

‘How Fragile Is Her Future?’ Research France

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

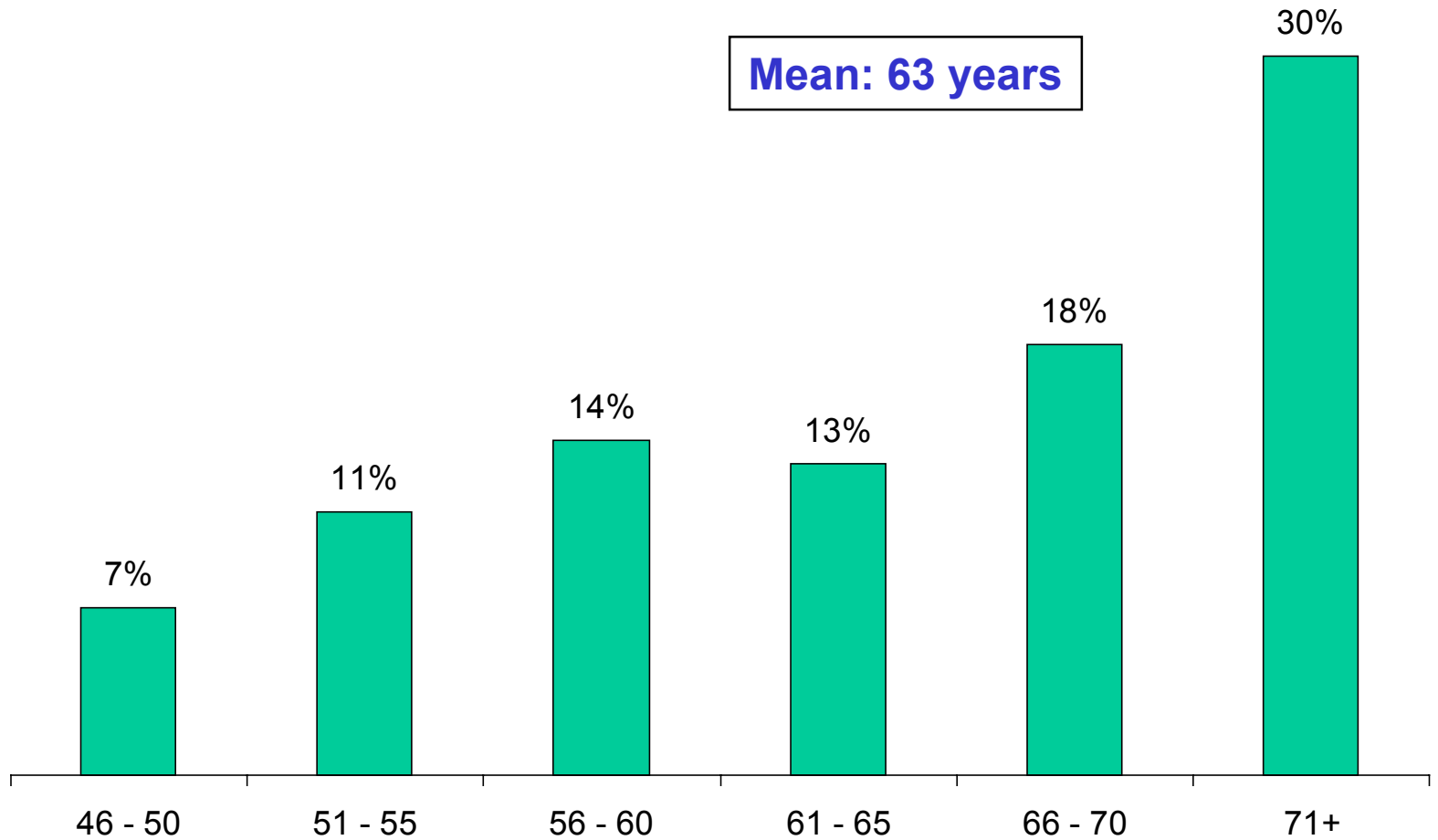
Research Methodology

- 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

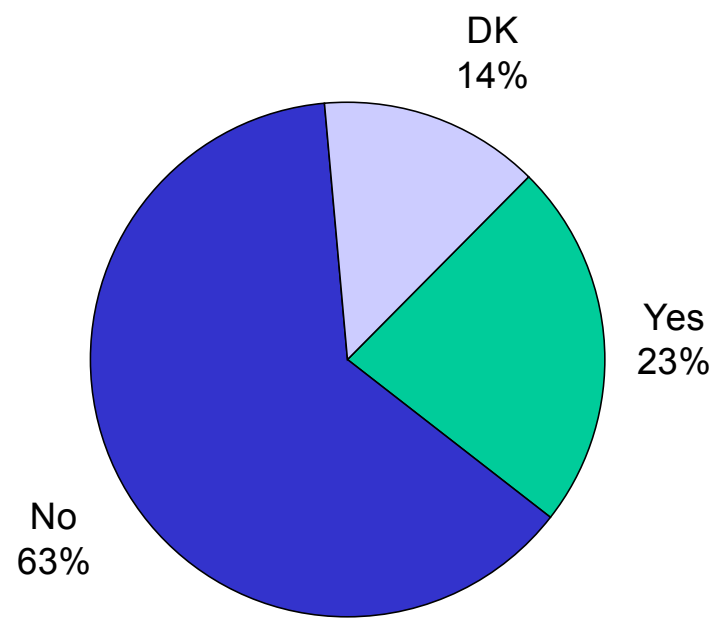
French Consumers

Q.2 Age of respondents



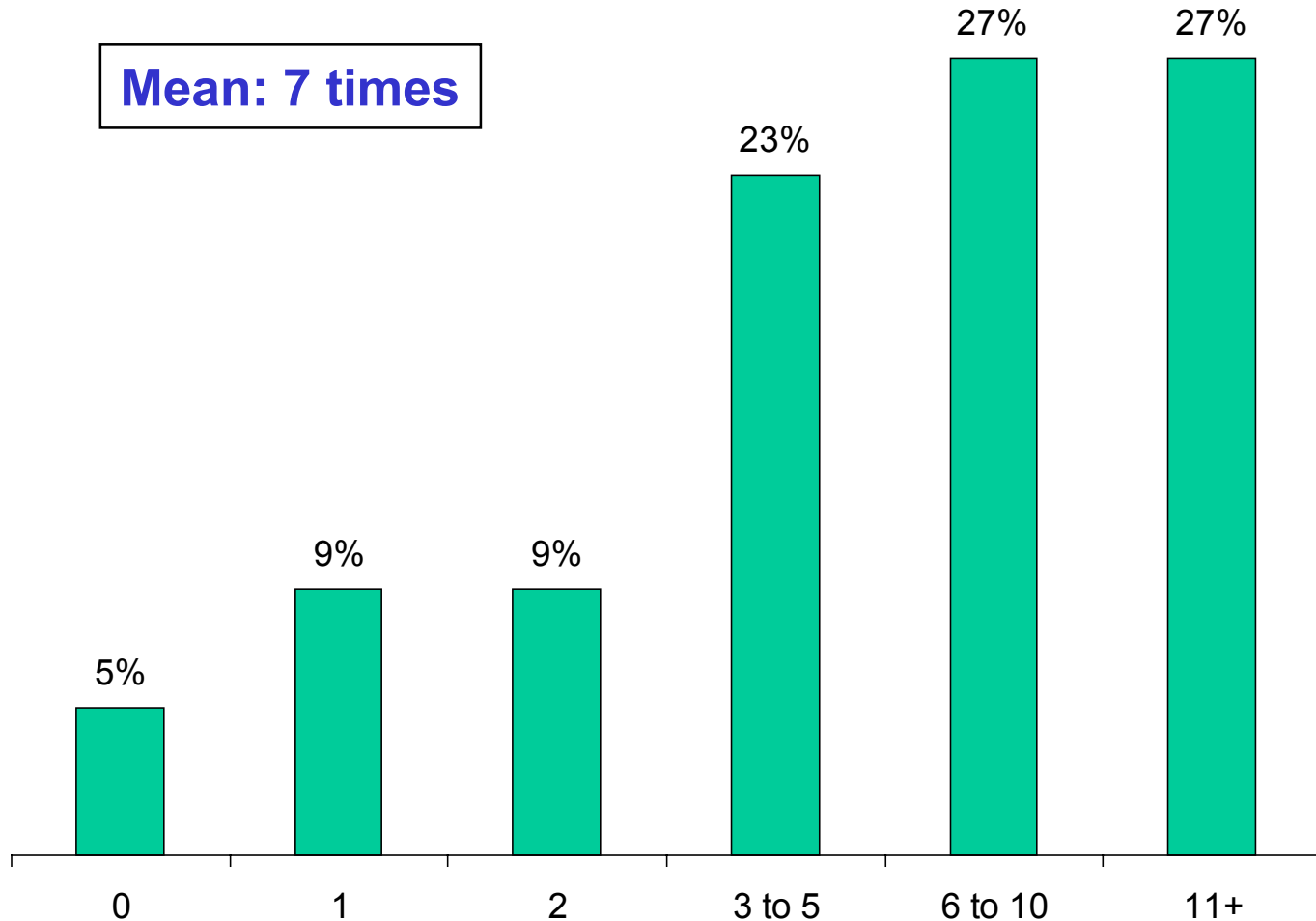
Base: All female respondents aged 41+ and been through menopause (n=56)

