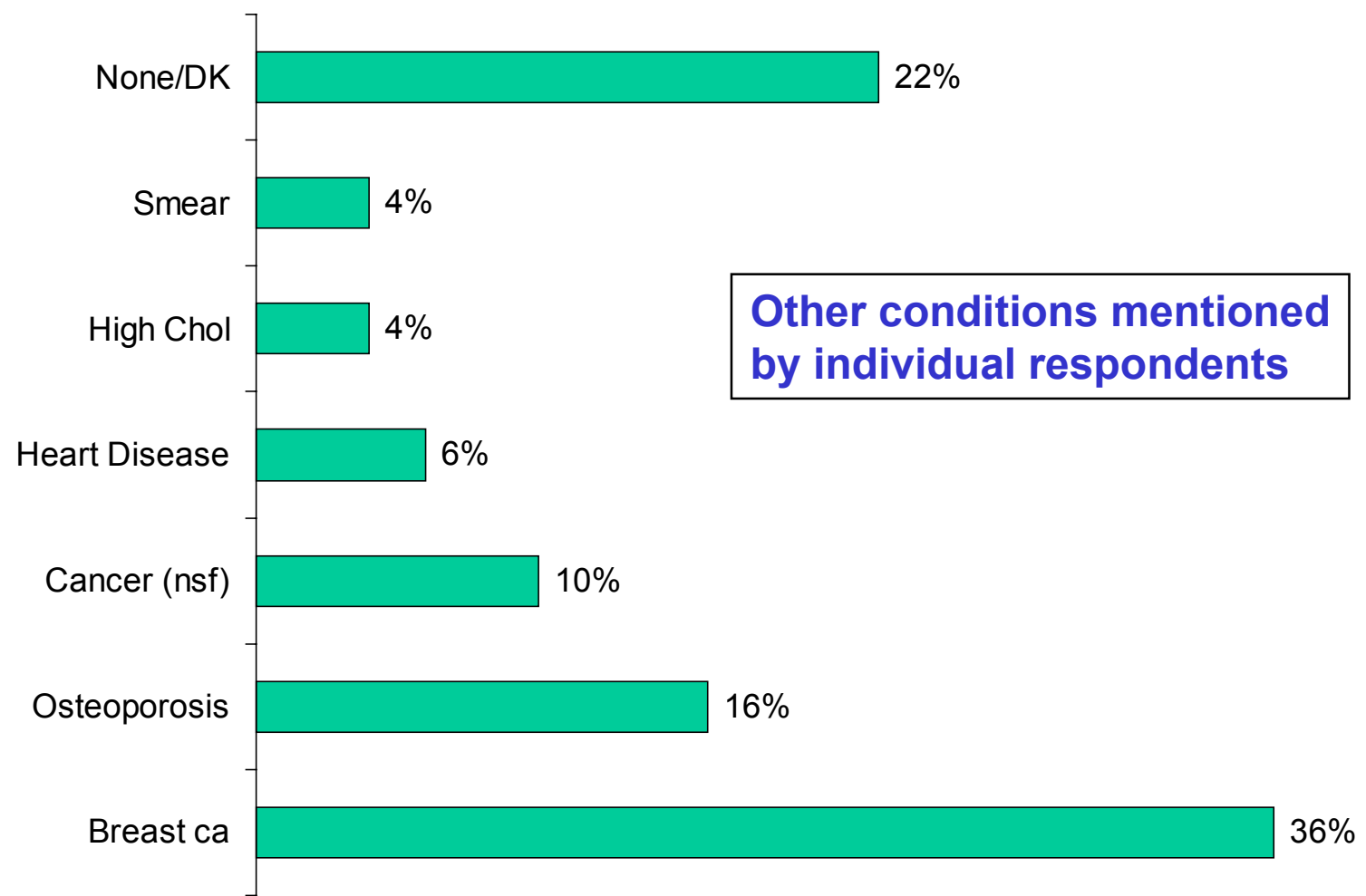
Base: All female respondents who currently have health concerns (n=31)

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



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

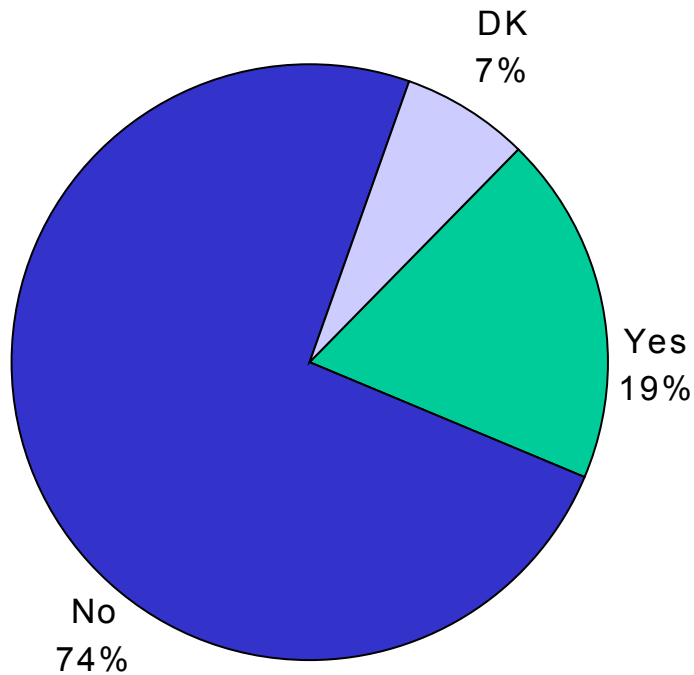
# Q.9 Diseases screened for over last 5 years



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

# Osteoporosis Screening

## Q.10 Whether been screened for osteoporosis



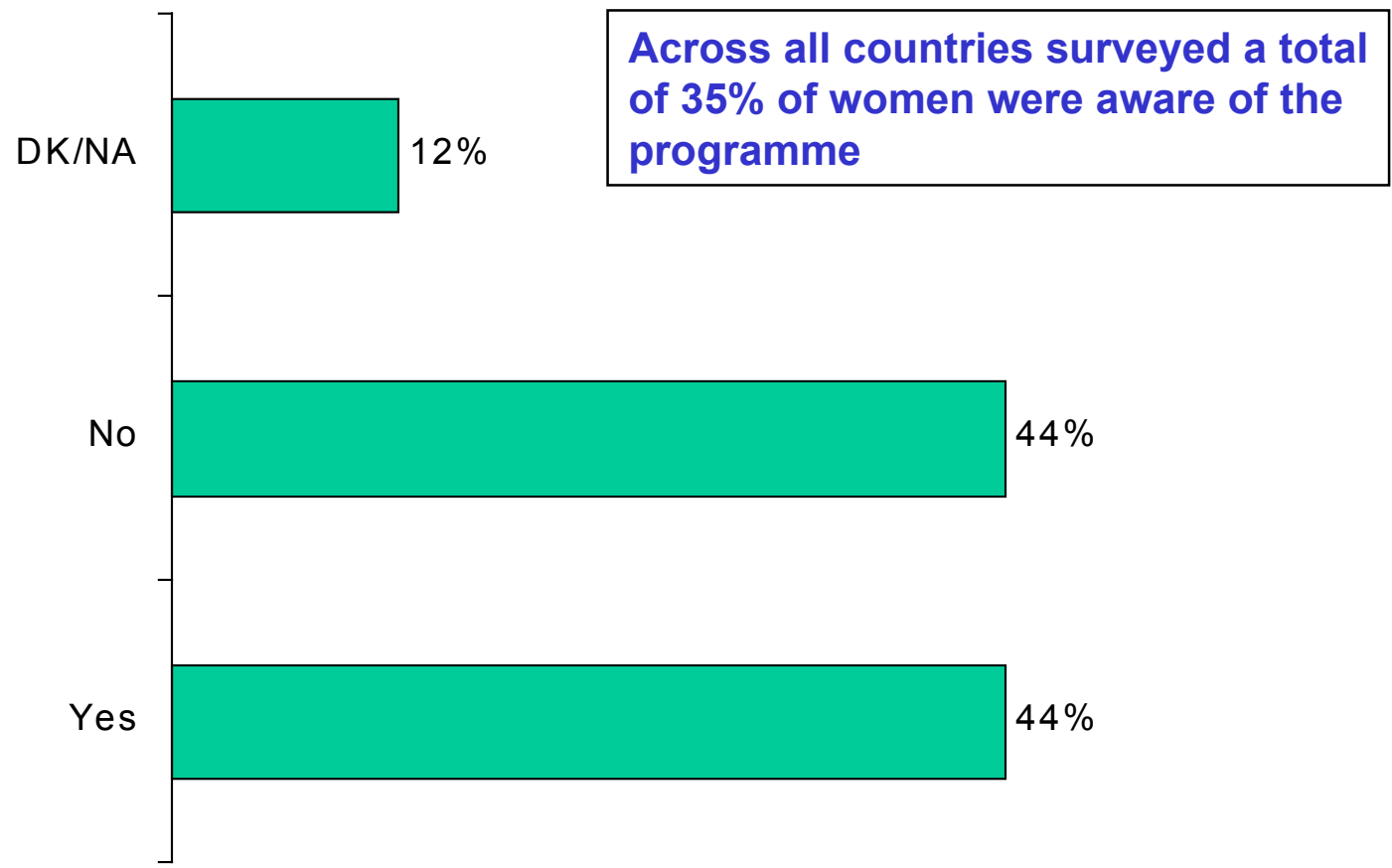
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=42)

## Q.11 Reasons for being screened for osteoporosis

Reason	Count
<b>Base:</b>	<b>16</b>
Asked to be screened	4
At risk as post-men.	3
Regular check-up	2
Recommended by doctor	2
Suffered loss of height	1
Family history of o/p	1
Suffer pain in back	1
Suffered vertebral fracture	1
Age	1
Aching bones	1
Fell over	1



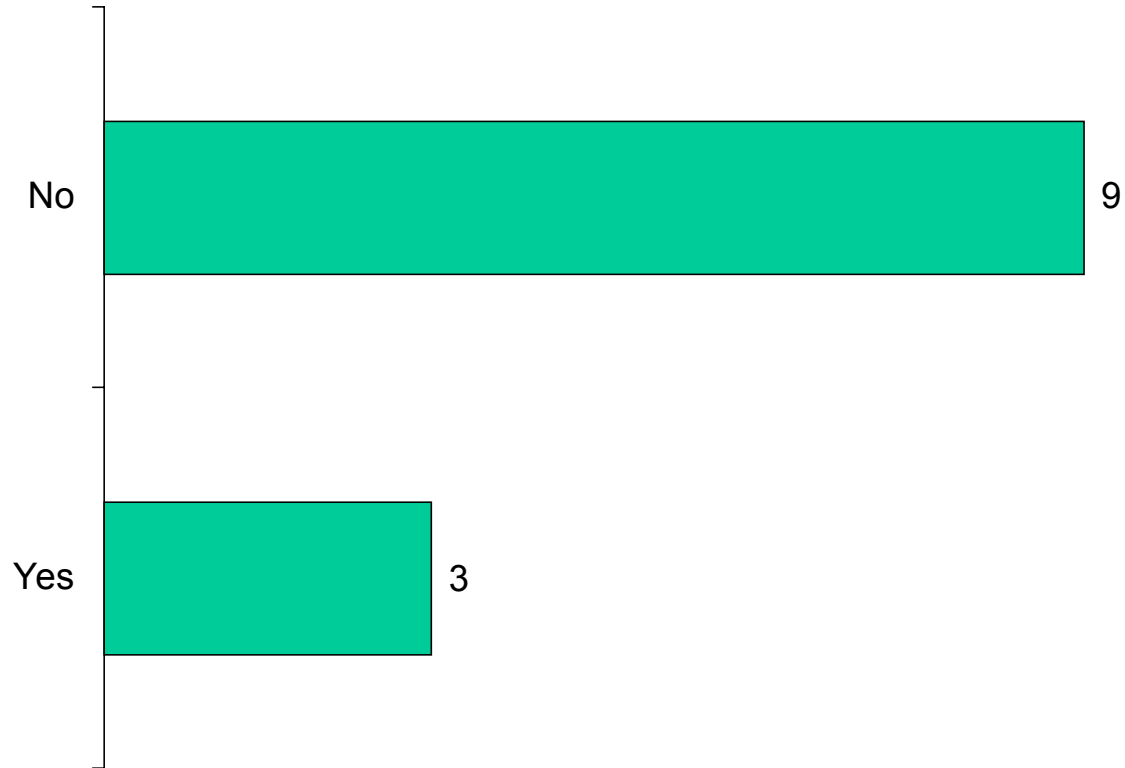
# Q.12 Awareness of Osteoporosis Screening Programme



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

<b>Base: Postmenopausal women aged 41+</b>	<b>50</b>	
	<u>Can</u>	<u>All Count</u>
Increased risk of further fractures	84%	69%
Reduced quality of life	74%	48%
Fear of next fracture/fall	74%	50%
Loss of height	70%	46%
Long term pain	66%	33%
Inability to live independent life	56%	32%
Loss of self esteem	50%	27%
None of the above	2%	
DK/NA	8%	

# Q.14 Proportion suspected osteoporosis prior to diagnosis

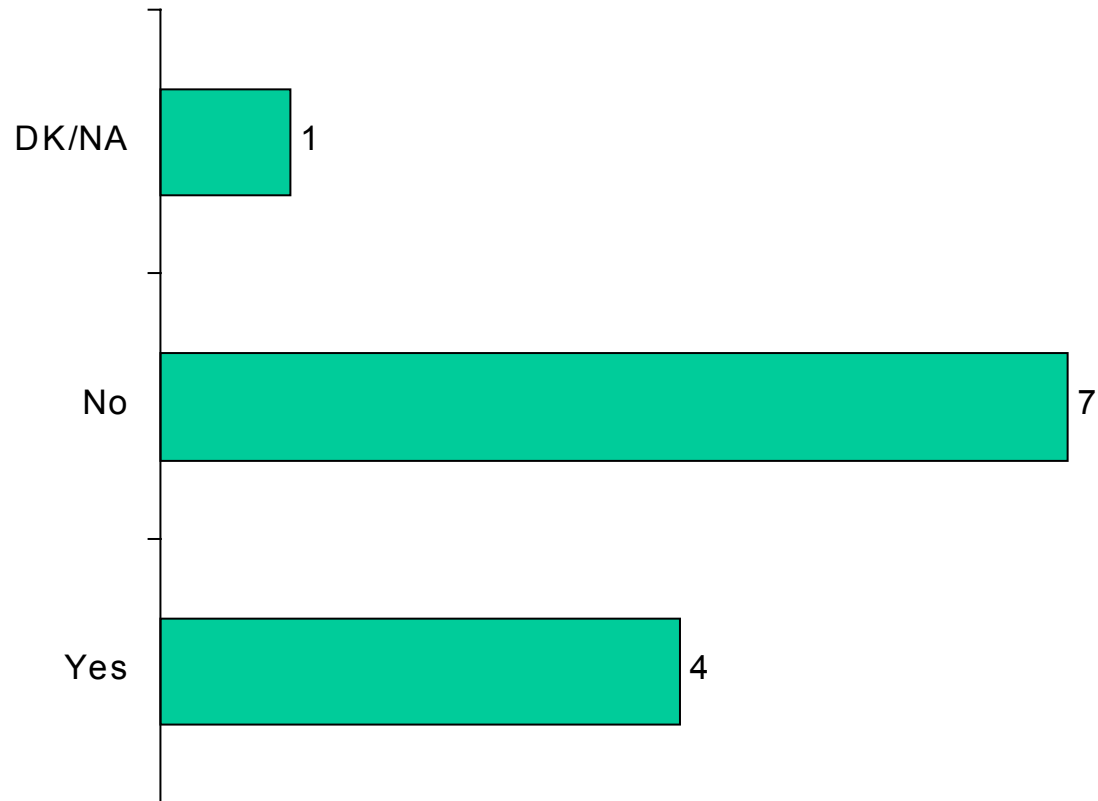


Base: Osteoporosis Sufferers (n=12)

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

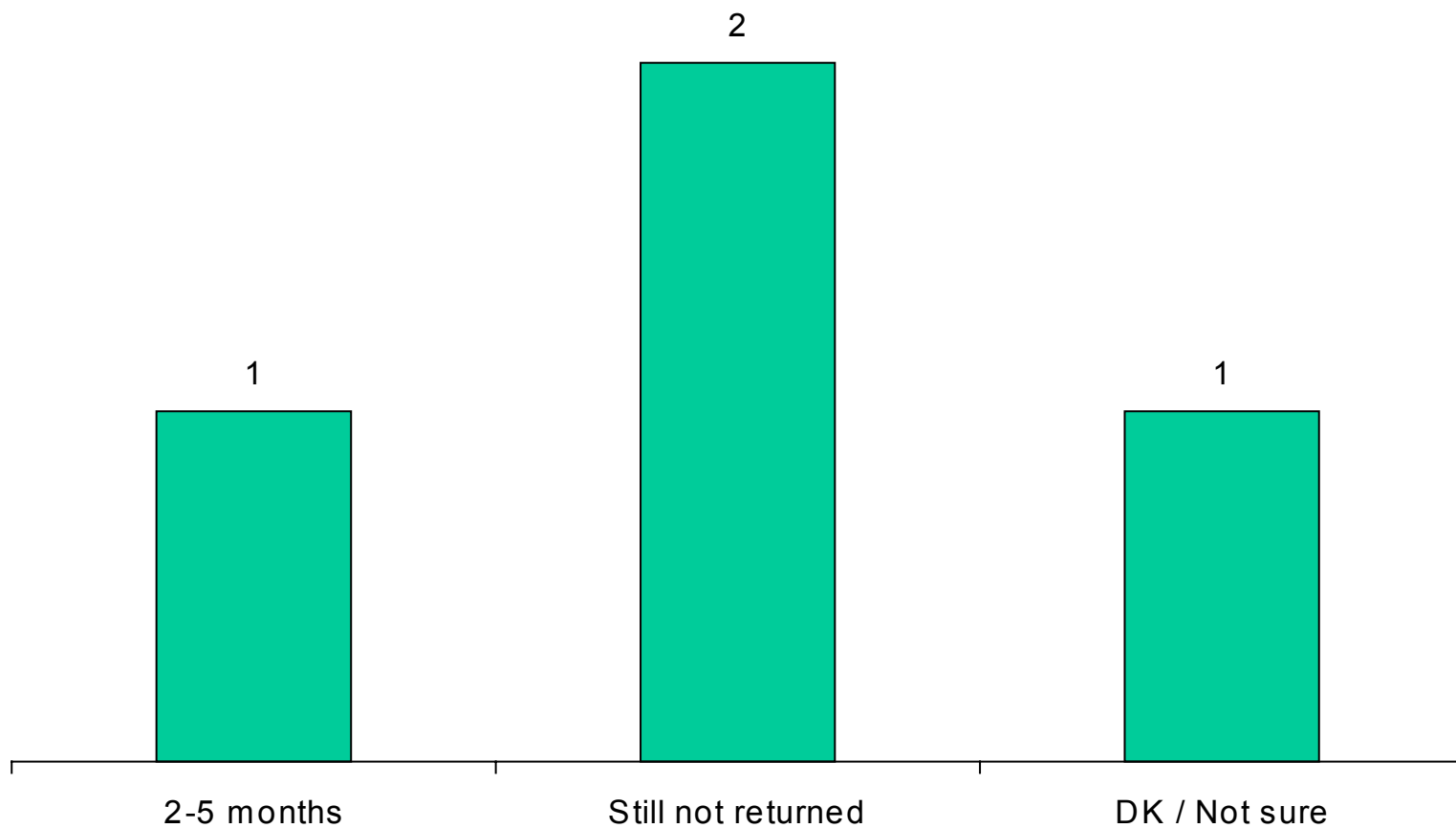
<b>Base: Osteoporosis sufferers</b>	<b>12</b>
Can't go for long walks	3
Less able to get from place to place	3
Cannot lift heavy weights	2
Live in fear of breaking a bone	2
Cannot participate in sports	2
Reduced activities	1
Feel less attractive	1
Living independently without relying on carers	1
Can't stand for long	1
Pain in joints	1
None	5

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



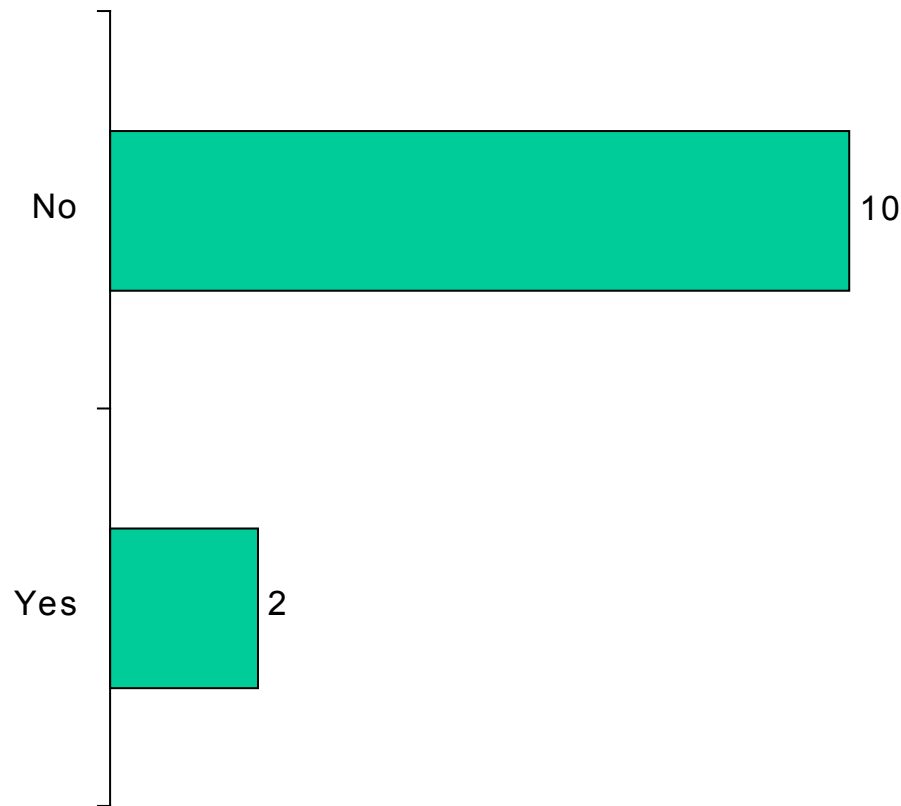
Base: Osteoporosis sufferers (n=12)

# Q.15c Length of time taken to recover from fracture



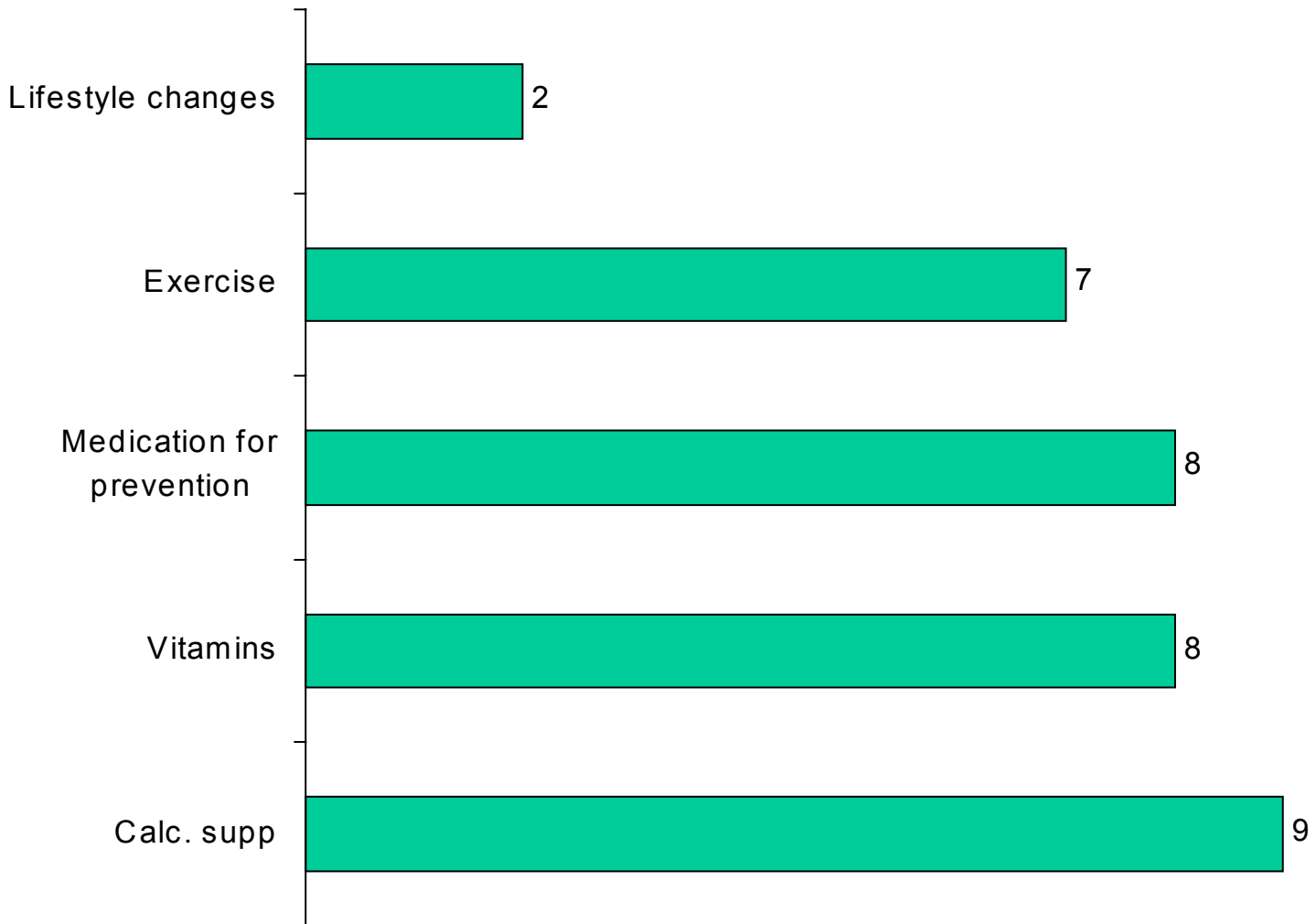
Base: Respondents suffered from fracture caused by osteoporosis (n=4)

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



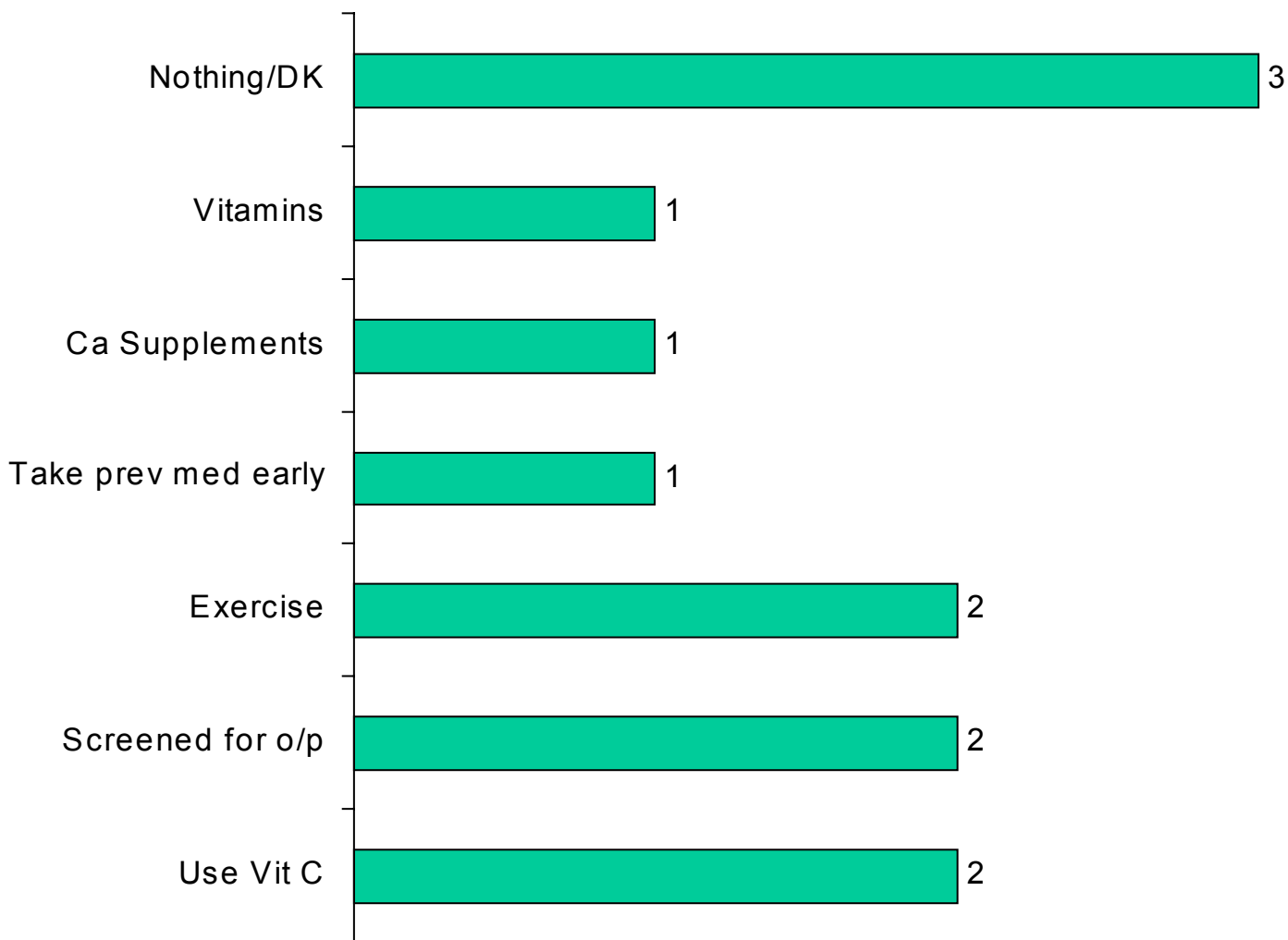
Base: Osteoporosis sufferers (n=12)