Q.4 Whether suffering from osteoporosis



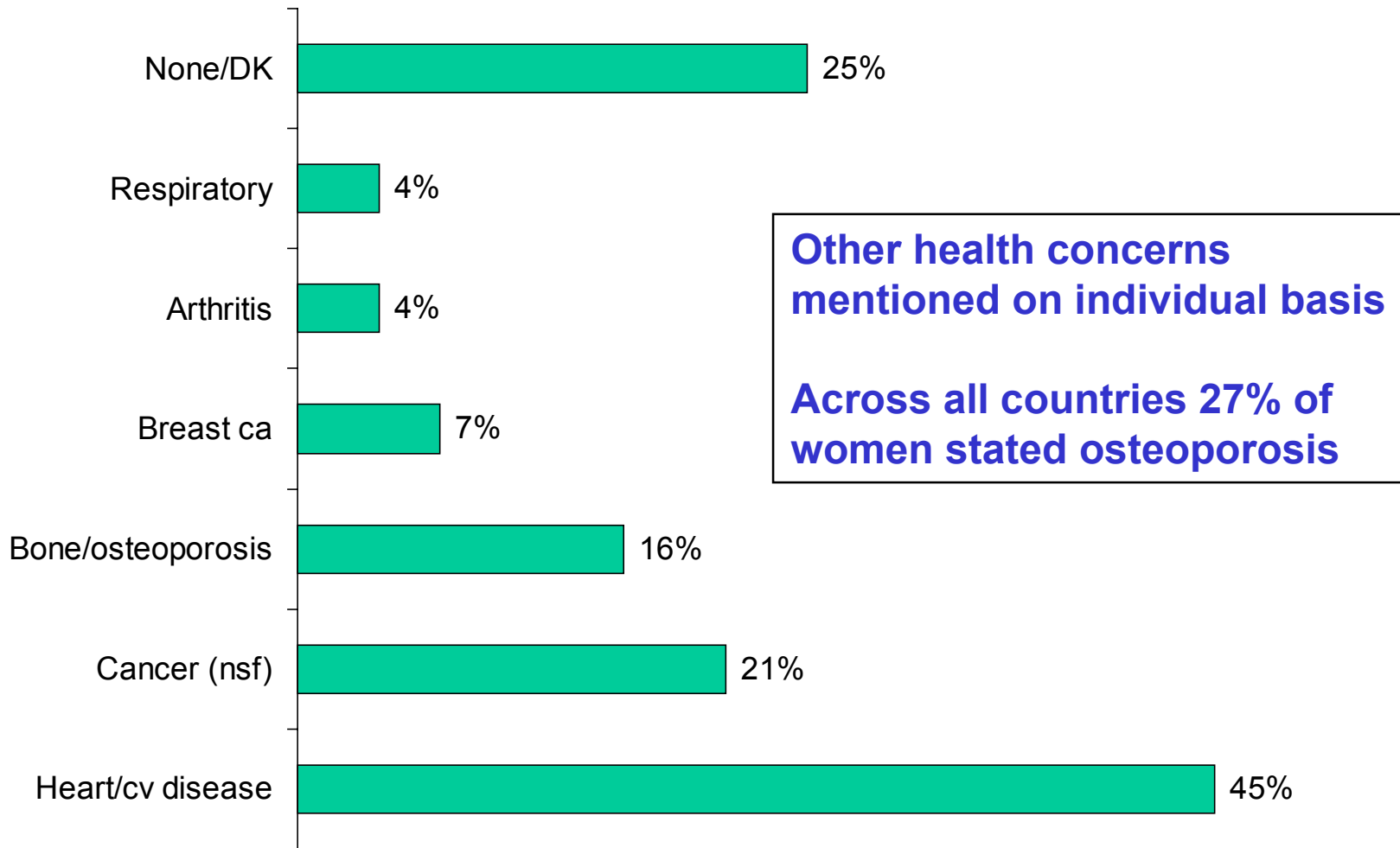
Base: All female respondents aged 41+ and been through menopause (n=56)

Q.5 Number times visited GP in last 12 months



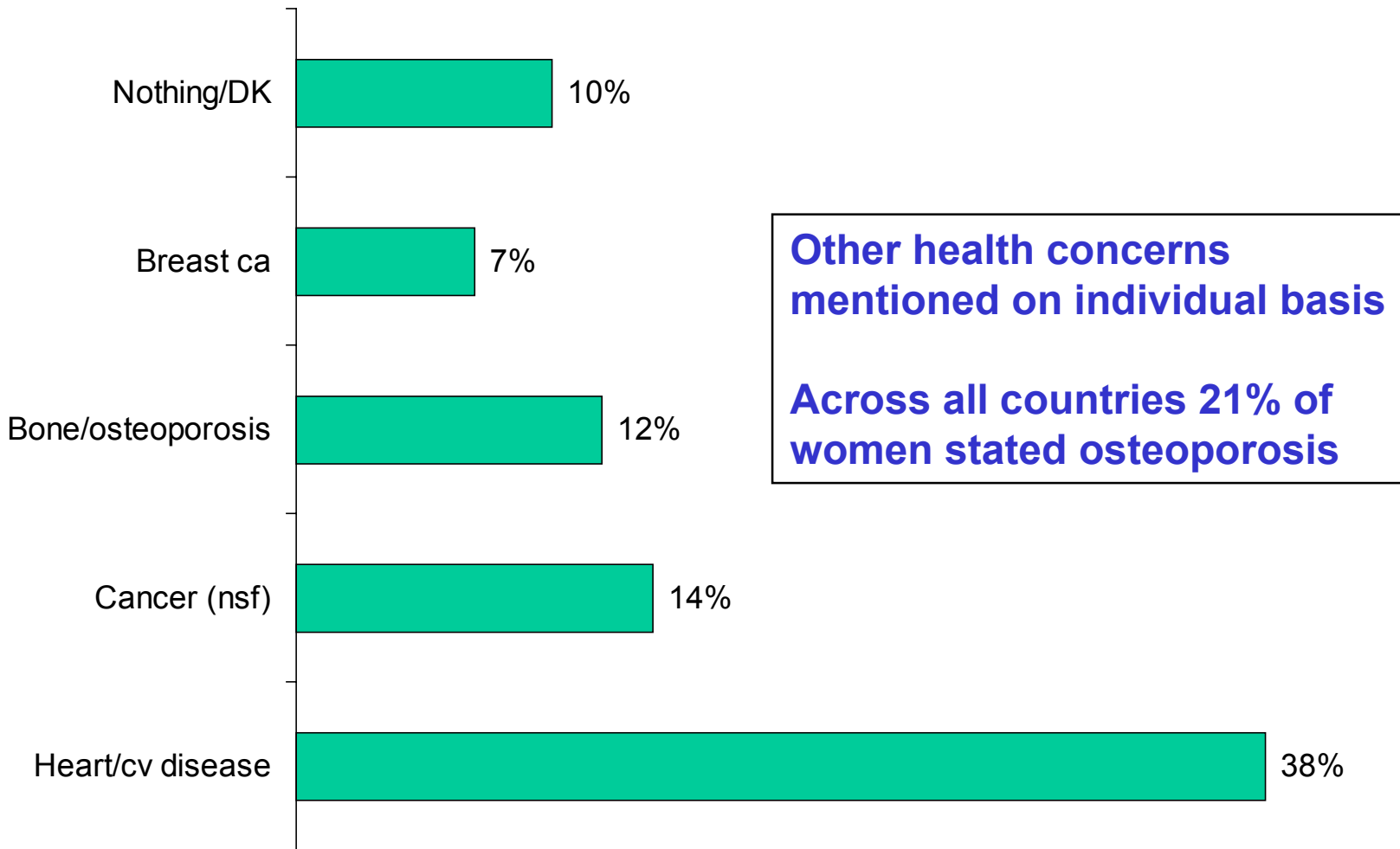
Base: All female respondents aged 41+ and been through menopause (n=56)

Q.6 Key health concerns (spont)



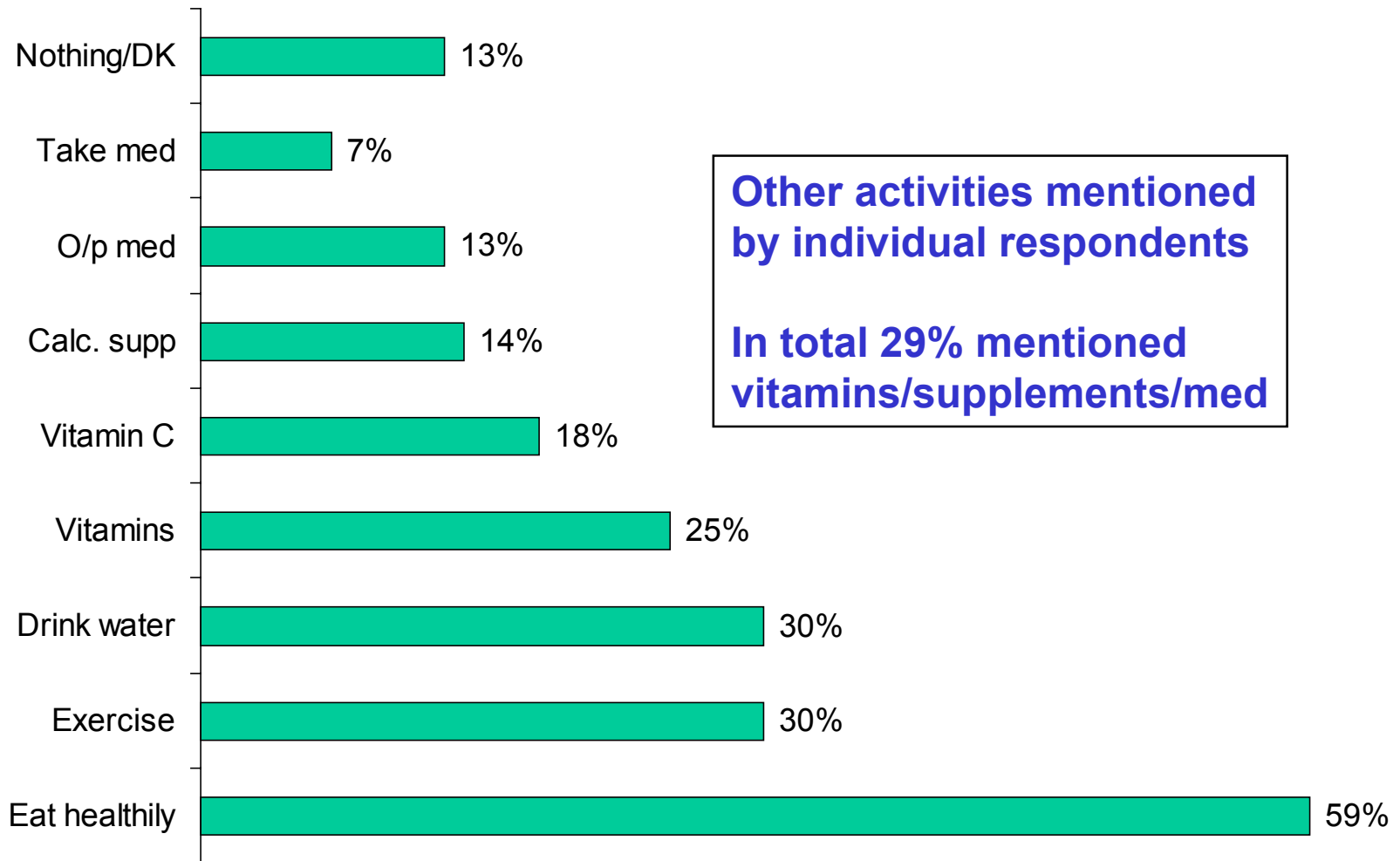
Base: All female respondents aged 41+ and been through menopause (n=56)

Q.7 Main health concern



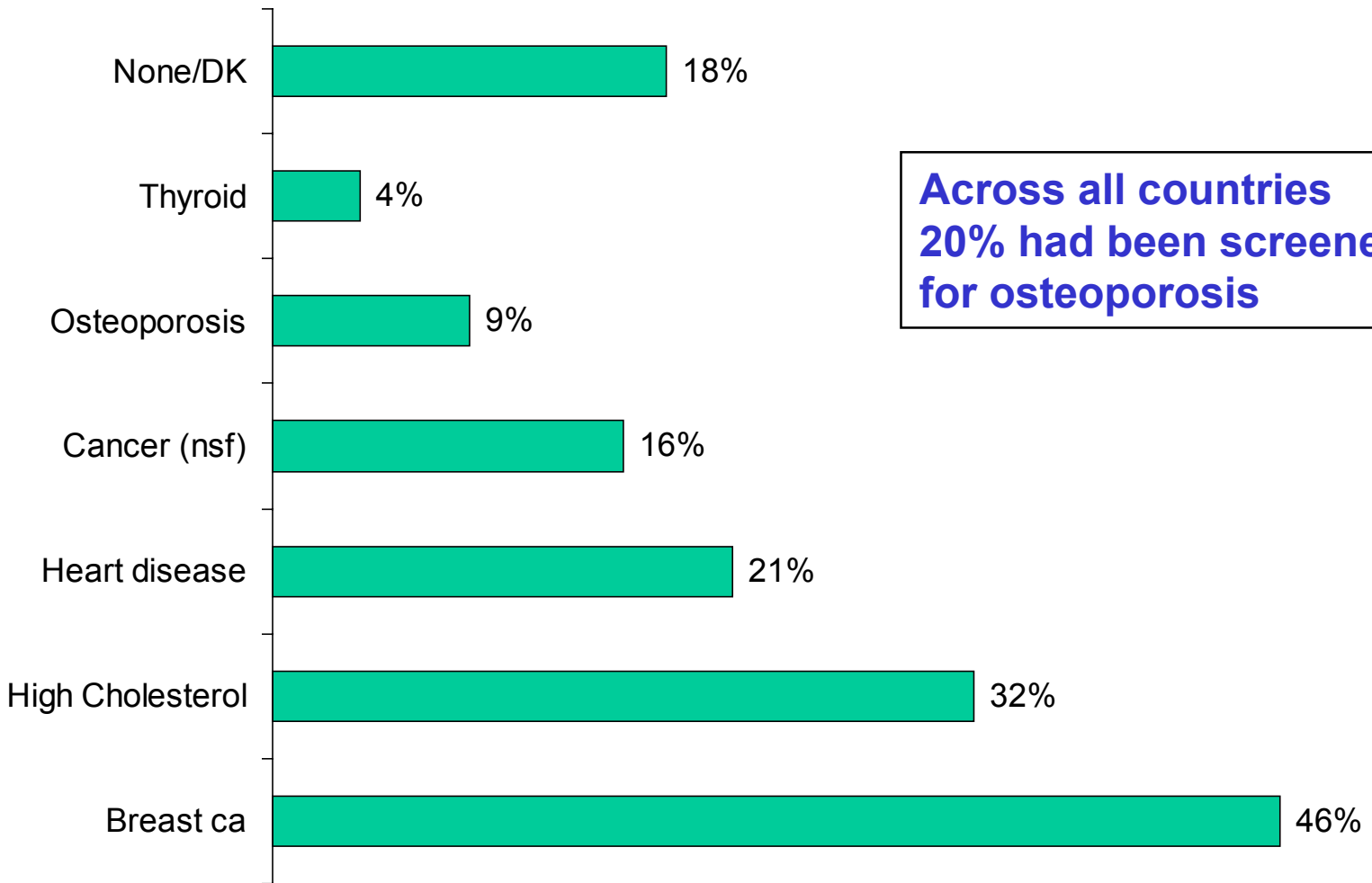
Base: All female respondents who currently have health concerns (n=42)

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



Base: All female respondents aged 41+ and been through menopause (n=56)

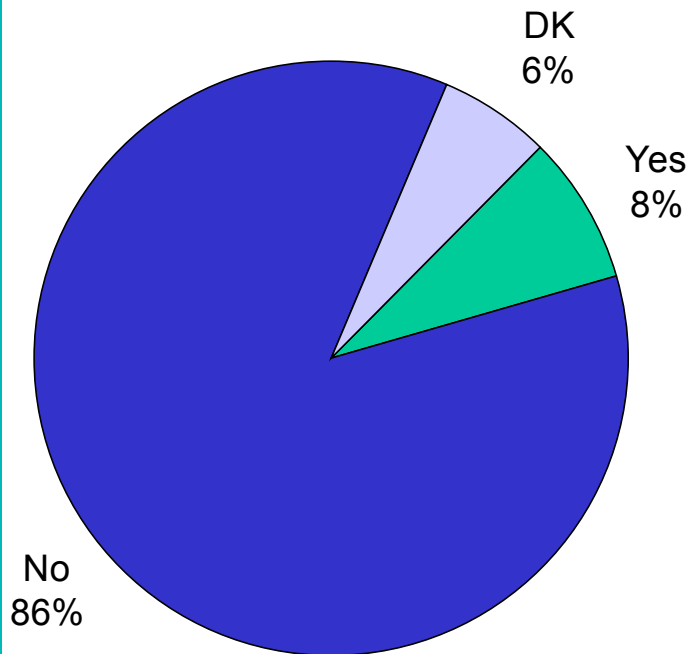
Q.9 Diseases screened for over last 5 years



Base: All female respondents aged 41+ and been through menopause (n=56)

Osteoporosis Screening

Q.10 Whether been screened for osteoporosis

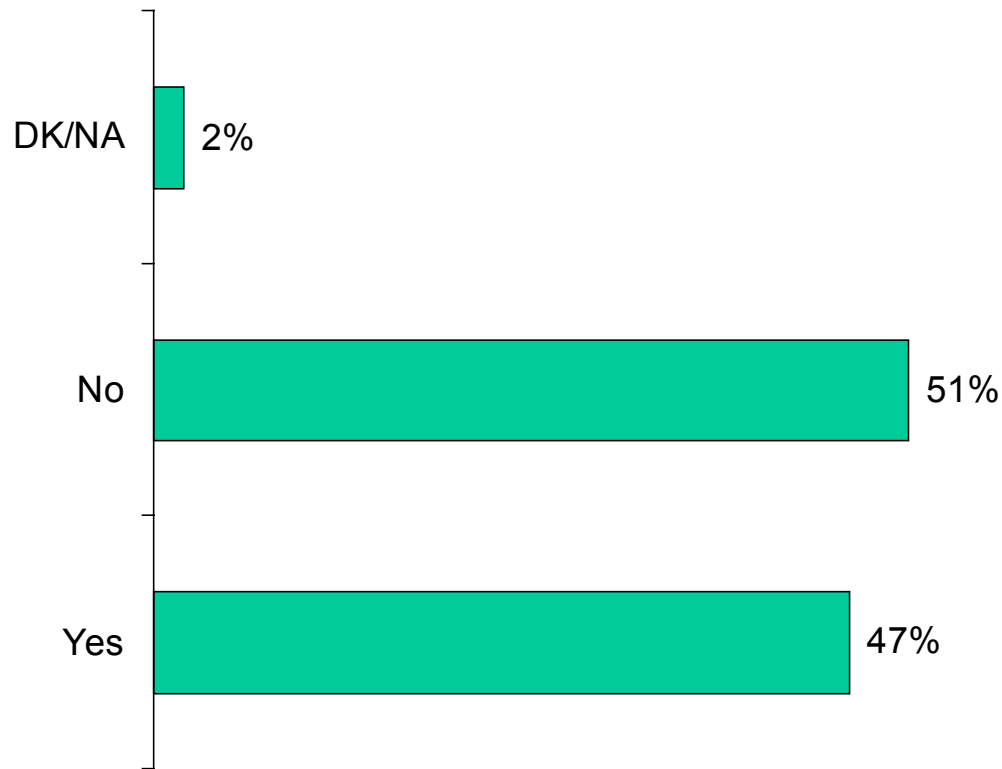


Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=51)

Q.11 Reasons for being screened for osteoporosis

Base:	9
At risk as post-men.	2
Suffered vertebral fracture	2
Asked Dr to be screened	1
Suffered a hip fracture	1
Suffered from fracture	1
Family history of o/p	1
Aching shoulder/stiff neck	1
Don't know	1