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



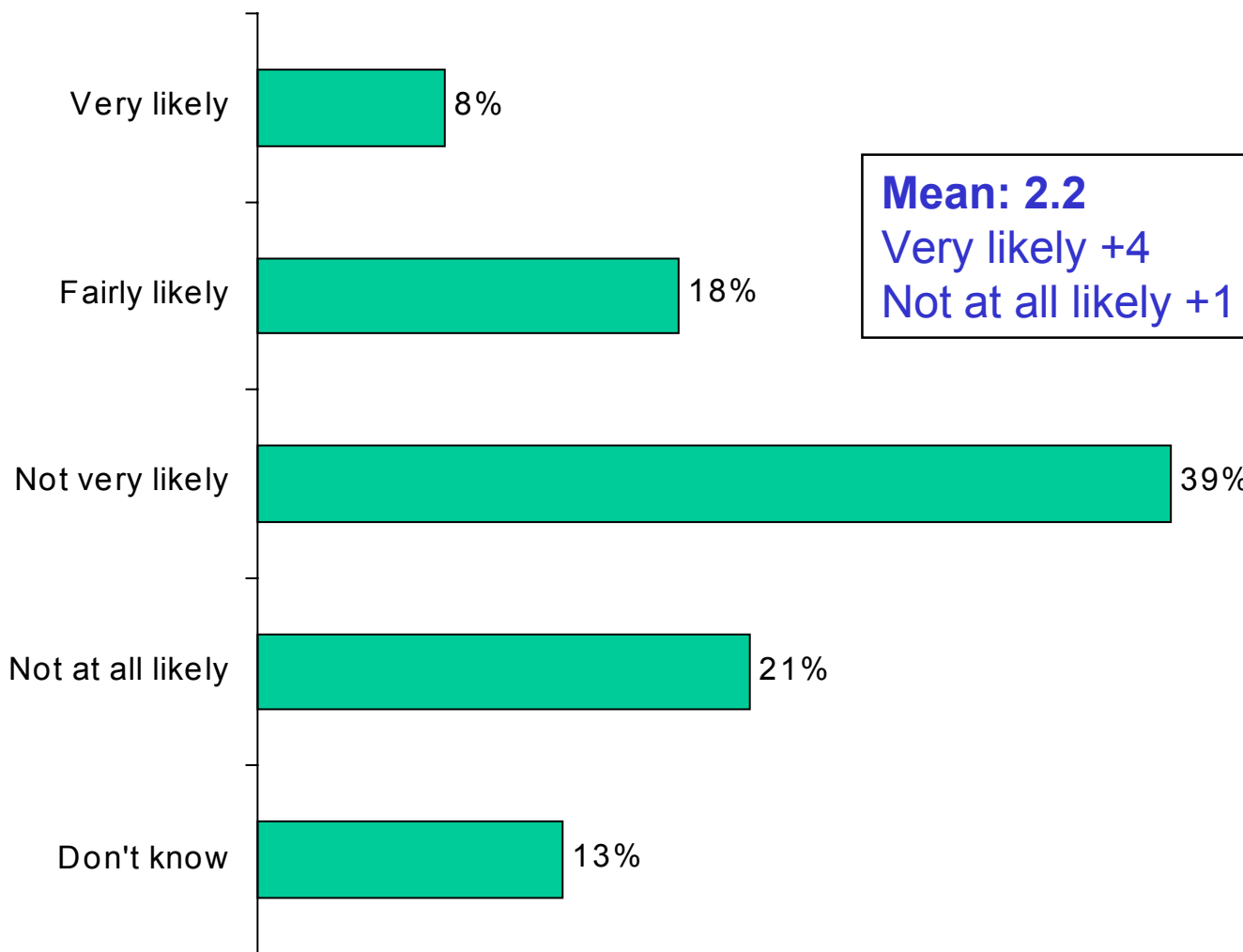
Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=10)

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



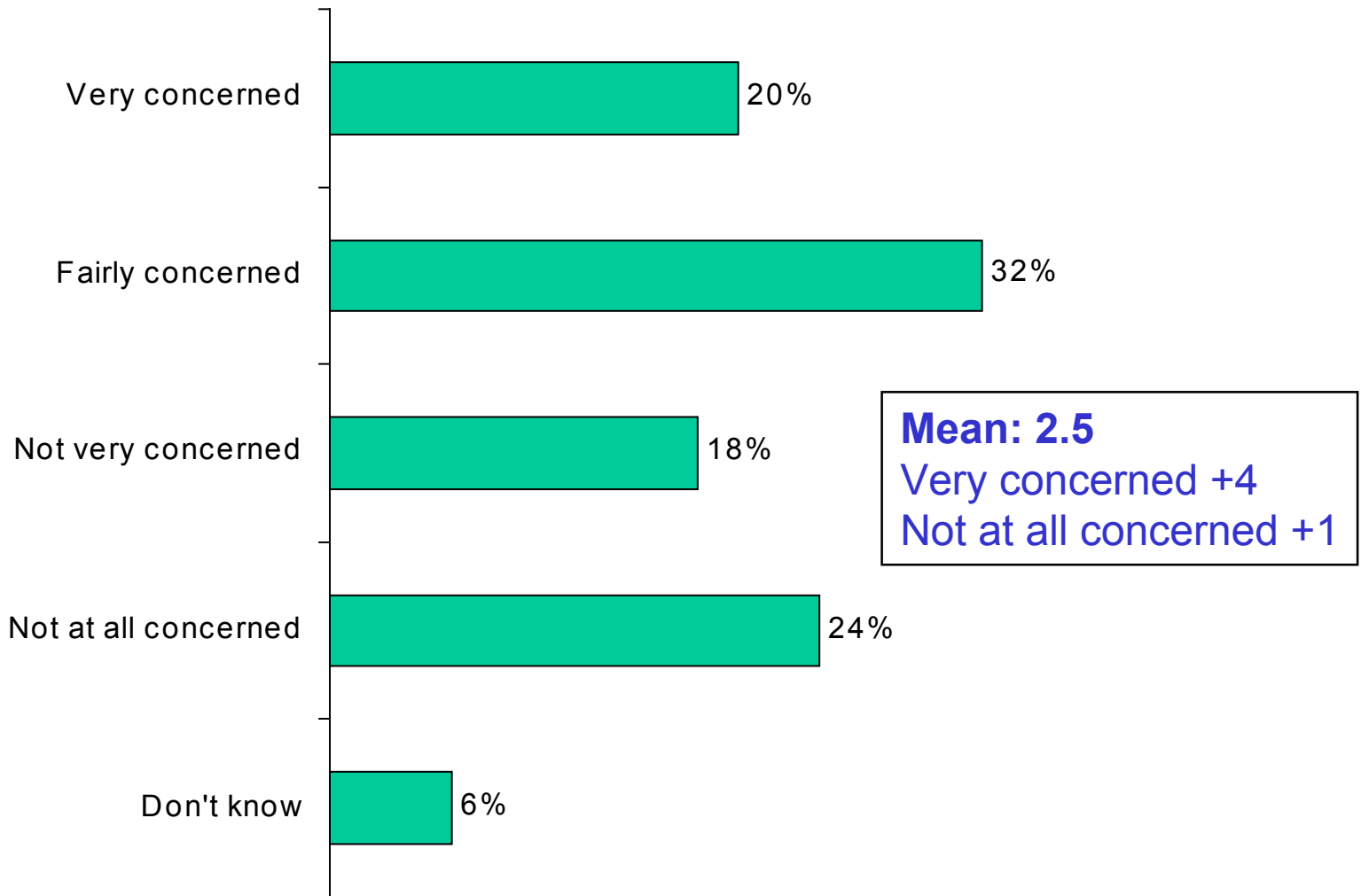
Base: Osteoporosis sufferers (n=12)

# Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=38)

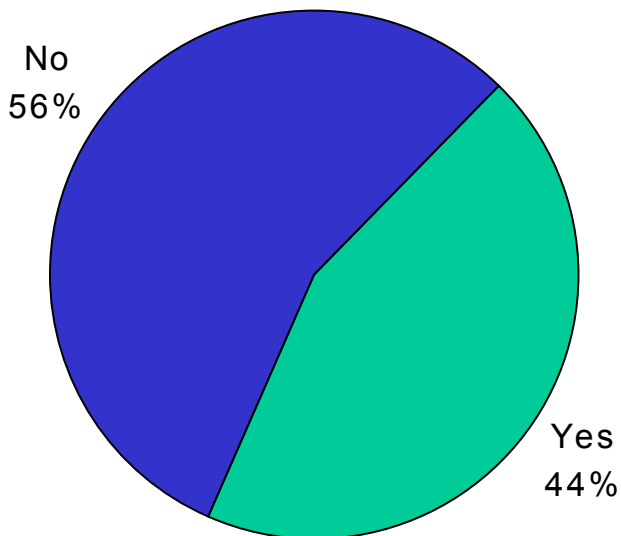
# Q.19 Degree of concern about long-term health risks of osteoporosis



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

# Whether discussed osteoporosis with doctor

## Q.20 Whether discussed osteoporosis with doctor



## Q.21 Reasons for discussing osteoporosis with a doctor

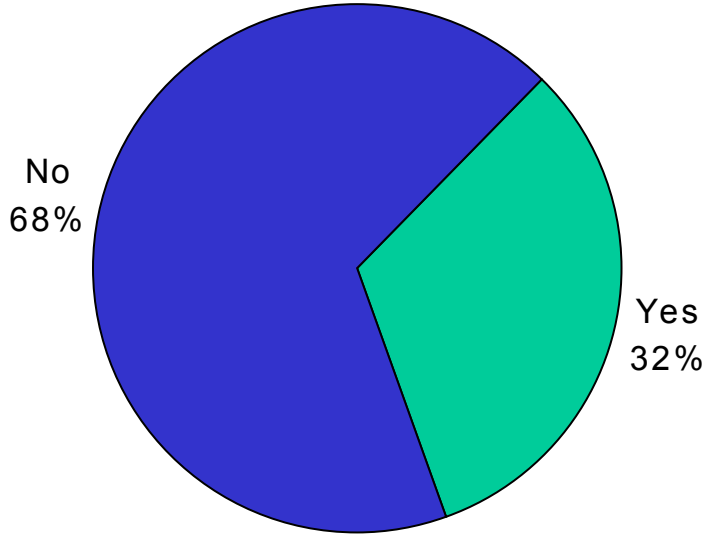
<b>Base</b>	<b>22</b>
Thought might be at risk	9
Doctor initiated discussion	6
Already had fracture	2
Dr. init as post-menopausal	2

Other reasons mentioned by individual respondents

Base: All female respondents aged 41+ who have been through the menopause

# 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 a total of 51% of women said 'yes'

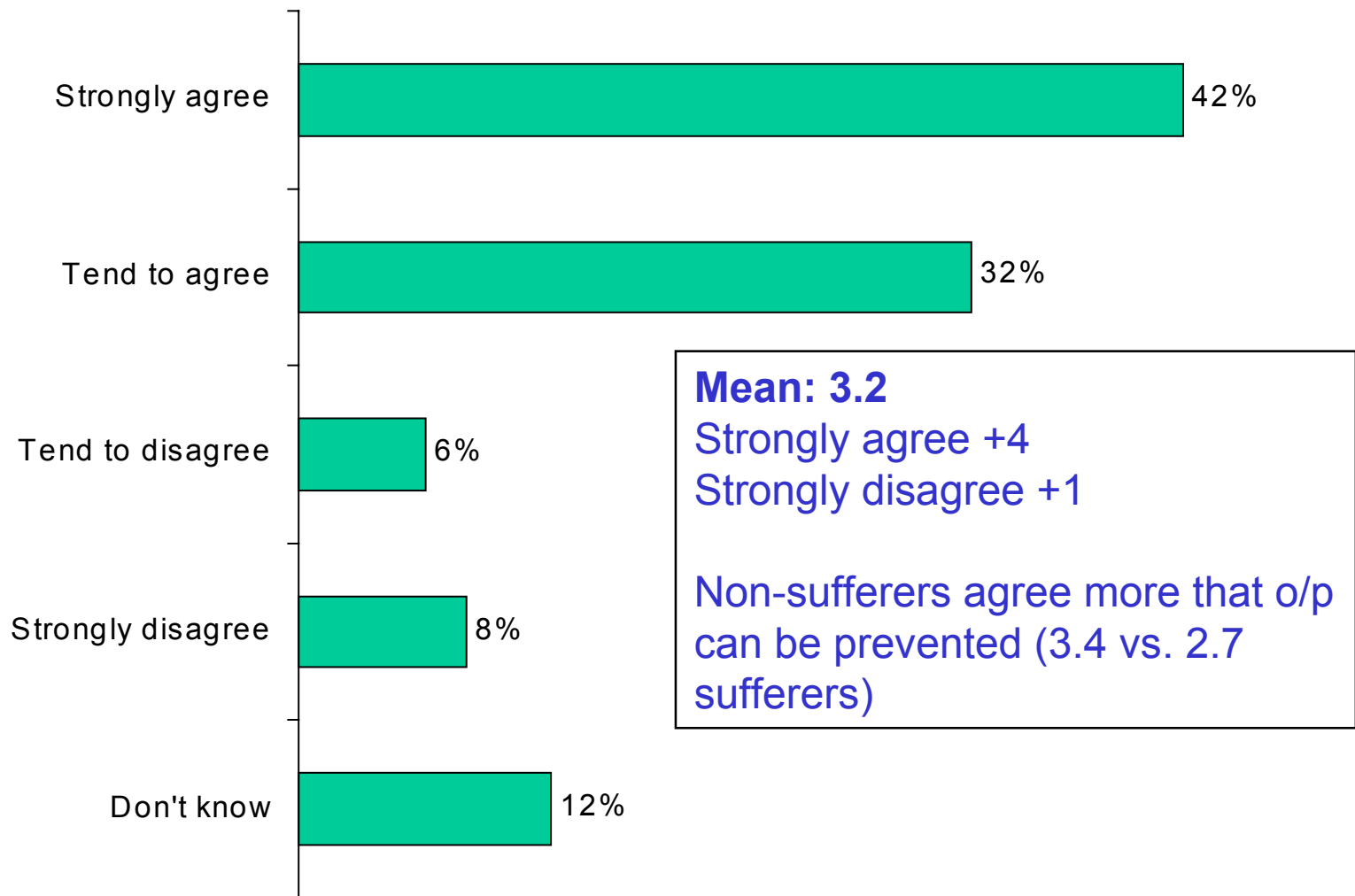
Base: Respondents who have discussed osteoporosis with their doctor (n=22)

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

Base	15
Doctor didn't raise it	4
Don't want to think about health risks	2
Lack of time with doctor	2
Don't have it	2
Doesn't affect life	2
Never thought about it	1
Too scared	1
Don't Know	1



# Q.24 Extent of agreement that osteoporosis can be prevented



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

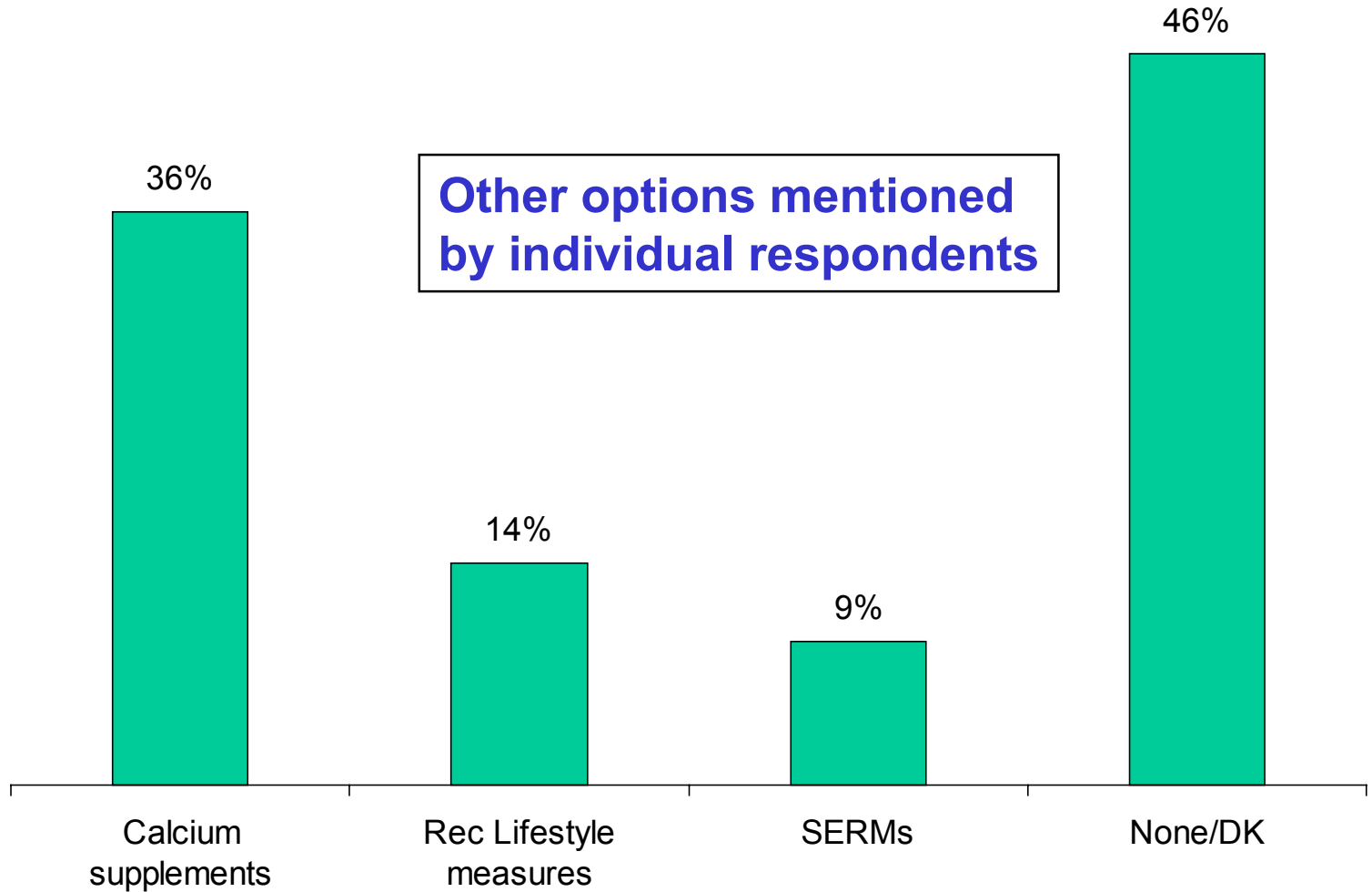
# Q.25 Best ways of preventing osteoporosis