Q.12 Awareness of Osteoporosis Screening Programme



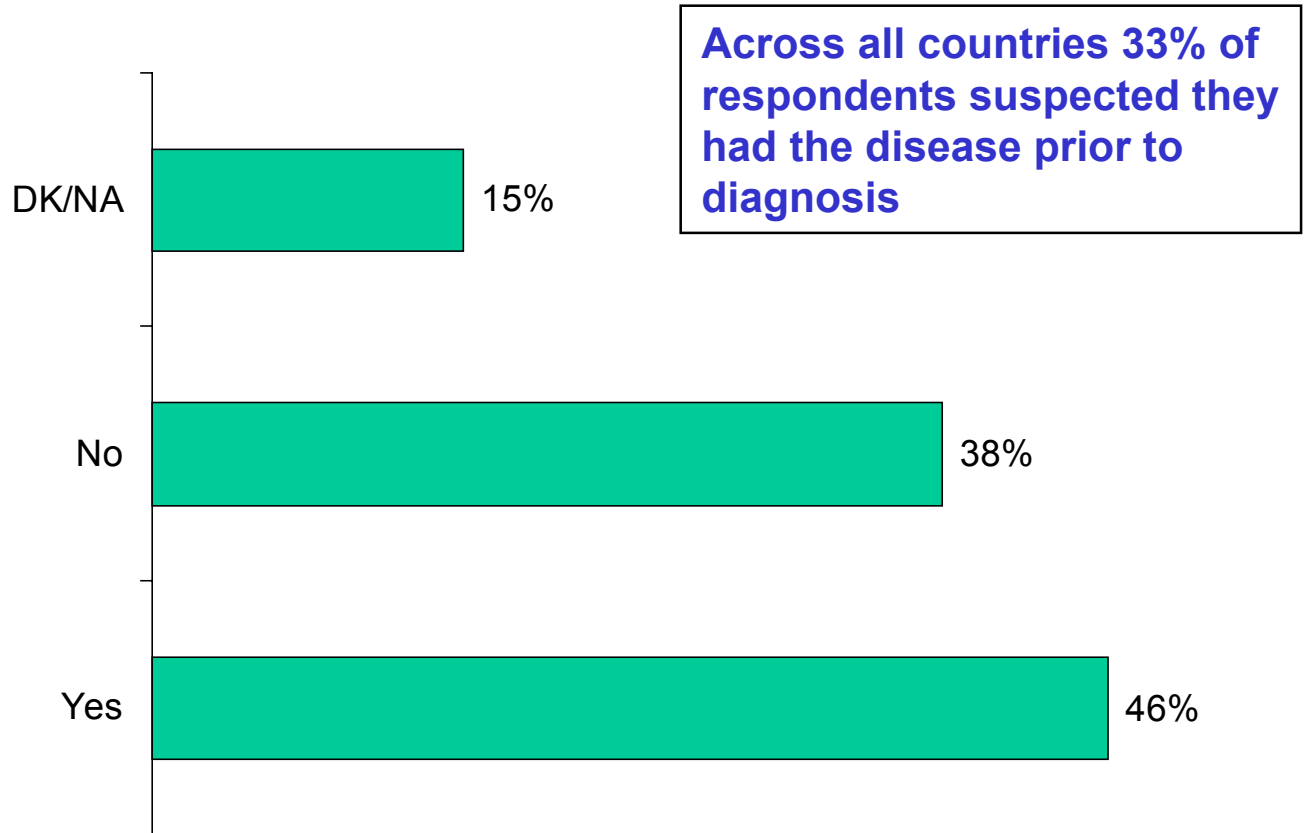
Base: Respondents who have not been screened for osteoporosis (n=47)

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

Base: Postmenopausal women aged 41+ 56

Increased risk of further fractures	91%
Loss of height	61%
Reduced quality of life	52%
Fear of next fracture/fall	52%
Long term pain	50%
Loss of self esteem	25%
Inability to live independent life	16%
None of the above	5%

Q.14 Proportion suspected osteoporosis prior to diagnosis



Base: Osteoporosis Sufferers (n=13)

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

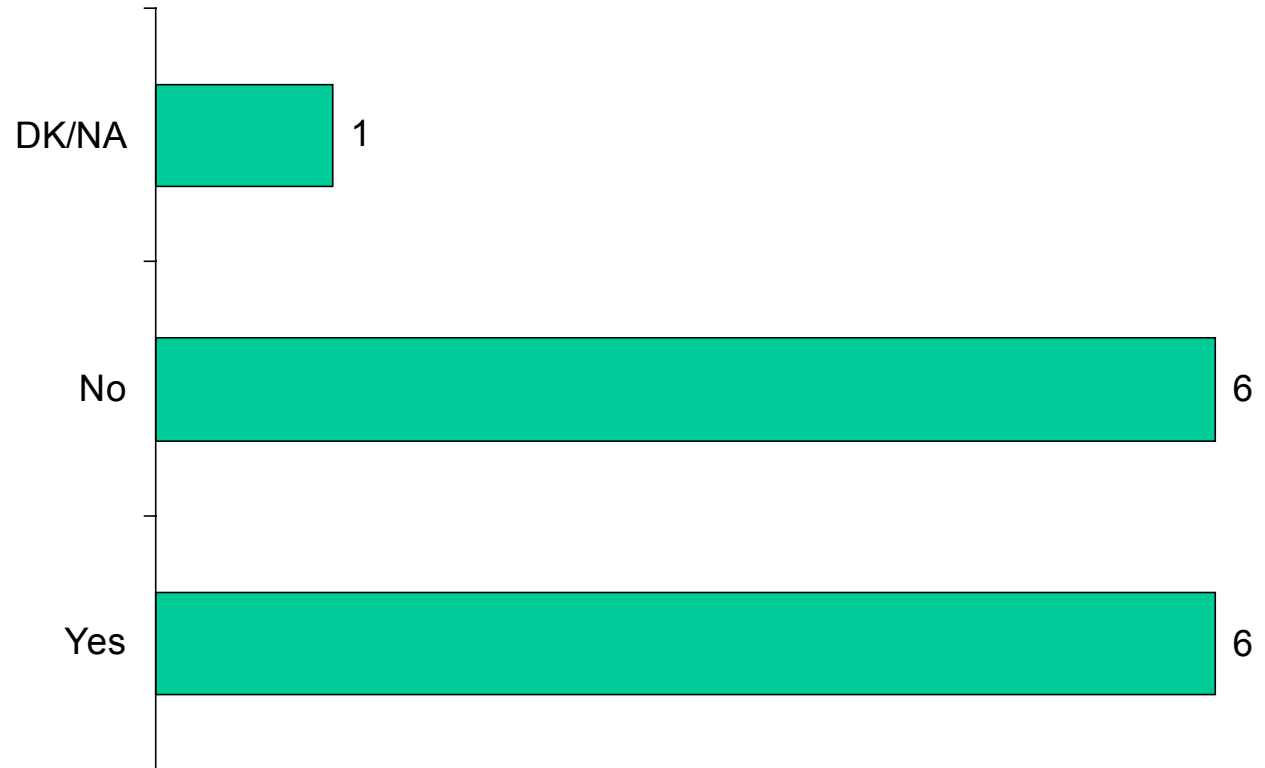
Base: Osteoporosis sufferers	13
Back pain	6
Live in fear of breaking bone	3
Had to reduce activities	3
Less able to get from place to place	3
Can't go for long walks	2
I worry about the future	1
Cannot pick up grandchildren	1
I feel less attractive	1
Cannot lift heavy weights	1
Cannot participate in sports	1
Living independently without carers	1
Play more sport	1
None/DK	3

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



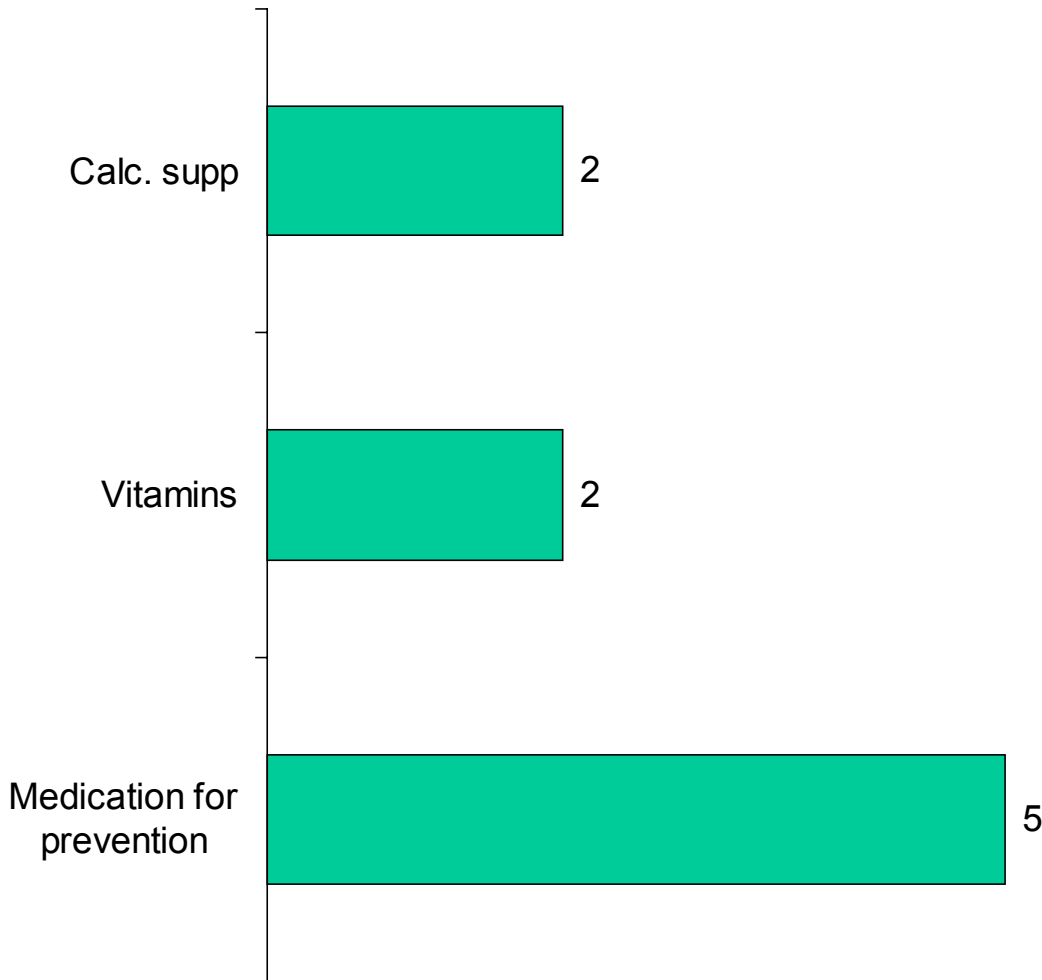
Base: Osteoporosis sufferers (n=13)

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



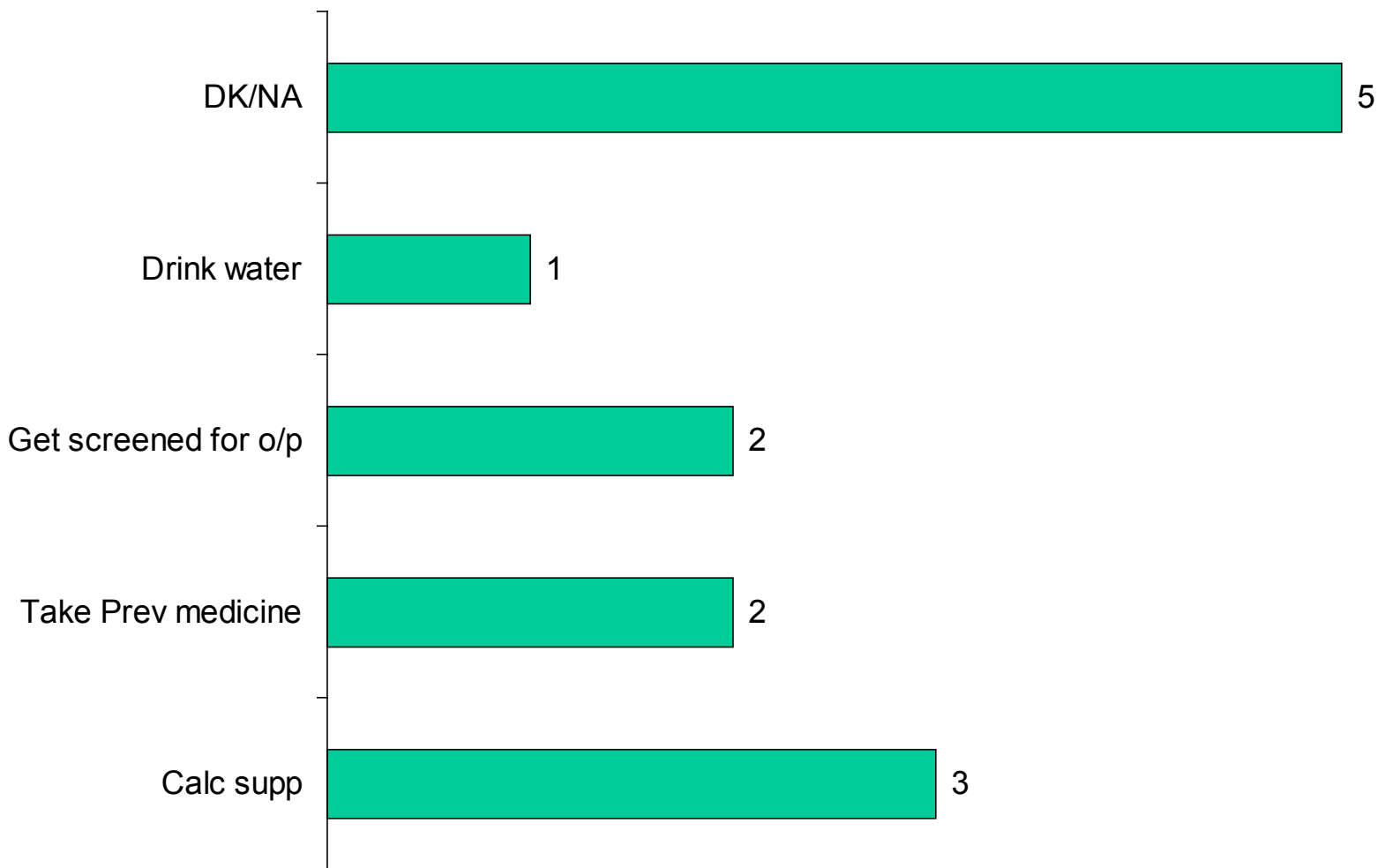
Base: Osteoporosis sufferers (n=13)

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



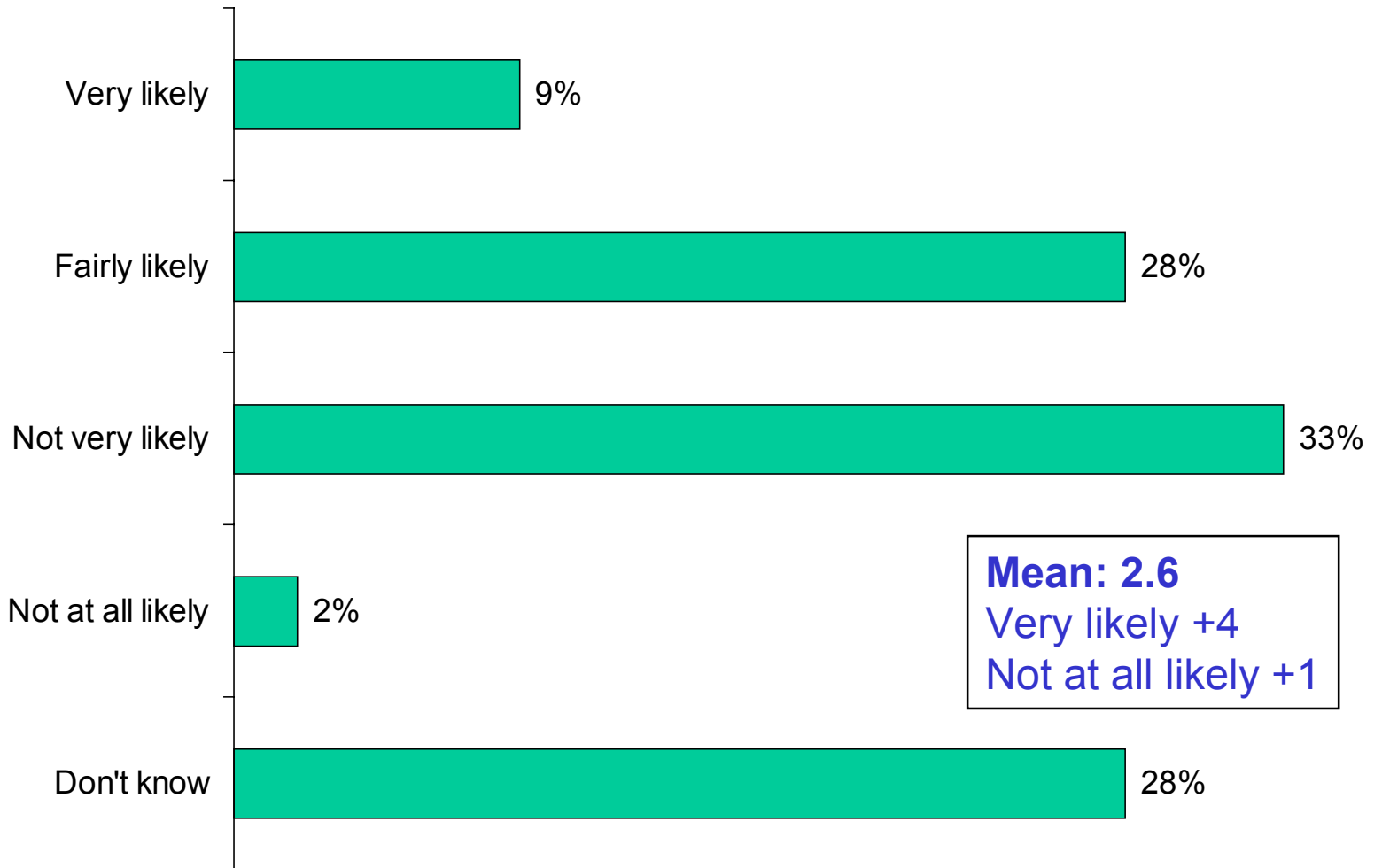
Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=7)

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



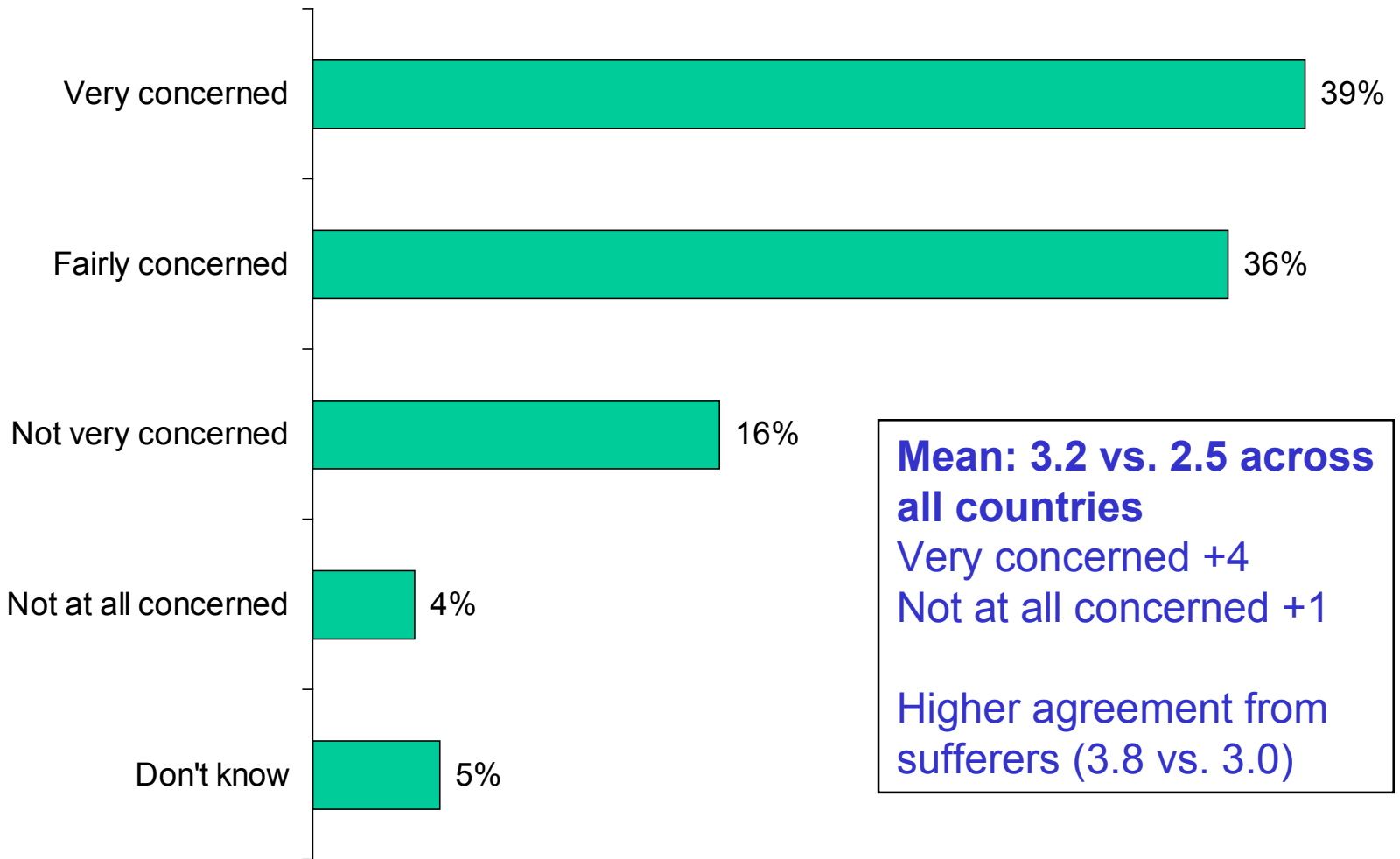
Base: Osteoporosis sufferers (n=13)

Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=43)