**Base: Respondents who agree osteoporosis can be prevented**

Healthy diet *	54%
Exercise	54%
Calcium supplements *	46%
Positive Attitude	11%
Vitamin D	8%
Using specific osteoporosis treatment	5%
Regular check-ups	5%
More information	5%
HRT	5%
Don't know	5%

**\* Mentioned by 78% of women**

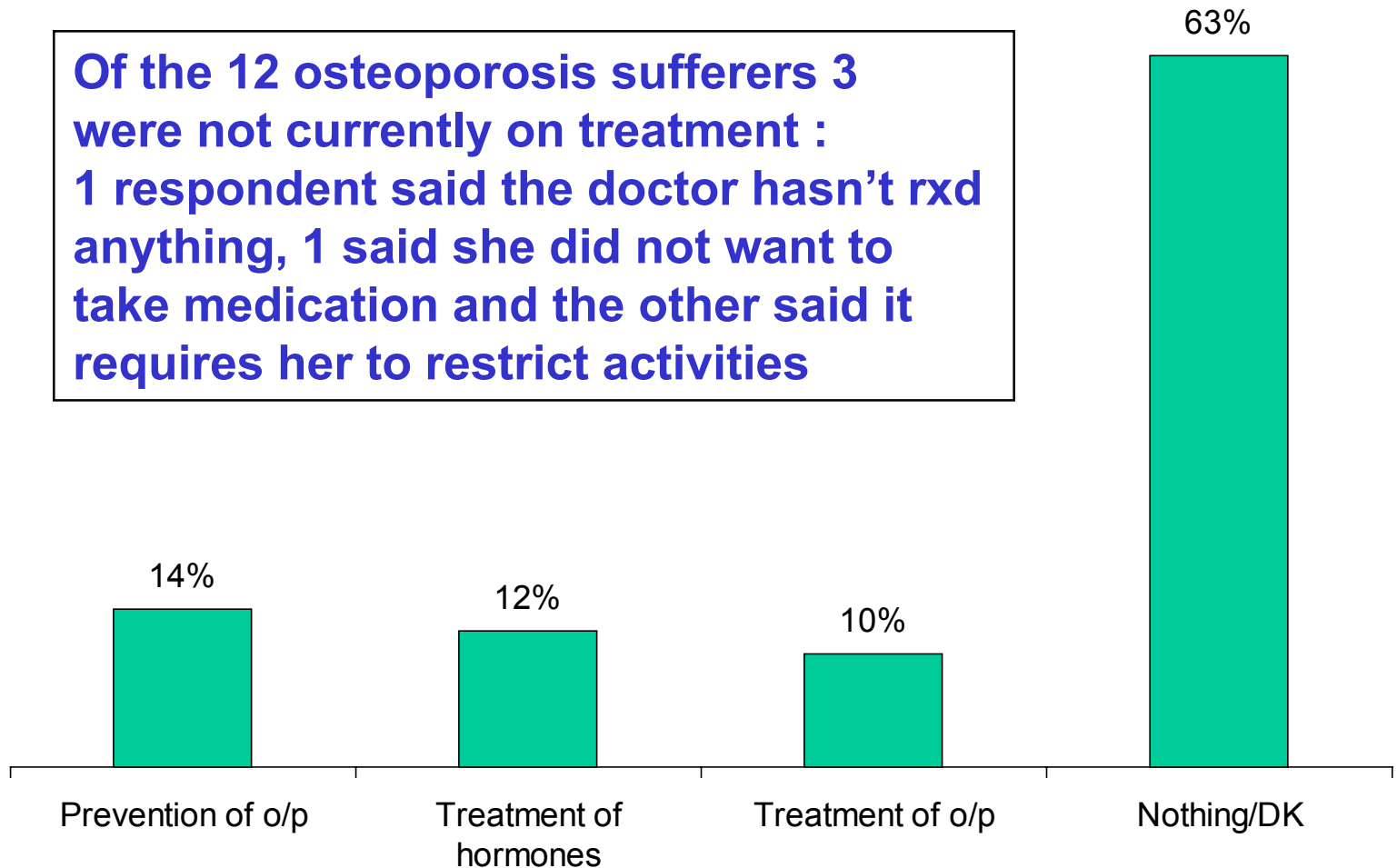
# Q.26 Therapy options doctor has discussed in relation to osteoporosis



Base: Respondents who have discussed osteoporosis with their doctor (n=22)

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

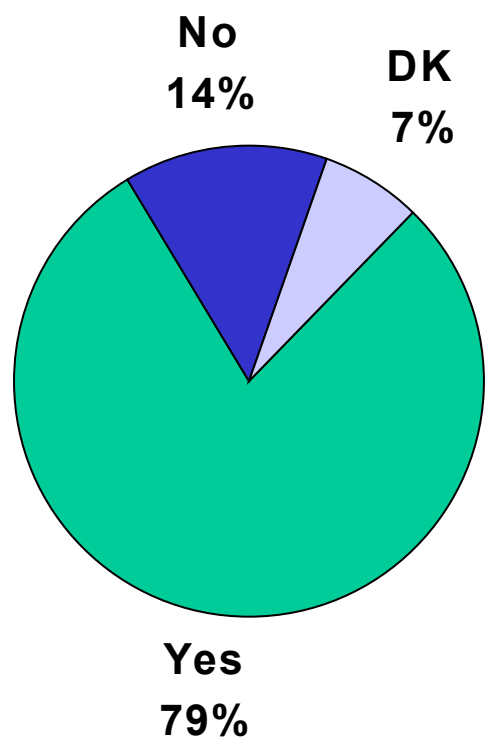
Of the 12 osteoporosis sufferers 3 were not currently on treatment :  
1 respondent said the doctor hasn't rxd anything, 1 said she did not want to take medication and the other said it requires her to restrict activities



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

# Attitude towards long-term preventative therapy for osteoporosis

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



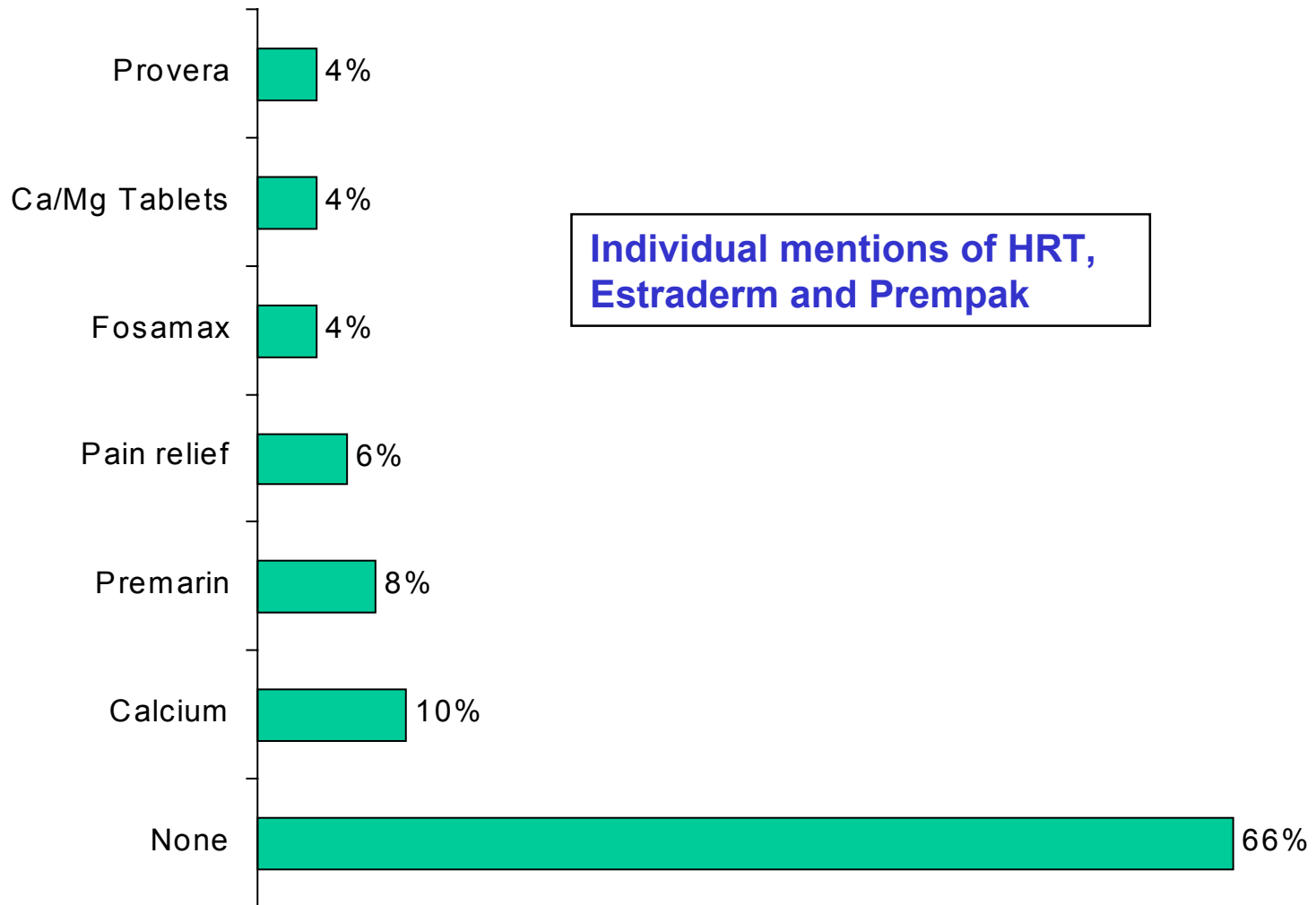
Base: Respondents not taking long-term prevention of osteoporosis (n=43)

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

Concern	Percentage
Base: Respondents on long-term prevention	43
Side effects	19%
Don't want to take med l/t	9%
Lack of information	5%
If didn't work	2%
Concern about risk of breast cancer	2%
Concern about affect on heart	2%
Family responsibility	2%
Inconvenience	2%
Dr did not insist	2%
Nothing	33%
Don't know	30%



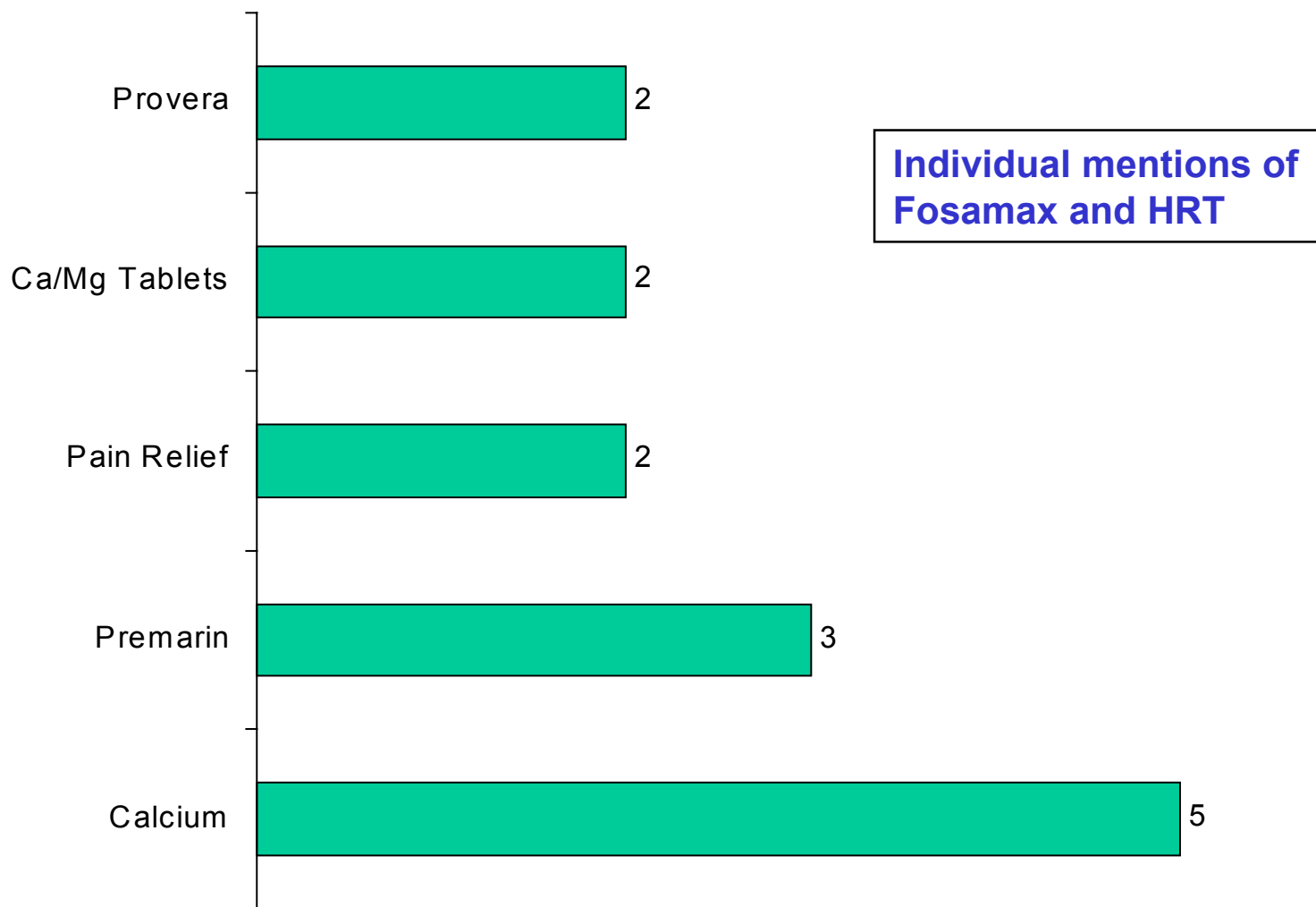
# Q.31 Products ever used for the prevention/treatment of osteoporosis



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 osteoporosis (n=17)

## Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	50
Osteoporosis should be viewed as a serious condition	94%
It is very important to effectively prevent spinal fractures	94%
It is very important to effectively prevent osteoporosis	86%
If I had a vertebral fracture I am sure I would know about it	78%
If you can prevent or treat vertebral frac you can prevent hip	68%
Getting fragile/brittle bones is an inevitable part of the ageing process	68%
I am concerned about the l/t effects to my health of taking HRT	62%
I feel I have enough info and knowledge on osteoporosis	60%
A medicine that can treat a disease is generally more effective than one that can just prevent it	58%
Doctors generally have enough resources to effectively manage o/p	46%
Osteoporosis is not a life-threatening condition	46%
Doctors in this country do not seem to take o/p seriously	44%
I would like to be/wish I had been screened for o/p	44%
I wish I had taken medication earlier to prevent osteoporosis	36%

## Summary

## Summary

- v The average age of the women taking part in the survey was 62, of whom 24% were suffering from osteoporosis
- v On average the women had visited their GP 3 times in the last year
  - v much lower than the 'average' number of visits reported by all countries surveyed which was 6.5 times
- v The women's health concerns were heart disease (>third) followed by osteoporosis (fifth). >third of women claimed to have no health concerns
- v The one main health concern that the women had was heart disease (>third), followed by osteoporosis (<quarter)

## Summary

- v Three-quarters of the women said that they exercised or ate healthily to improve or maintain long-term health. Only 4% said they take medication to improve/maintain health. A tenth of women said they did nothing to improve their health
- v Over a third of the women said that they had been screened for breast cancer, and, on prompting, a third had been screened for osteoporosis
- v A quarter of women said they asked the doctor to be screened. Only a tenth of women said they were screened on the recommendation of their doctor

## Summary

- v Of those who had not been screened, <half were aware that there was a screening programme - higher than the average awareness across all countries (third)
- v There was much higher awareness of the long-term health risks associated with osteoporosis amongst the women in Canada vs. the average across all countries
  - v 8 out of 10 associated it with an increased risk of further fractures
  - v 7 out of 10 associated osteoporosis with a reduced quality of life, fear of the next fracture/fall or loss of height
  - v Two-thirds of women associate osteoporosis with loss of height and >half an inability to lead an independent life.
- v A quarter of women with osteoporosis suspected that they had the disease prior to diagnosis, whilst only two women were aware that they were at risk.

## Summary

- v Over half of the sufferers said that the disease had a major impact on their quality of life
- v 9 out of 10 women said they would have taken calcium supplements if they had known they were at risk of osteoporosis, with 8 saying medication for prevention and/or vitamins
- v 3 of the 12 sufferers said they wouldn't tell anything to other women about osteoporosis, with 2 mentioning exercise, get screened for osteoporosis or to use Vitamin C
- v >quarter of women said they felt they were likely to develop osteoporosis in the future and >half were concerned about the long term health risks of the disease
- v 44% of women had discussed osteoporosis with a doctor

## Summary

- v Of those that had discussed osteoporosis with a doctor, >two-fifths said it was because they thought they were at risk of a fracture, and a quarter said their doctor initiated the discussion.
- v <third of women who had discussed osteoporosis with a doctor had discussed the long term health risks. This is lower than the average across all women surveyed (51%)
- v Three-quarters of women believed that osteoporosis can be prevented, with the best way of prevention being a healthy diet and/or exercise (54%). Under a half mentioned calcium supplements whilst 5% said using specific osteoporosis treatments.

## Summary

- v Of the women who have discussed osteoporosis with a doctor, <half could not remember discussing therapy options.
- v >third of women were actually taking medication for osteoporosis /hormonal problems
- v 3 of the 12 osteoporosis sufferers were not currently taking medication for the condition
- v 8 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, a third of women said nothing would stop them taking long term prevention if recommended by their doctor

## Summary

- v 9 out of 10 women believed that osteoporosis should be viewed as a serious condition or felt that it was very important to effectively prevent spinal fractures
- v 8 out of 10 women agreed that it is very important to effectively prevent osteoporosis
- v Three-quarters agreed that they would know if they had a vertebral fracture
- v Two-thirds of women believed that if you can prevent/treat vertebral fractures, you can prevent hip fractures and/or getting fragile/brittle bones is an inevitable part of the ageing process

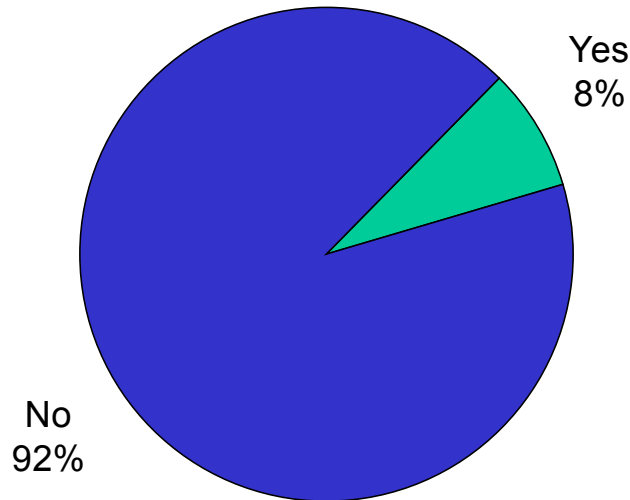
## Summary

- v 6 out of 10 women said that they are concerned about the long term effects to their health of taking HRT and/or felt that they had enough information/knowledge on osteoporosis
- v Two-fifths said that they would not wish to be screened for osteoporosis and/or that doctors do not take osteoporosis seriously enough and/or felt that osteoporosis was a life-threatening condition
- v Two-thirds did not wish to take medication earlier to prevent osteoporosis

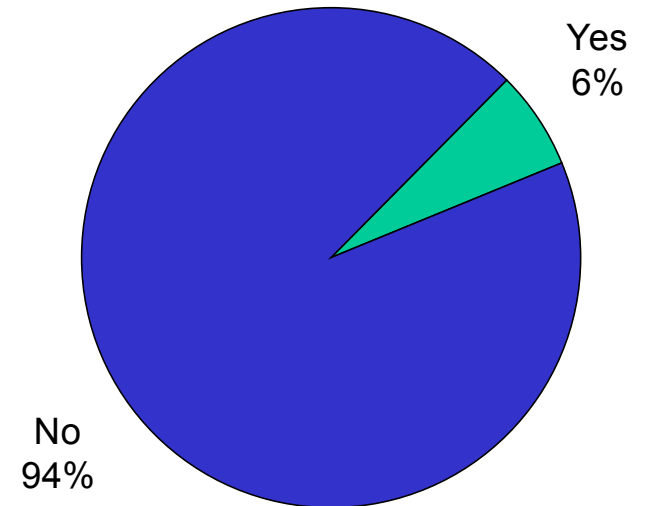
# Canadian GPs

# Clinics held in surgery

Menopause Clinic



Osteoporosis Clinic

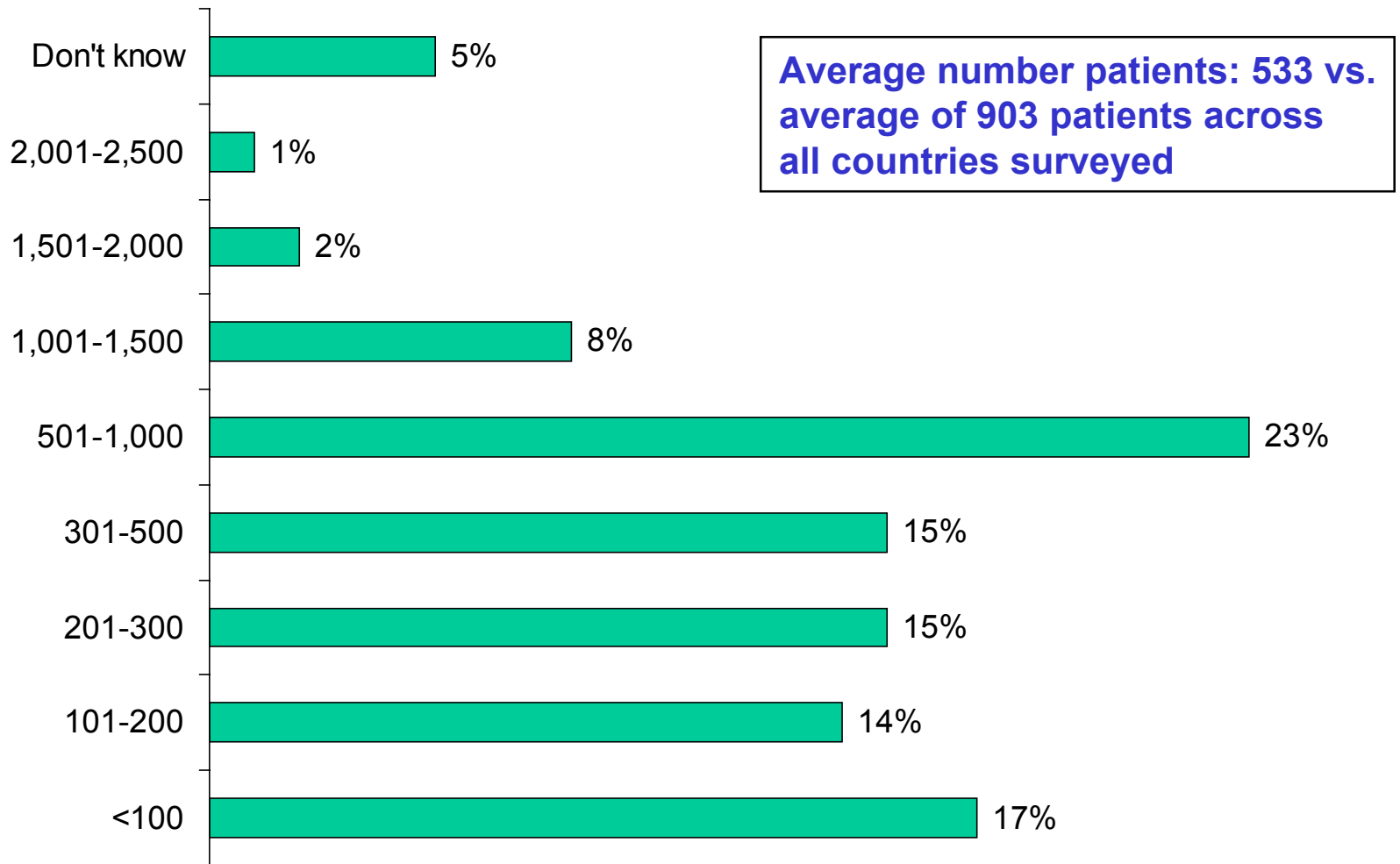


Across all doctors surveyed 23% held menopause clinics and 20% osteoporosis clinics

Base: GPs aged <65 (n=95)



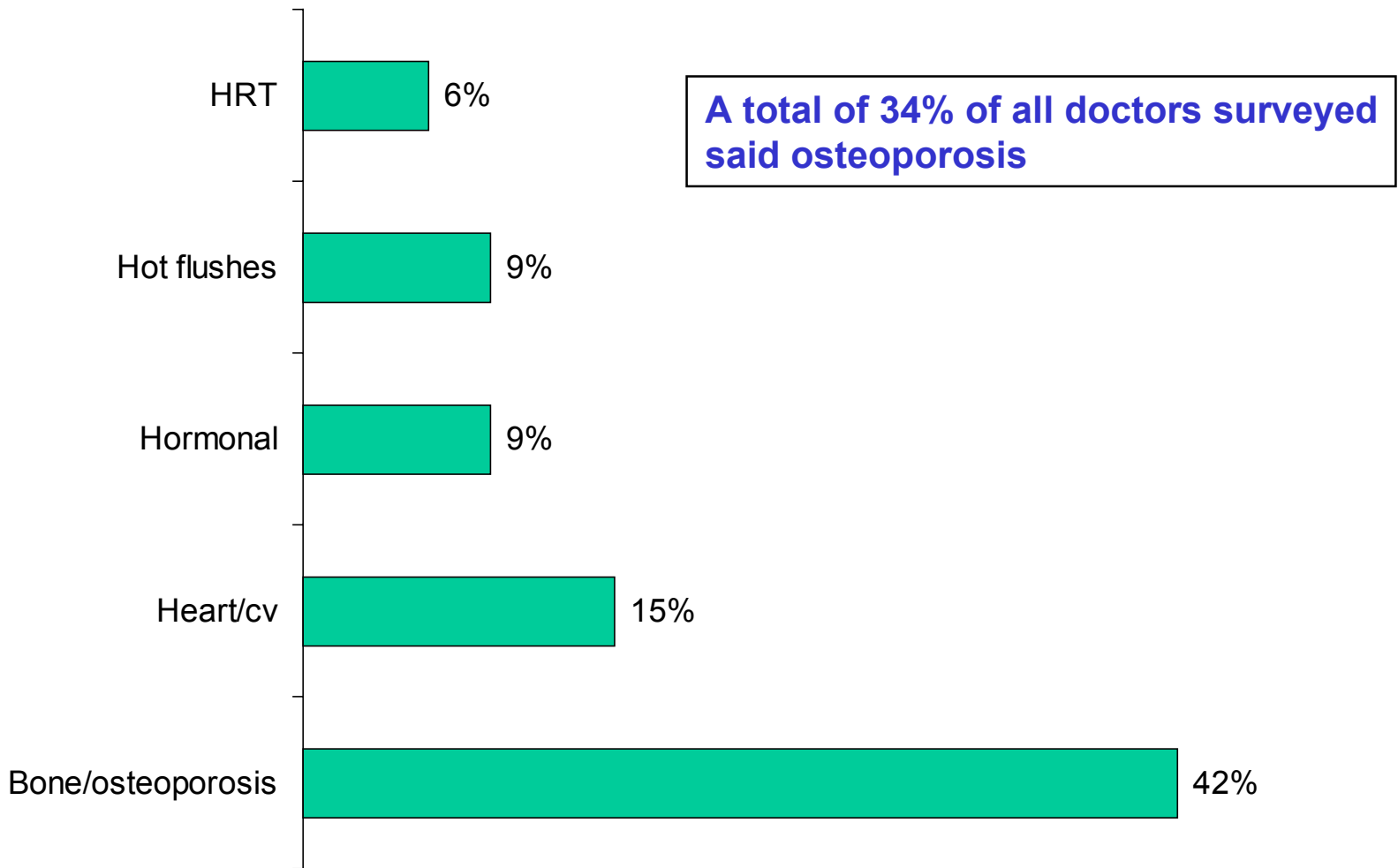
# Q.3 Number post-menopausal women in practice



Base: GPs aged <65 (n=95)



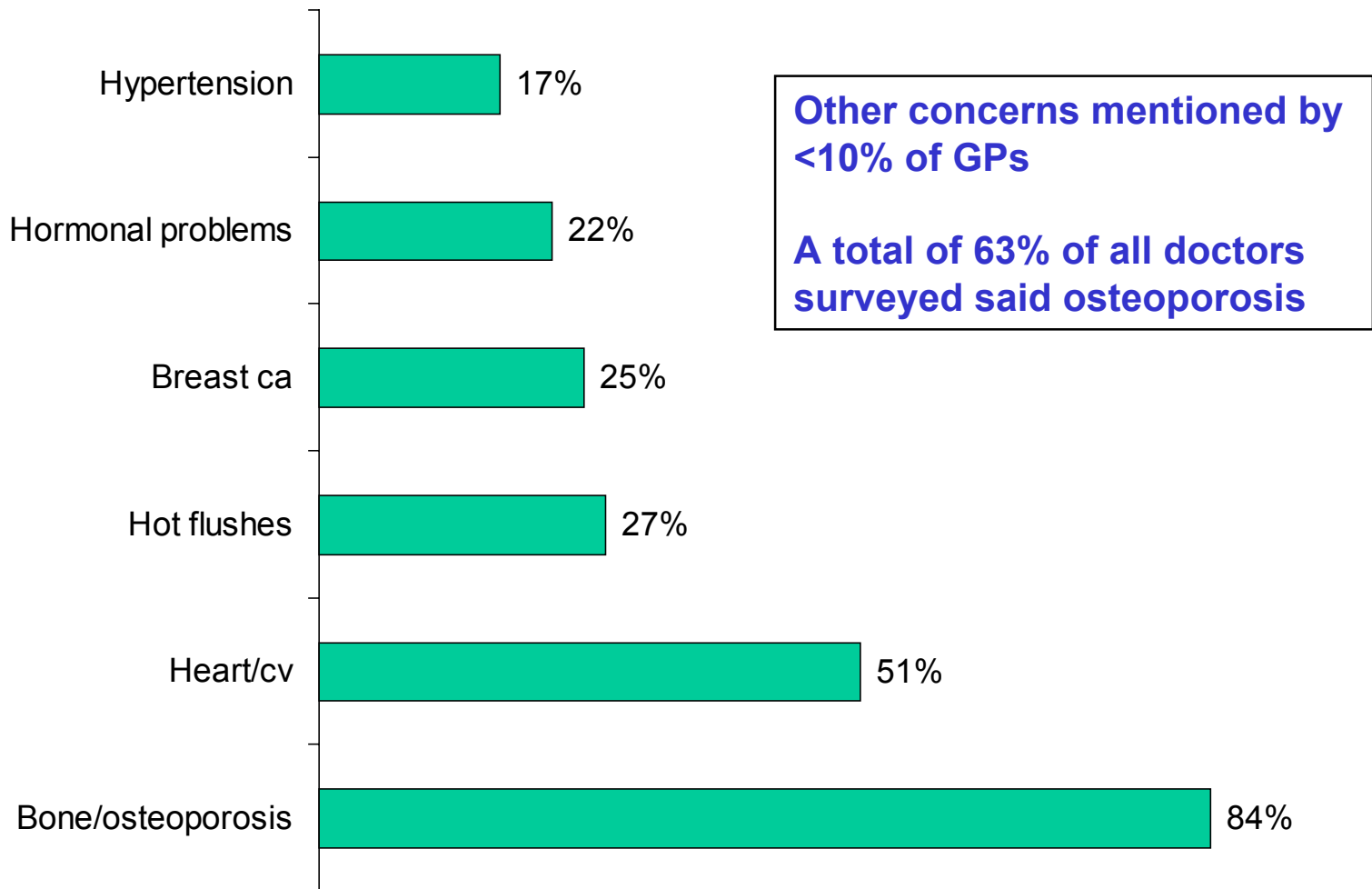
# Q.4 Key health concern discussed



Base: GPs aged <65 (n=95)