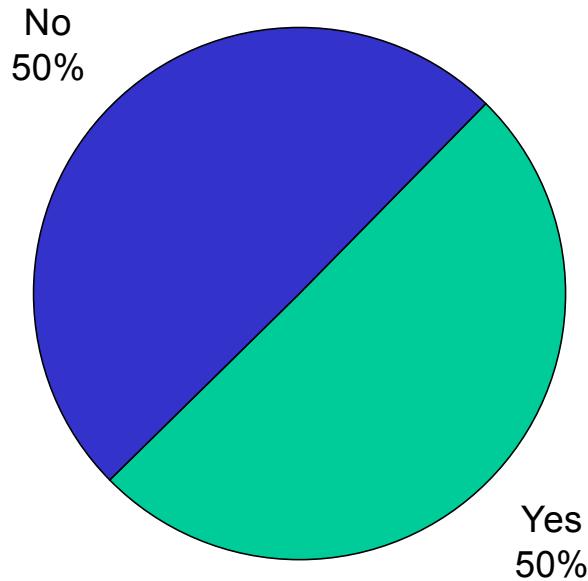
Q.19 Degree of concern about long-term health risks of osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=56)

Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



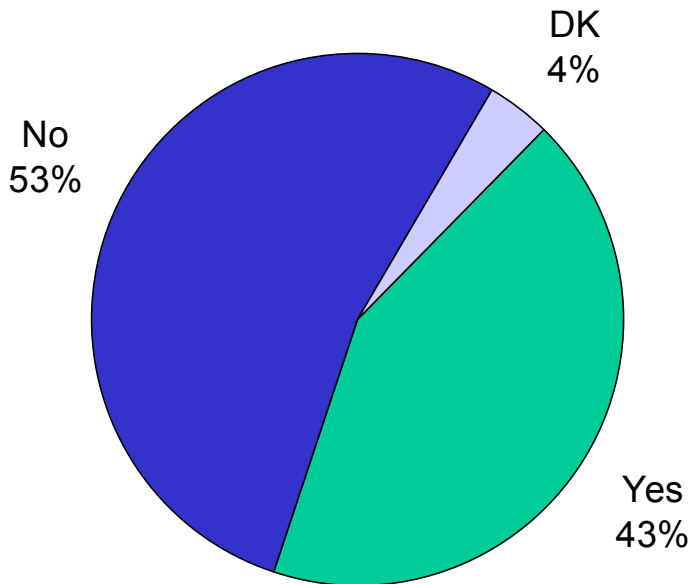
Q.21 Reasons for discussing osteoporosis with a doctor

Base	28
Read/heard about o/p	14
Thought might be at risk	8
Doctor initiated discussion	5
Thought might be at risk	3
Already had a fracture	2
Dr. init as post-menopausal	2
Felt I was at risk of hip fracture	1
Back pain	1

Base: All female respondents aged 41+ who have been through the menopause (N=56)

Whether discussed long-term health risks of osteoporosis with doctor

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

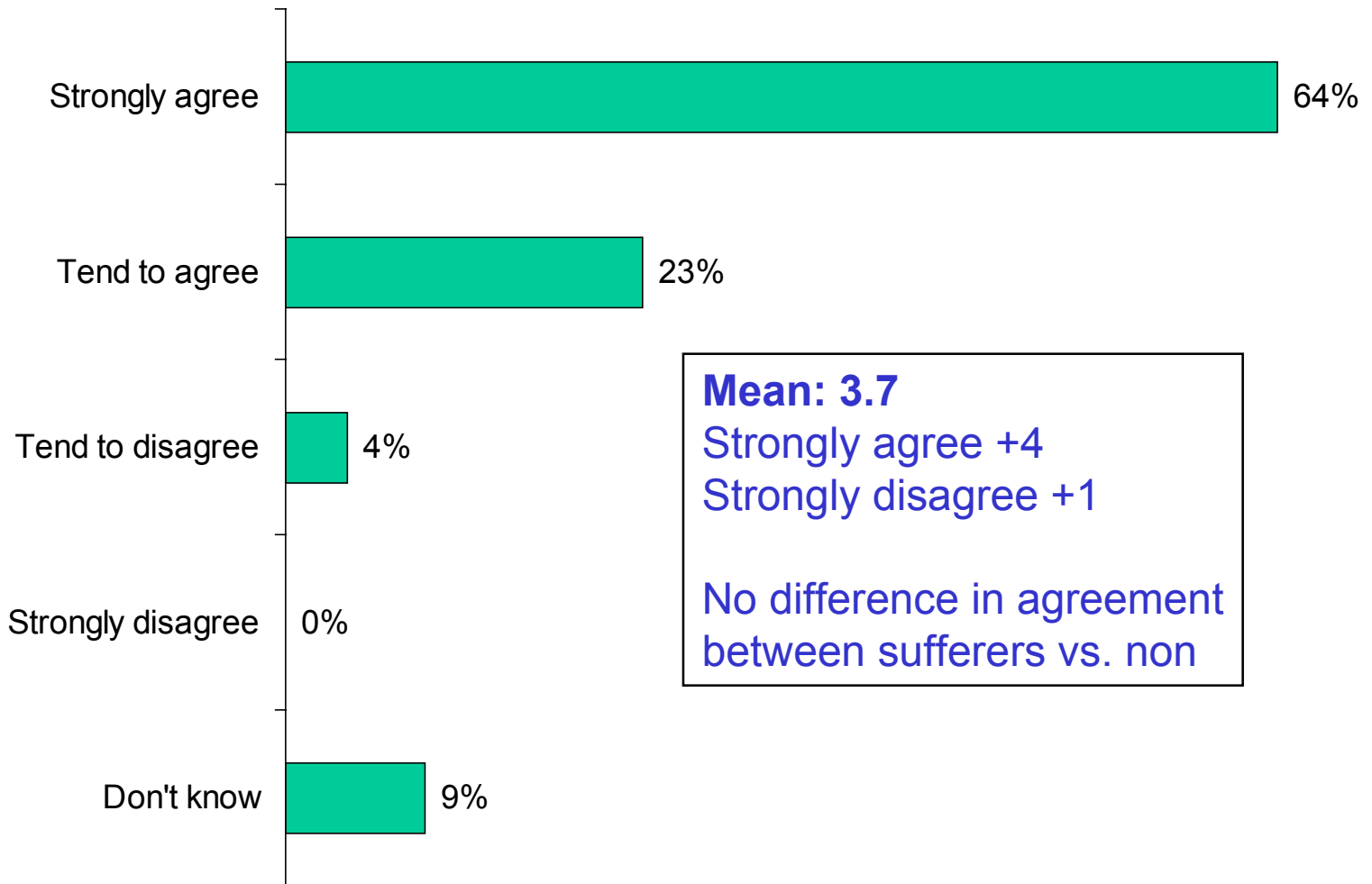


Q.23 Reasons for not discussing long-term health risks of osteoporosis with a doctor

Base	16
Doctor didn't raise it	8
I am too scared to do so	6
Got too many other problems	3
Don't want to think about risks	2
Don't know	1

Base: Respondents who have discussed osteoporosis with their doctor (n=28)

Q.24 Extent of agreement that osteoporosis can be prevented



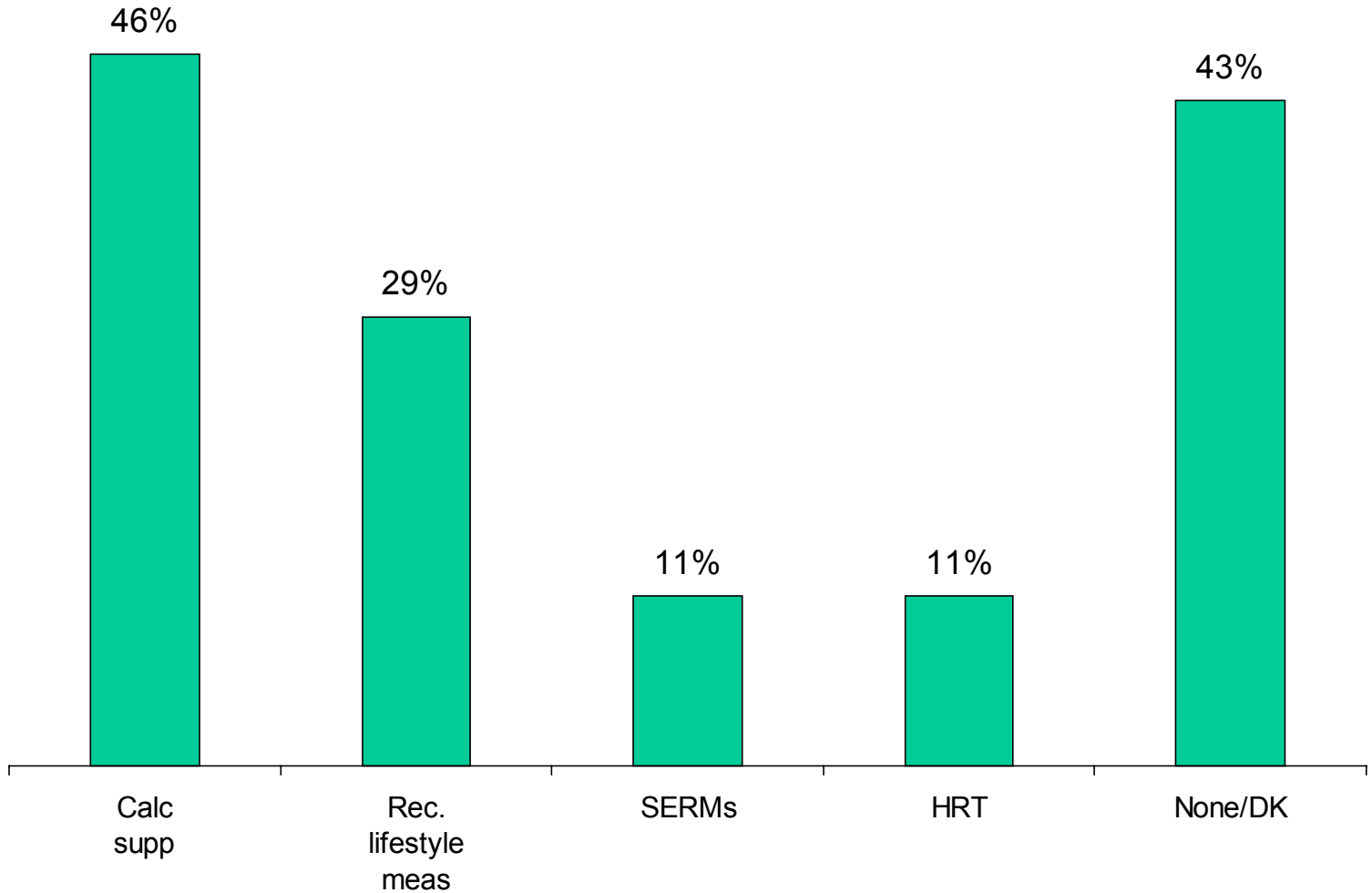
Base: All female respondents aged 41+ and been through menopause (n=56)

Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented

	49
Calcium supplements	55%
HRT	51%
Healthy diet	49%
Exercise	33%
Using specific osteoporosis treatment	31%
Vitamin D	24%
Using SERMs	22%
Use phytoestrogens	4%
Use bisphosphonates	2%
Vitamins	2%
Don't know	6%

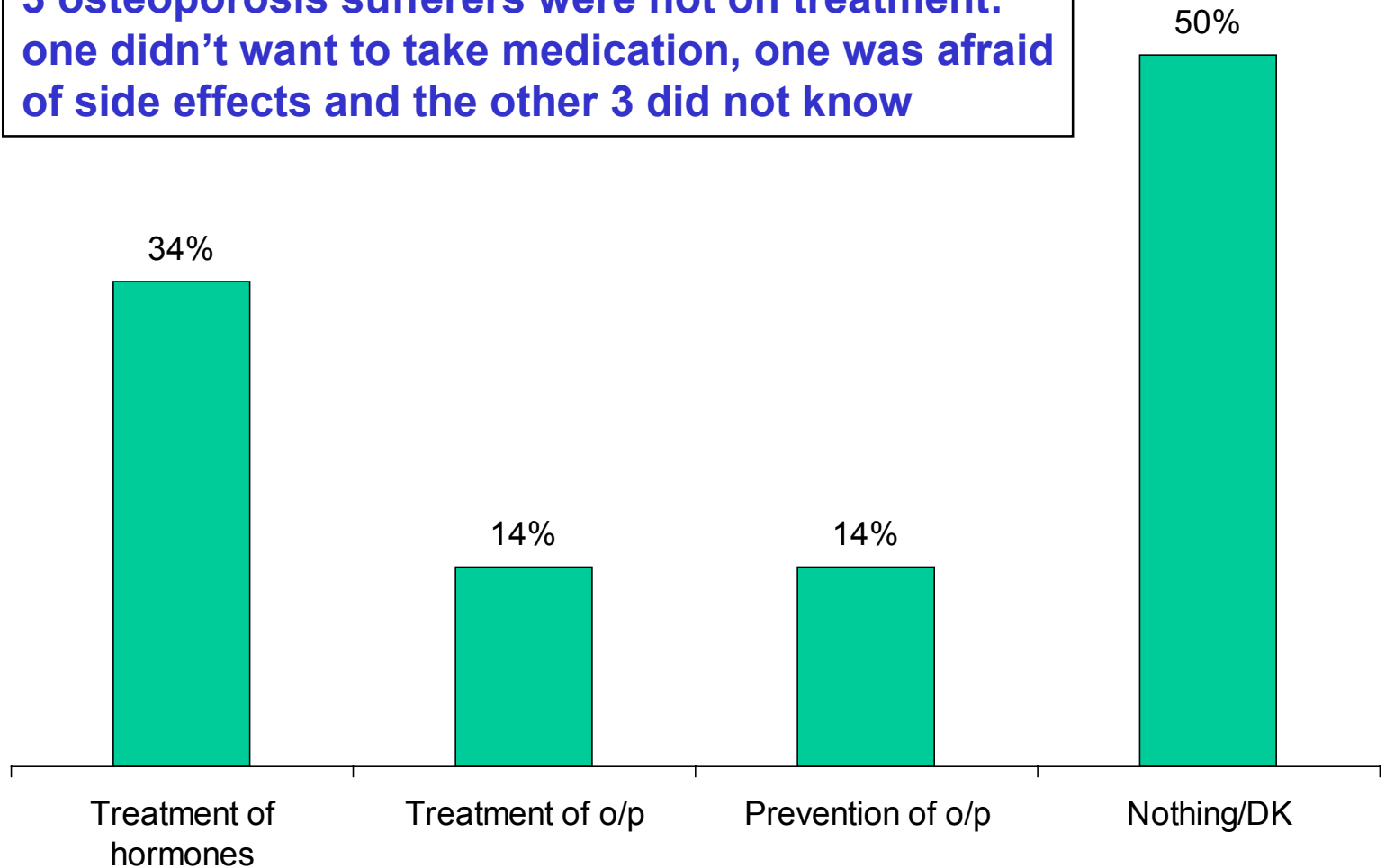
Q.26 Therapy options doctor has discussed in relation to osteoporosis



Base: Respondents who have discussed osteoporosis with their doctor (n=28)

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

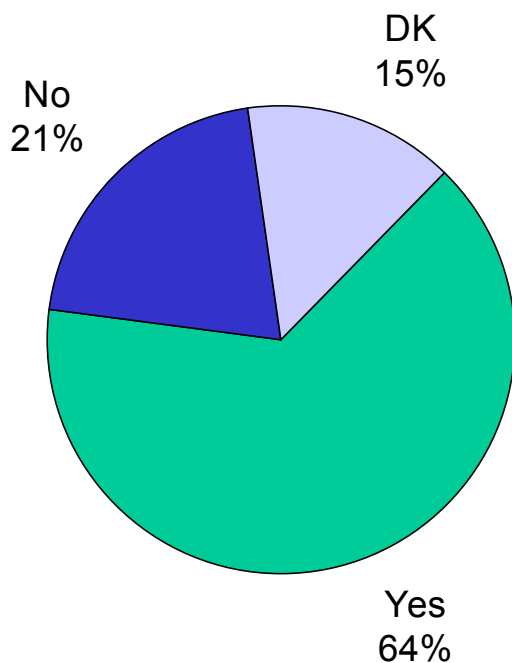
3 osteoporosis sufferers were not on treatment: one didn't want to take medication, one was afraid of side effects and the other 3 did not know



Base: All female respondents aged 41+ and been through menopause (n=56)

Attitude towards long-term preventative therapy for osteoporosis

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



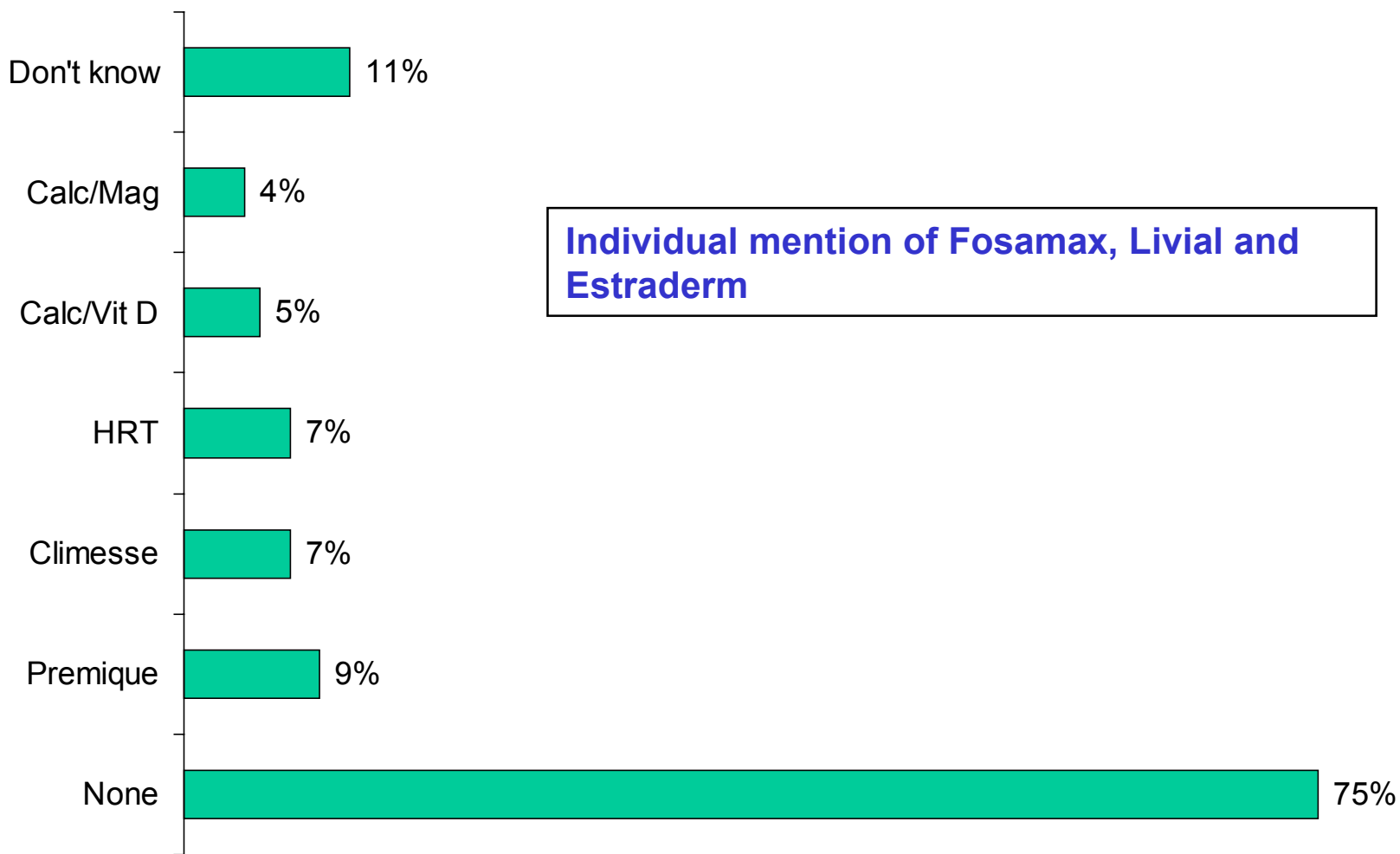
Base: Respondents not taking long-term prevention of osteoporosis (n=48)

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

Concern	Percentage
Base: Respondents on long-term prevention	48
If they didn't work	40%
Side effects	31%
Concerns over risk of cancer	13%
Inconvenient to take	10%
Concerns over breast ca	8%
Don't want to take l/t med	6%
Concerns over risk breast ca with HRT	2%
Concerns over HRT	2%
Don't know	29%