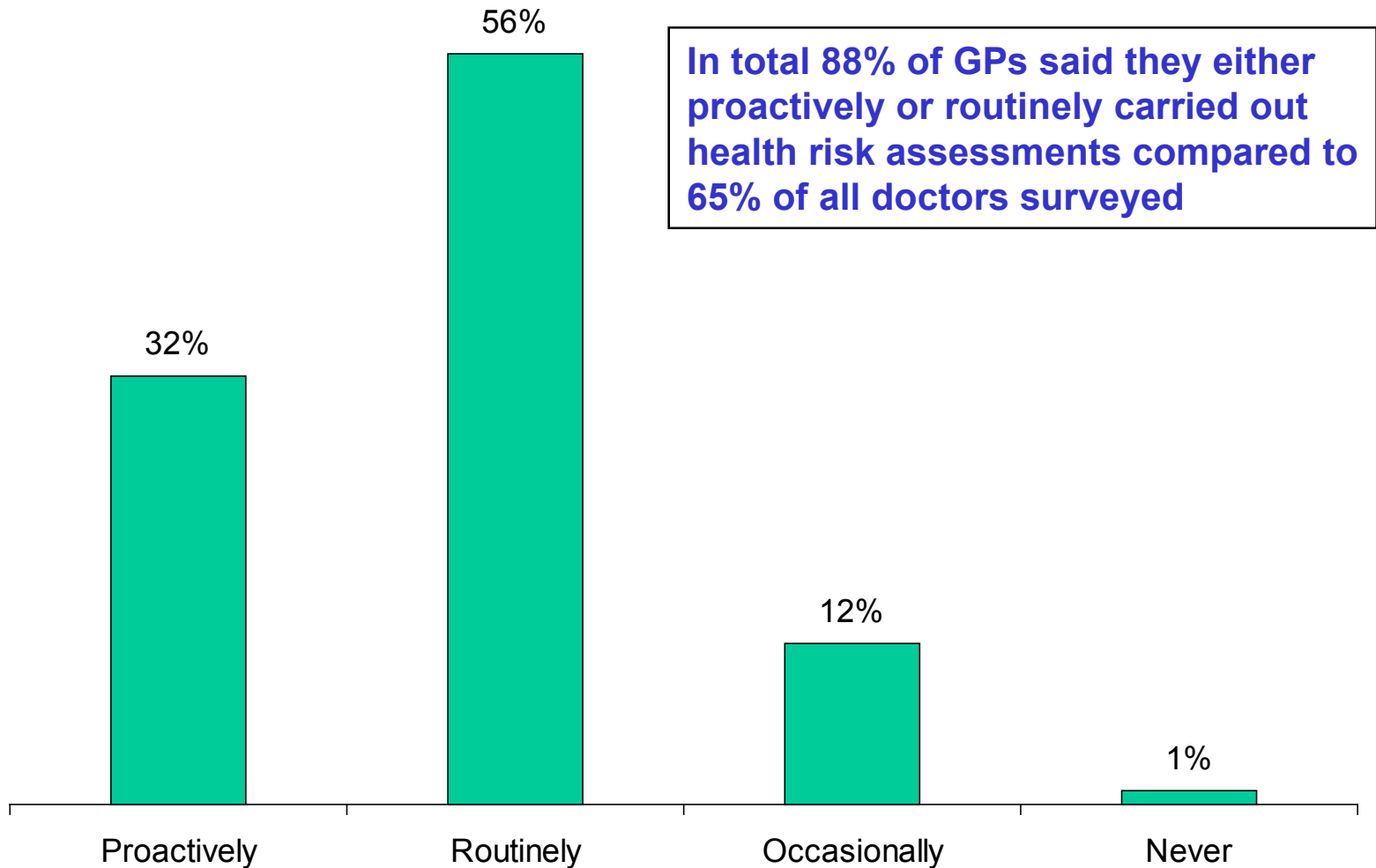
# Q.4/5 Total mentions of health concerns



Base: GPs aged <65 (n=95)



# Q.6 Approach to health risk assessment



Base: GPs aged <65 (n=95)

## Q.7 Limiters on health status reviews

<b>Base: All GPs</b>	<b>95</b>
Nothing	38%
Lack of time	24%
Patient's don't request it	7%
Reluctance from patients	7%
Don't have facilities/equipment	5%
Reimbursement/lack of funding	3%
That's the role of the patient	3%
Don't know	8%

**One fifth of all doctors surveyed said nothing limited the health review status they conduct**

Other reasons mentioned on individual basis

## Q.8a Definition of treatment

<b>Base: All GPs</b>	<b>95</b>
Starting medication when woman is at risk	65%
Starting medication when woman has developed o/p	16%
Starting medication when woman has first fracture	11%
Radiological/bone density scan evidence	9%

**43% of all doctors surveyed said they would define it as starting med. when a woman is at risk, whilst <third defined it as starting med. when a woman has developed**

## Q.8b Definition of prevention

<b>Base: All GPs</b>	<b>95</b>
Advising women on lifestyle adjustments to reduce risk	66%
Starting medication before the woman is at risk	21%
Drug/product class mentioned	8%
HRT	7%
Starting medication when woman is at risk but not suffered from fractures	7%

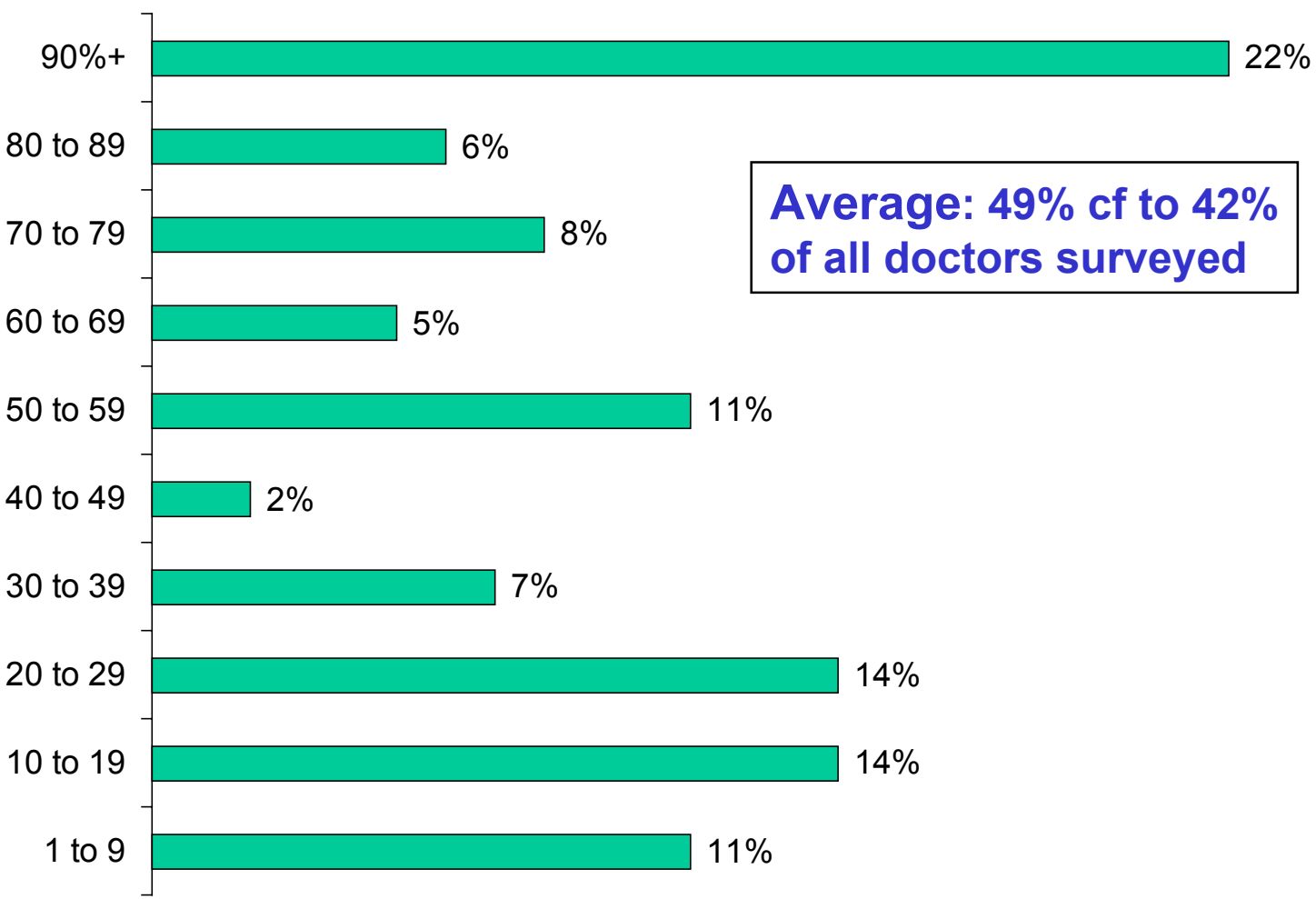
**Of all the doctors surveyed, 45% defined it as advising women on lifestyle changes, whilst a third defined it as starting med. before the woman is at risk**

## Q.9 Most negative effects of osteoporosis

<b>Base: All GPs</b>	<b>95</b>
Fracture/breaking a bone	83%
Pain	26%
Limiting affect on lifestyle	18%
Curvature of the spine	18%
Debilitation	13%
Lack of independence	13%
Mortality from fractures	12%

Other effects mentioned by <10% of GPs

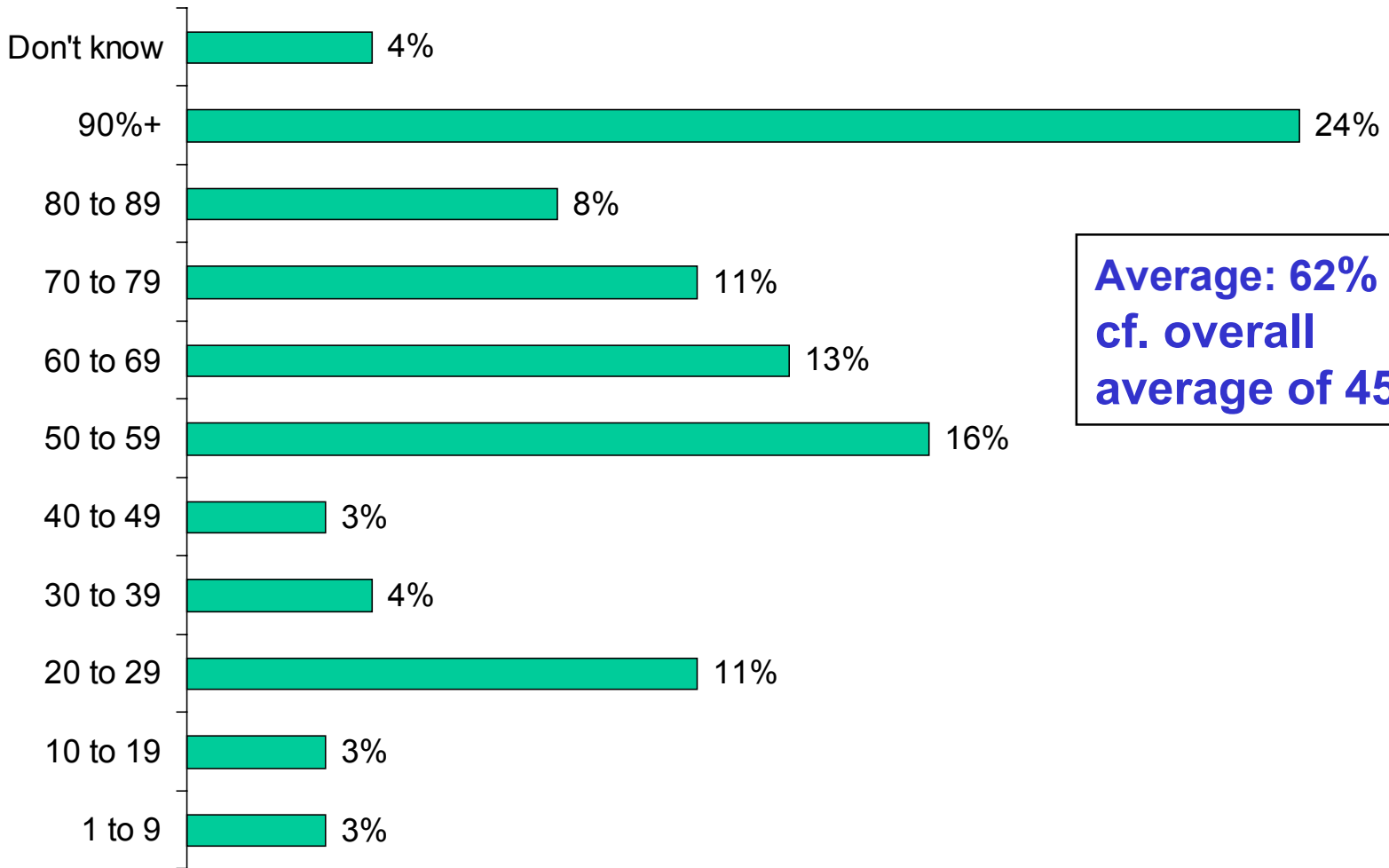
# Q.10 % patients rxd medication for treatment of osteoporosis



Base: GPs aged <65 (n=95)



# Q.11 % patients rxd medication for prevention of osteoporosis



Base: GPs aged <65 (n=95)

# Q.12a Inhibitors of rxing medication for prevention

<b>Base: All GPs</b>	<b>95</b>
Women are not good at complying with preventative medicine	37%
Side effects	18%
Women don't like dosage regimes of available treatments	17%
Cost	15%
Contra-indications	9%
Patients don't want to take medication	6%
None	15%
Other points mentioned by <5% of GPs	

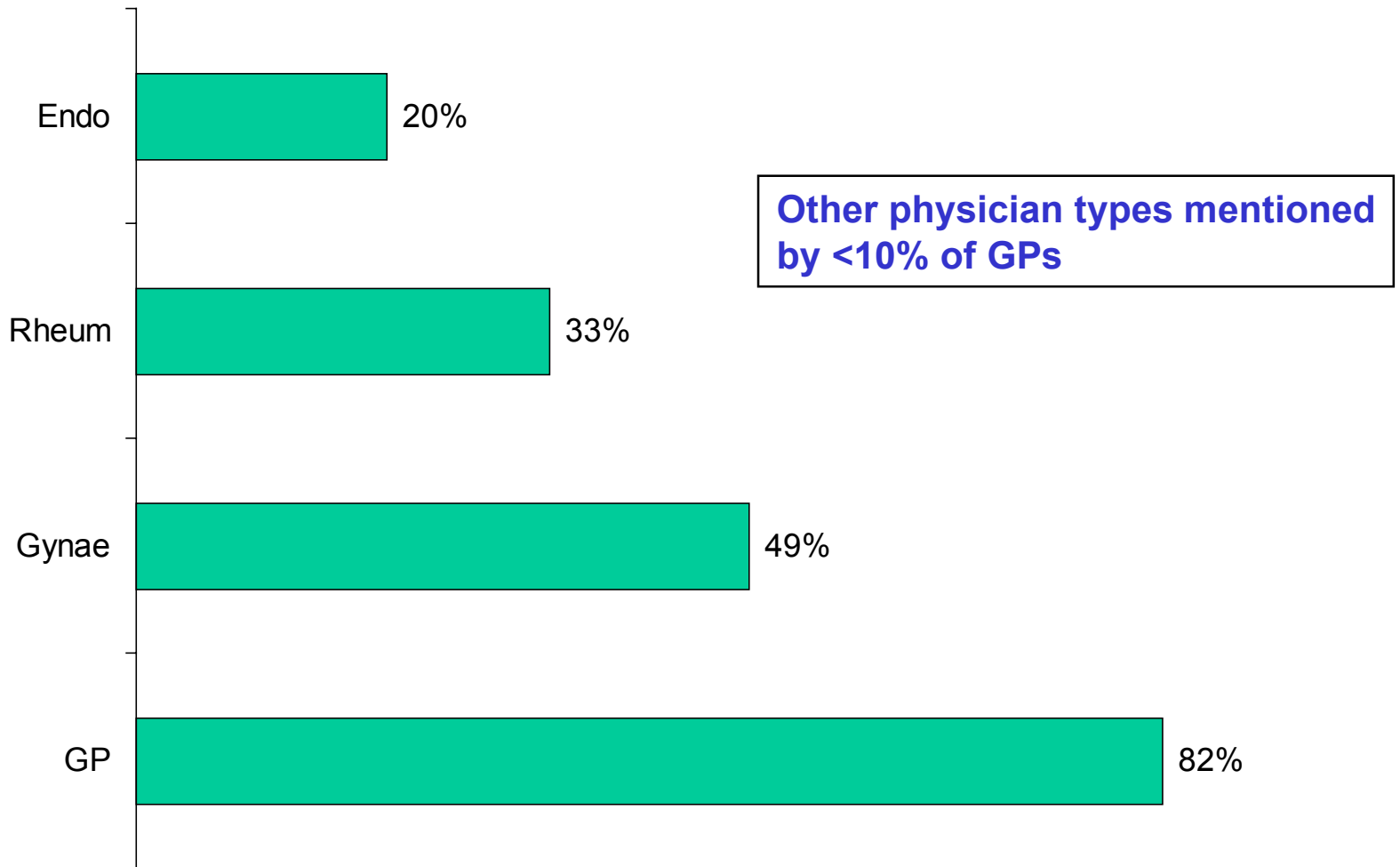
# Q.12b Biggest challenge when treating preventatively after menopause

Base: All GPs	95
Patients unwillingness to take l/t medication	33%
Patients concern about side effects	27%
Patients concern about increased risk of cancer	26%
Patients lack of understanding of l/t health risks	21%
Patients lack of concern of l/t health risks	13%
Compliance	13%
Patients lack of knowledge of therapy options	4%
None/DK	4%

Other comments mentioned by <4% of GPs



# Q.19 Physicians most likely to rx medication for osteoporosis



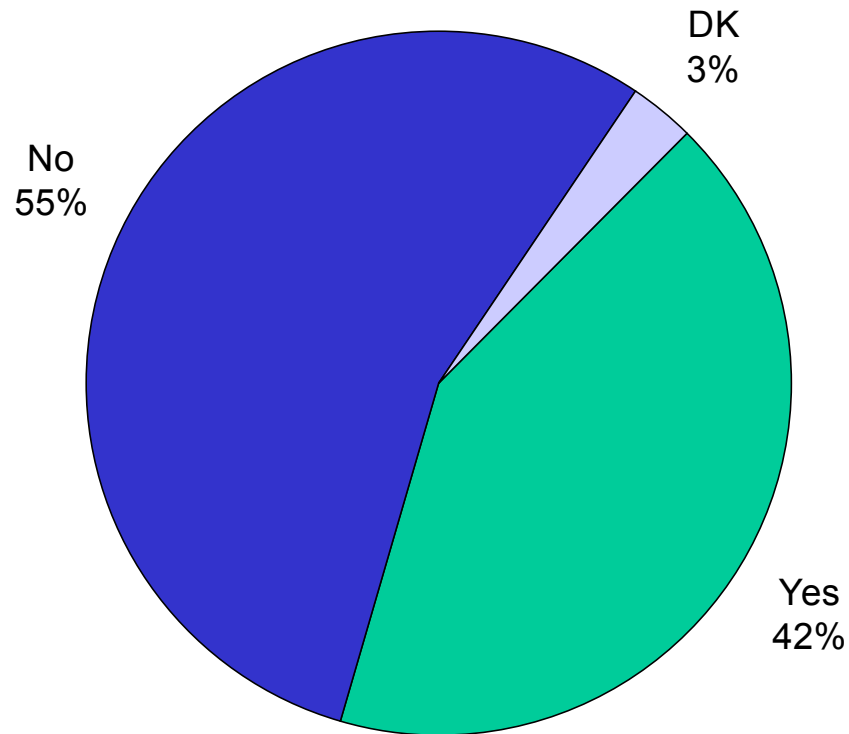
Base: All GPs (n=95)

# Q.20 Factors affecting decision to rx long term medication

<b>Base: All GPs</b>	<b>95</b>
Cost	45%
Side effects	36%
Compliance	25%
Patient preference	17%
Effectiveness	16%
Well tolerated	16%
Long term safety	11%

Other factors mentioned by <10% of GPs

# Q.21 Whether women consult at early enough stage



Base: All GPs (n=101)

## Q.22 Most important feature of osteoporosis product

<b>Base: All GPs</b>	<b>95</b>
Efficacy	26%
Increases BMD	22%
Tolerability	8%
Stops fractures	7%
Has no long term safety risks	5%
Cost effective	5%

Other features mentioned by <5% of GPs

# Q.22/23 Important feature of osteoporosis product

<b>Base: All GPs</b>	<b>95</b>
Has no GI side effects ^	42%
Cost effective	41%
Efficacy *	38%
Convenient to take ^	37%
Increases BMD *	36%
Tolerability ^	35%
Stops fractures *	14%
Has no long term safety risks	13%
Prevention of further fractures *	11%

**^ Mentioned by 83% of GPs (vs. 62% of all doctors)**

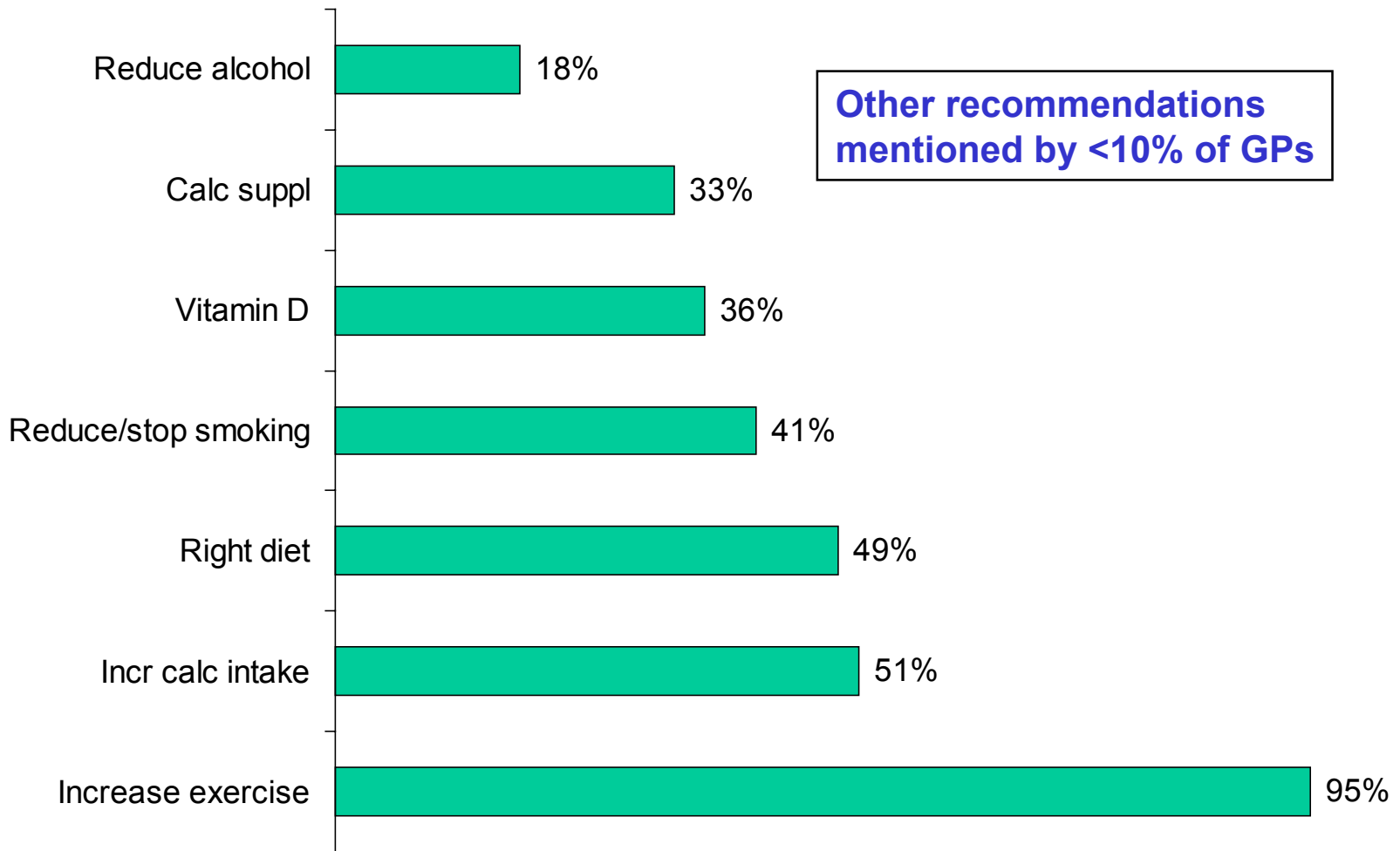
**\* Mentioned by 76% of GPs**

Other features mentioned by <10% of GPs

## Q.24 Ideal candidates for preventative medication (prompted)

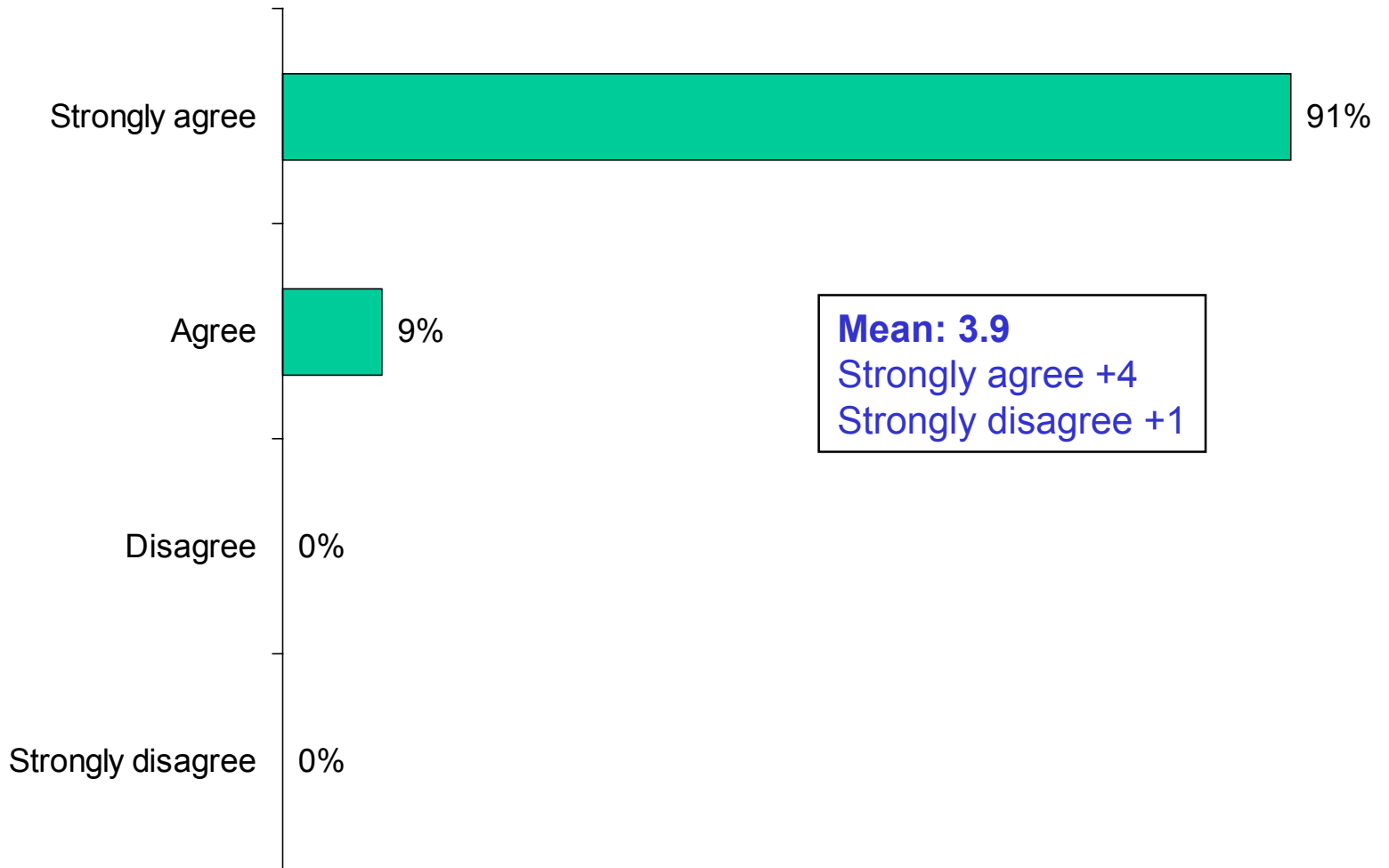
<b>Base: All GPs</b>	<b>95</b>
Women at high risk of vertebral fracture	100%
Women at high risk of hip fracture	99%
Women with family history of osteoporosis	98%
Women who are going through early menopause	98%
Asymptomatic postmenopausal women	93%
Women with history of hip fracture	88%
Women with vertebral fracture	85%
Women at risk from developing cardiac problems	64%
Peri-menopausal women	61%
Women at risk from developing breast problems	35%

# Q.25 Therapy/lifestyle recommendations suggest to women



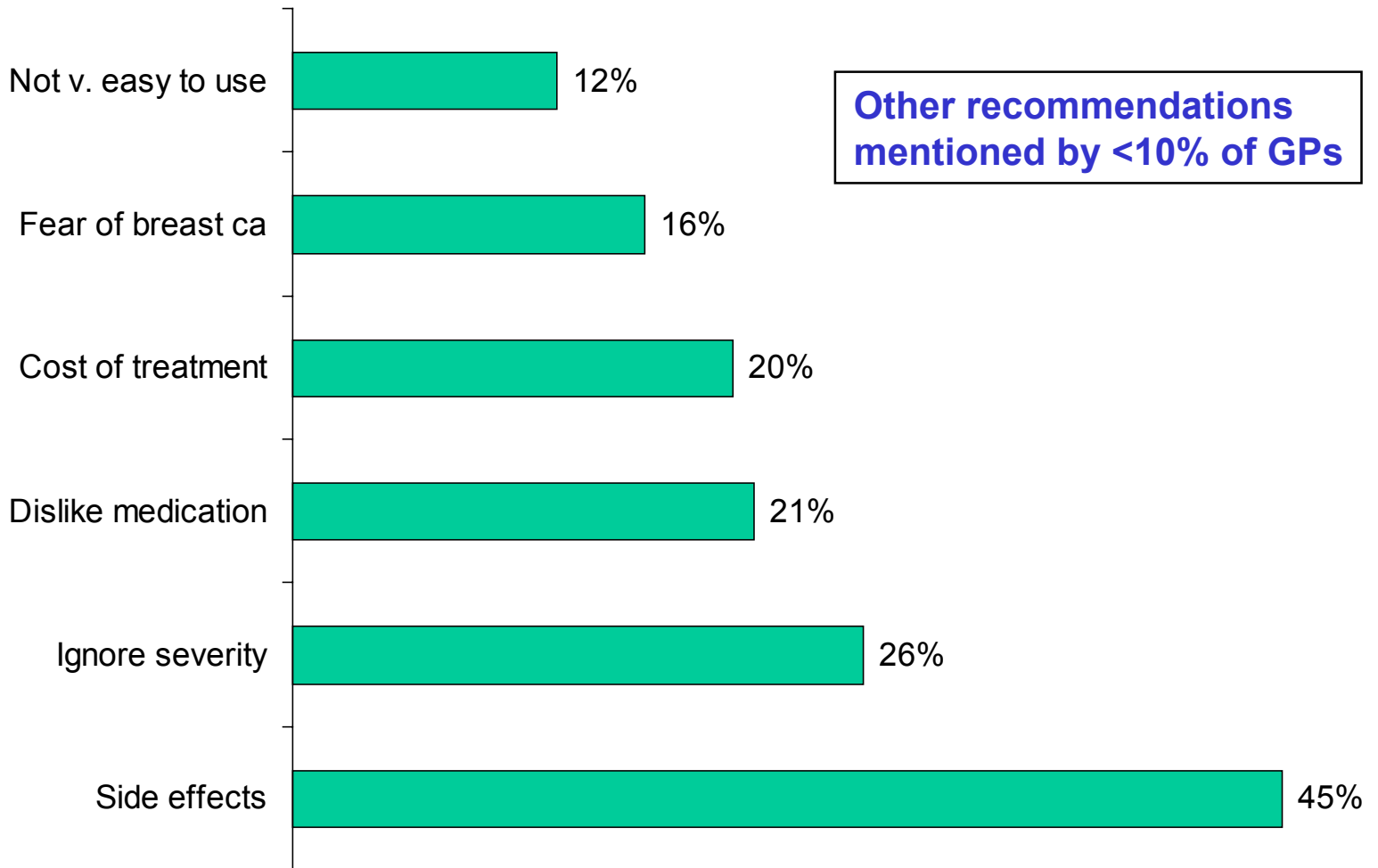
Base: All GPs (n=95)

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



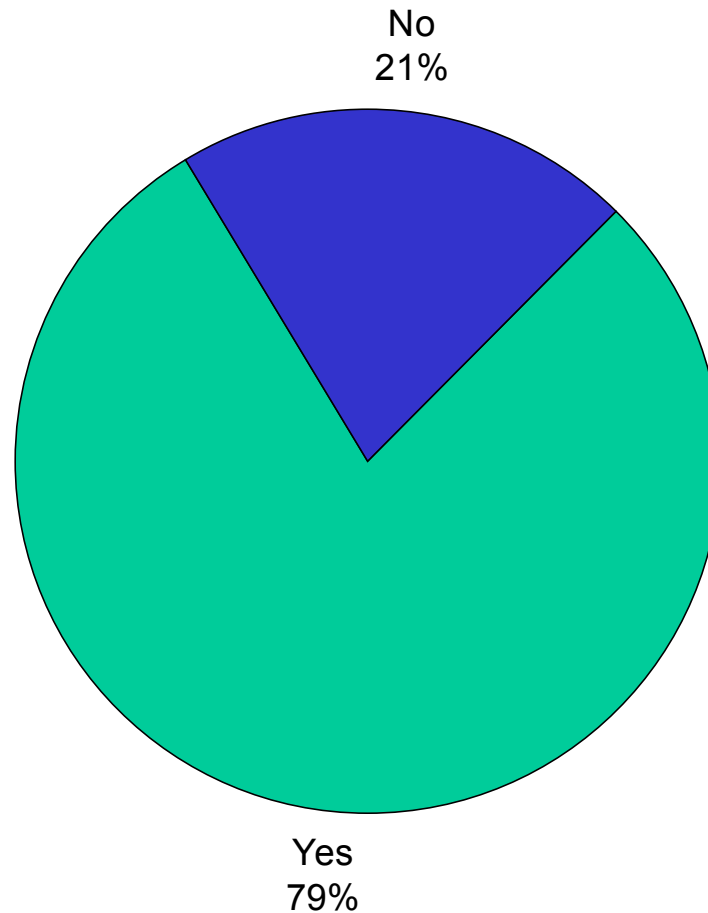
Base: All GPs (n=95)

# Q.27 Reasons for non-compliance



Base: All GPs (n=95)

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

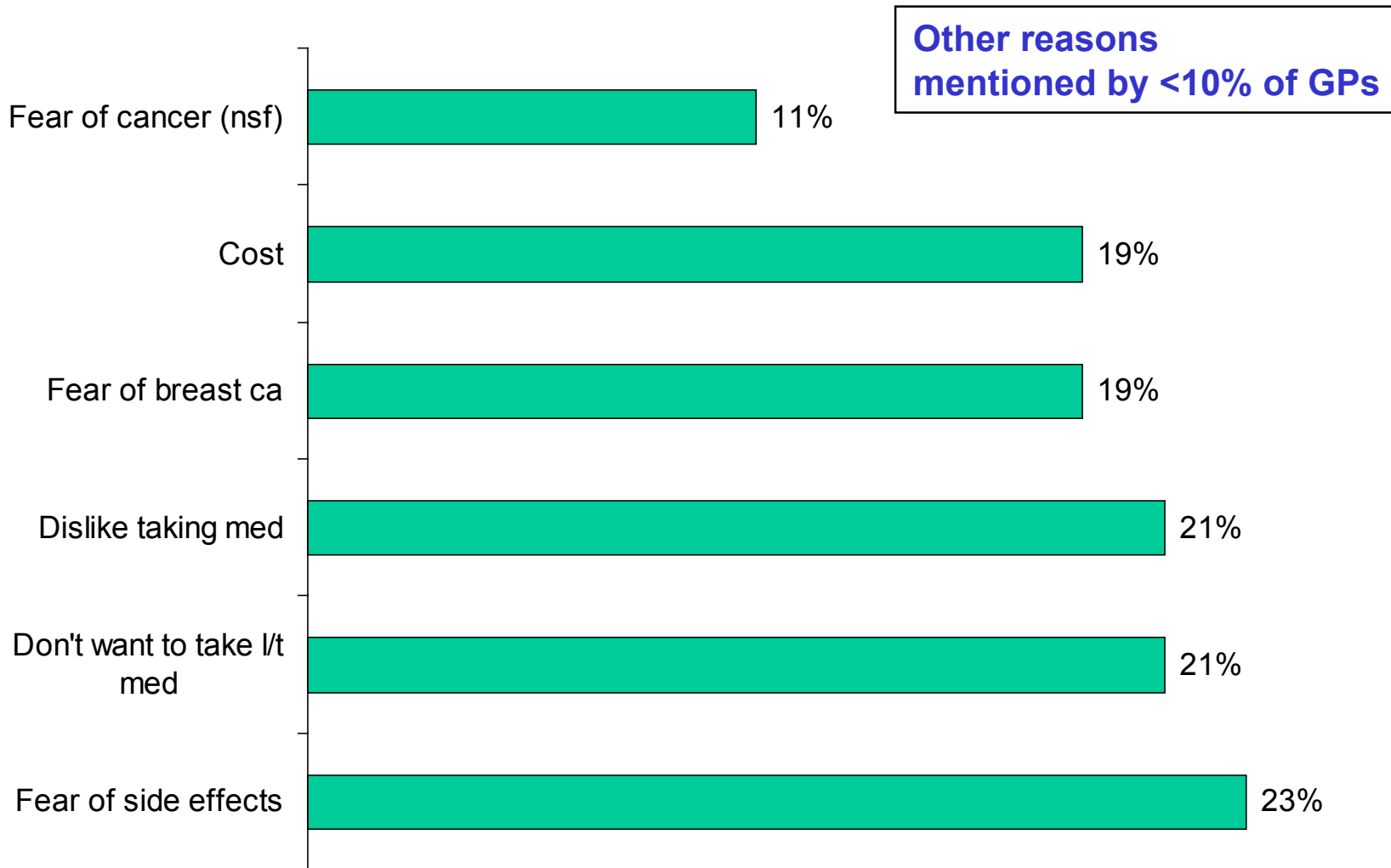


Across all countries a total of 61% said 'yes'

Base: All GPs (n=95)



# Q.29 Reasons why patients refuse treatment



Base: GPs whose patients have refused osteoporosis treatment (n=75)

## Q.30 Agreement with statements

Base: All GPs	95
Our goal should be to prevent women from suffering a first fracture	100%
Osteoporosis should be viewed as a serious condition	100%
The main aim of o/p management is to prevent fractures	97%
The screening programme could be improved	95%
Osteoporosis fractures are a maj. clinical problem	93%
If you prevent vertebral fractures you can stop secondary fractures	92%
Bone fragility is an inevitable factor in growing old	61%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	58%
A medicine that can treat a disease is generally more effective than one that can just prevent it	41%
The screening programme for o/p is sufficiently w/spread	33%
The screening programme for o/p is sufficiently funded	24%

## Summary

## Summary

- v 8% of GPs held a menopause surgery in their practice and 6% an osteoporosis clinic
  - v much lower existence of clinics in Canada compared to global findings, where 23% had a menopause clinic and 20% an osteoporosis clinic
- v On average the GPs estimated they had 533 postmenopausal women in their practice (cf. to overall average across all countries of 903)
- v The one key health concern the doctors have for their postmenopausal women is osteoporosis (4 out of 10 GPs), with the next most frequently mentioned main concern being heart disease (>tenth)

## Summary

- v When looking at all health concerns for postmenopausal women, four-fifths stated osteoporosis, a half heart disease, >quarter hot flushes or breast cancer
  - v much higher concern of osteoporosis in Canada vs. all countries (84% vs. 63%)
- v 88% of doctors said they either proactively or routinely conducted health risk assessments. This compares to 65% of all doctors surveyed
- v >third of doctors said nothing was limiting them in terms of health status reviews. A quarter of doctors said lack of time affected the level of reviews they conduct
- v <two-thirds of GPs defined ‘treatment’ as starting medication when a woman is at risk. >tenth defined it as starting medication when a woman has developed osteoporosis, or has a first fracture

## Summary

- v >two-thirds of GPs defined ‘prevention’ as advising women on lifestyle changes (cf <half of all doctors surveyed). A fifth defined it as starting medication before a woman is at risk
- v >Four-fifths of GPs felt that the most negative effect of osteoporosis was fractures, >quarter said pain and <fifth limiting affect on lifestyle or curvature of the spine
- v On average the GPs estimated that 49% of their postmenopausal women would be receiving medication for ‘treatment’ and 62% for ‘prevention’
  - v much higher proportion of women receiving preventative therapy in Canada (average 45% across all countries surveyed)

## Summary

- v >third of GPs felt that compliance was inhibiting them from rxing medication for the prevention of osteoporosis. A fifth said side effects inhibited them from rxing and <fifth felt that there was nothing inhibiting them from rxing preventative medication
- v A third of GPs felt that the biggest challenge they face when treating preventatively after the menopause was length of treatment with >quarter saying the challenge was patients concern about side effects or increased risk of cancer

## Summary

- v <half the GPs felt that cost affected their decision as to which product to rx for long term medication. >third felt side effects and a quarter compliance were factors in their decision
- v >half of GPs felt that women did not consult them at an early enough stage
- v A quarter of GPs felt that the most important feature of an osteoporosis product was its efficacy followed by its ability to increase BMD (22%)
- v When looking at all important features for an osteoporosis product, 8 out of 10 GPs said compliance/convenience was important and three-quarters efficacy/impact on bone. 4 out of 10 GPs felt that cost was an important feature

## Summary

- v All GPs agreed that ideal candidates for preventative medication would be women at high risk of vertebral fracture, with similar numbers saying those at high risk of hip fractures, with a family history of osteoporosis or early menopause (98%+)
- v Almost all GPs (95%) recommend to postmenopausal women that they increase their exercise, >half increase their calcium intake and <half follow a correct diet or reduce/stop smoking
- v All the doctors agreed that “compliance is an important factor in a drug’s efficacy”, with 91% stating they strongly agreed with the statement

## Summary

- v <Half of GPs felt that the reason for patient non-compliance was because of side effects, whilst >quarter said women ignore the severity of the condition. A fifth of doctors said patients dislike their medication or the cost of the treatment as being reasons for non-compliance
- v >three-quarters of GPs have experienced patients refusing to take recommended osteoporosis treatment (much higher than the average across all countries of 61%), with the reasons for these refusals ageing either fear of side effects, or don't want to don't long term medication/dislike medication (all mentioned by a fifth of doctors)

## Summary

- v All the GPs agreed that their goal should be to prevent women suffering a first fracture and that it should be viewed as a serious condition; whilst almost all (96%) agreed that the screening programme could be improved and that the main aim of osteoporosis treatment is to prevent a fracture
- v These were followed by osteoporosis fractures are a major clinical problem (93%) and that if you prevent vertebral fractures you stop the second one (92%)
- v 6 out of 10 GPs felt that bone fragility was an inevitable factor of growing old or it's often the case that osteoporosis not diagnosed until the woman has a first fracture
- v 7 out of 10 doctors do not feel that the osteoporosis programme is sufficiently wide spread or sufficiently funded

# Conclusions and Recommendations

# Awareness

# Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 83% of all women suffering from osteoporosis were not aware they were at risk
- v 75% of sufferers were not aware that they had the disease prior to diagnosis
- v All doctors think that osteoporosis should be viewed as a serious condition
- v 93% of doctors feel that osteoporosis fractures are a major clinical problem
- v Four-fifths of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only a third of postmenopausal women stated they were concerned about the disease

# Awareness

- v Two-thirds of the women had discussed osteoporosis with a doctor and of these, 36% 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 did not raise them
- v 1 in 3 women will develop osteoporosis
  - v only 8% 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

- v **Greater education is required amongst postmenopausal women**
  - v the biggest challenge doctors face is patients' unwillingness to take long term medication, their concern over side effects, concern about increased risk of cancer or lack of understanding of the long term health risks
  - 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 Four-fifths 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, three-quarters with a reduced quality of life, fear of next fracture/fall or loss of height. Two-thirds of women associate it with long term pain and a half with an inability to live an independent life or loss of self-esteem
- v Of the women with osteoporosis, three-fifths stated that it had impacted on their quality of life (cannot go for long walks, less able to get from place to place, cannot lift heavy weights, live in fear of breaking a bone, cannot participate in sports)
- v Four-fifths 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 49% of postmenopausal women on medication for treatment (vs. <fifth 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 All the GPs said that their goal should be to prevent a first fracture, that osteoporosis should be viewed as a serious condition
- v Almost all the GPs agreed 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, three-quarters of women were identified as suffering from the disease
- v If screening identifies the disease - why have only 12% of patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 7 out of 10 doctors believe that the screening programme is NOT sufficiently funded
- v 6 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 42% 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 Three-quarters 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 62% of postmenopausal women are on preventative medicine
- v Two-thirds of the doctors defined prevention as giving lifestyle advice rather than rxing medication
- v A quarter of osteoporosis sufferers are NOT on medication
- v However four-fifths 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 Three-quarters of doctors have experienced patients refusing to take long term preventative medicine, mainly because of a fear of side effects or they don't want to take/dislike taking medication



## Effective prevention and treatment

- v All of the 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 Only 9% of women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 62% of their postmenopausal women patients are on preventative medication and 42% are rxd treatment



# Effective prevention and treatment

- v 6 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, three-quarters 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 5% indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**



# Prescribing Inhibitors

# Prescribing inhibitors

- v A third of doctors say lack of compliance is the main inhibitor in terms of rxing for prevention, following by side effects (fifth)
- v 33% of doctors think that the biggest challenge they face is patients' unwillingness to take long term medication, followed by side effects, patients concern about increased risk of cancer or their lack of understanding of the long term health risks
- v This in turn leads to an average of 51% of patients NOT being rxd medication for the treatment of osteoporosis and 48% NOT being prescribed preventative medicine
- v Four-fifths of doctors have experienced patients refusing to take long term medication

# Prescribing inhibitors

- v Four-fifths of doctors cite side effects as the main reason for non-compliance and a quarter cite the fact that women ignore the severity of the condition
- 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