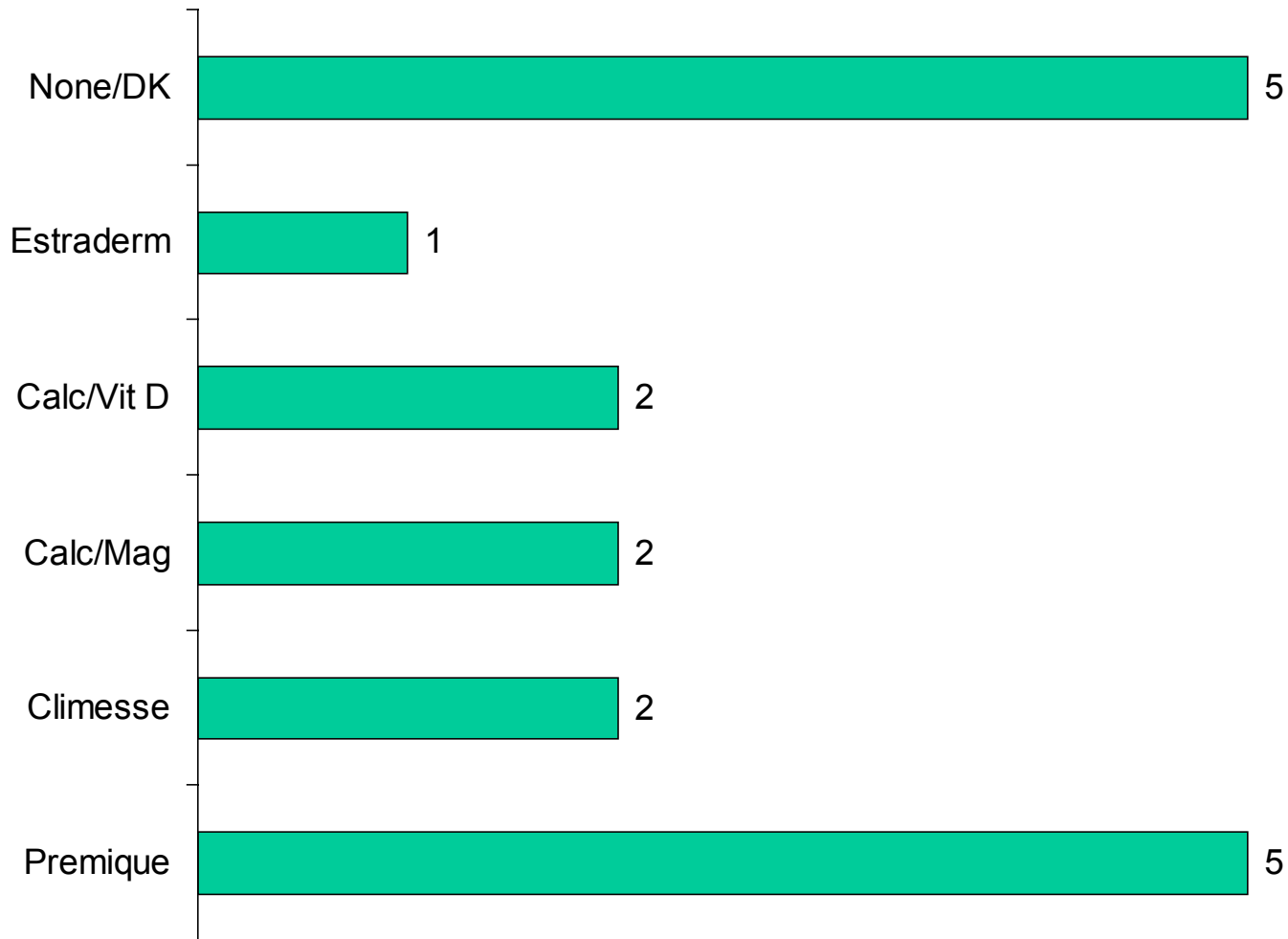


Q.31 Products ever used for the prevention/treatment of osteoporosis



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=16)

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	56
Osteoporosis should be viewed as a serious condition	98%
It is very important to effectively prevent osteoporosis	90%
It is very important to effectively prevent spinal fractures	81%
Getting fragile/brittle bones is part of the ageing process	71%
Drs generally have enough resources to effectively manage o/p	68%
Drs in this country do not seem to take o/p seriously	65%
If you can prevent/treat vertebral fractures you can prevent hip	64%
A medicine that can treat a disease is generally more effective than one that can just prevent it	58%
I would like to be/wish I had been screened for o/p	57%
Osteoporosis is not a life-threatening condition	56%
If I had a vertebral fracture I am sure I would know about it	56%
I wish I had taken medication earlier to prevent o/p	46%
I feel that I have enough information/knowledge on o/p	50%
I am concerned about l/t risk to health of taking HRT	42%

Summary

Summary

- v The average age of the women taking part in the survey was 63, of whom 23% 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 (>two-fifths), cancer (fifth) and osteoporosis <fifth (cf >quarter across all countries surveyed. A quarter of women claimed to have no health concerns
- v The one main health concern that the women had was again heart disease (>third). Osteoporosis was mentioned by >tenth as their main health concern, compared with fifth across all countries.

Summary

- v <two-thirds of women said that they ate healthily to improve or maintain long term health. <one-third said they drink lots of water, with a similar number taking exercise
 - v >quarter of women said they used vitamins/supplements/medication to improve or maintain long term health. >tenth of women did nothing to maintain long term health
- v <fifth of the women said they had been screened for osteoporosis - much lower than that reported across all countries (34%). None of the women reported that they were screened because their doctor recommended it
- v <half the women who had not been screened were aware that there was a screening programme

Summary

- v The key things women associate with osteoporosis are increased risk of further fractures (91%), loss of height (two-thirds) reduced quality of life, long term pain, and fear of the next fracture/fall (all mentioned by half of women)
- v <half the women with osteoporosis suspected they had the disease prior to diagnosis
- v Three-quarters of the sufferers said that the disease had a major impact on their quality of life – with back pain being the problem which most women cited
- v <half the women with osteoporosis were aware that they were at risk prior to diagnosis

Summary

- v 5 of the 7 women said they would have taken medication for prevention if they had known they were at risk of osteoporosis
- v 3 of the 13 women sufferers said they would suggest to other women that they should take calcium supplements and 2 of the 7 said they would recommend that they went on preventative medication and/or get screened for osteoporosis
- v >third of women said they felt they were likely to develop osteoporosis in the future and 75% 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), mainly because the women had read/heard about the condition.

Summary

- v Two-fifths of the women who had discussed the disease with a doctor went on to discuss the long term health risks.
- v 87% of the women believed that osteoporosis can be prevented, with the best way of preventing being calcium supplements or HRT (>half). <half the women said the best way of prevention was via a healthy diet, a third exercise and <third through using specific osteoporosis medications
- v 4 out of 10 women who had discussed osteoporosis had not discussed therapy options with a doctor. <half had discussed calcium supplements, >quarter were just recommended lifestyle measures and >tenth SERMs
- v Half the women were currently taking medication for osteoporosis/hormonal problems, although <tenth were on treatment and >tenth on prevention

Summary

- v Two-thirds of women would consider taking long term preventative therapy if recommended by their doctor, with lack of efficacy being the main concern that they would have (two-fifths)
- v Almost all the women agreed that osteoporosis should be viewed as a serious condition
- v 9 out of 10 women agreed that it was very important to effectively prevent osteoporosis
- v 8 out of women agreed that it is very important to effectively prevent spinal fractures
- v 7 out of 10 women believe that fragile bones is part of the ageing process

Summary

- v 3 out of 10 women do not believe that doctors in France have enough resources to effectively manage the disease
- v 6 out of 10 women believe that doctors don't take osteoporosis seriously in France
- v Two-thirds of women believe that if you can prevent vertebral fractures you can prevent secondary fractures
- v 6 out of 10 women wished they had been screened for osteoporosis
- v 4 out of 10 women believe osteoporosis to be a life-threatening condition
- v 5 of out 10 women believe that if they had a vertebral fracture they would know about it

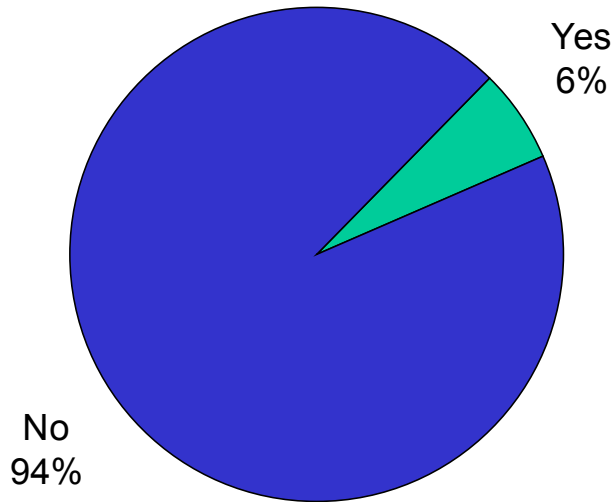
Summary

- v 5 out of 10 women wished they had taken preventative medication
- v 5 out of 10 women do not feel they have sufficient information on the disease
- v 4 out of 10 women are concerned about the long term risks to their health of taking HRT

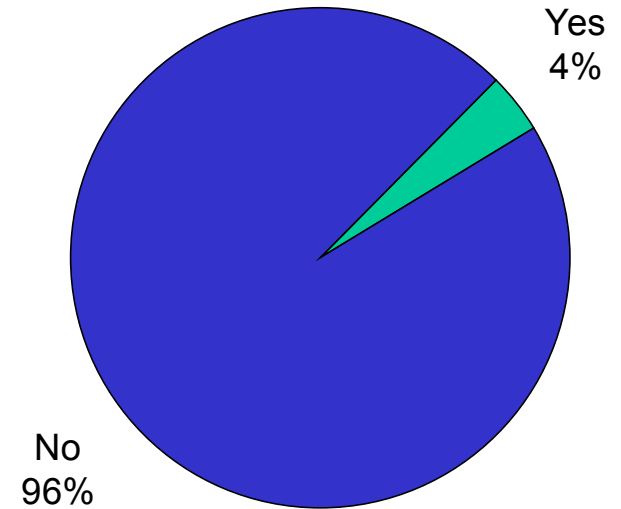
French GPs

Clinics held in surgery

Menopause Clinic



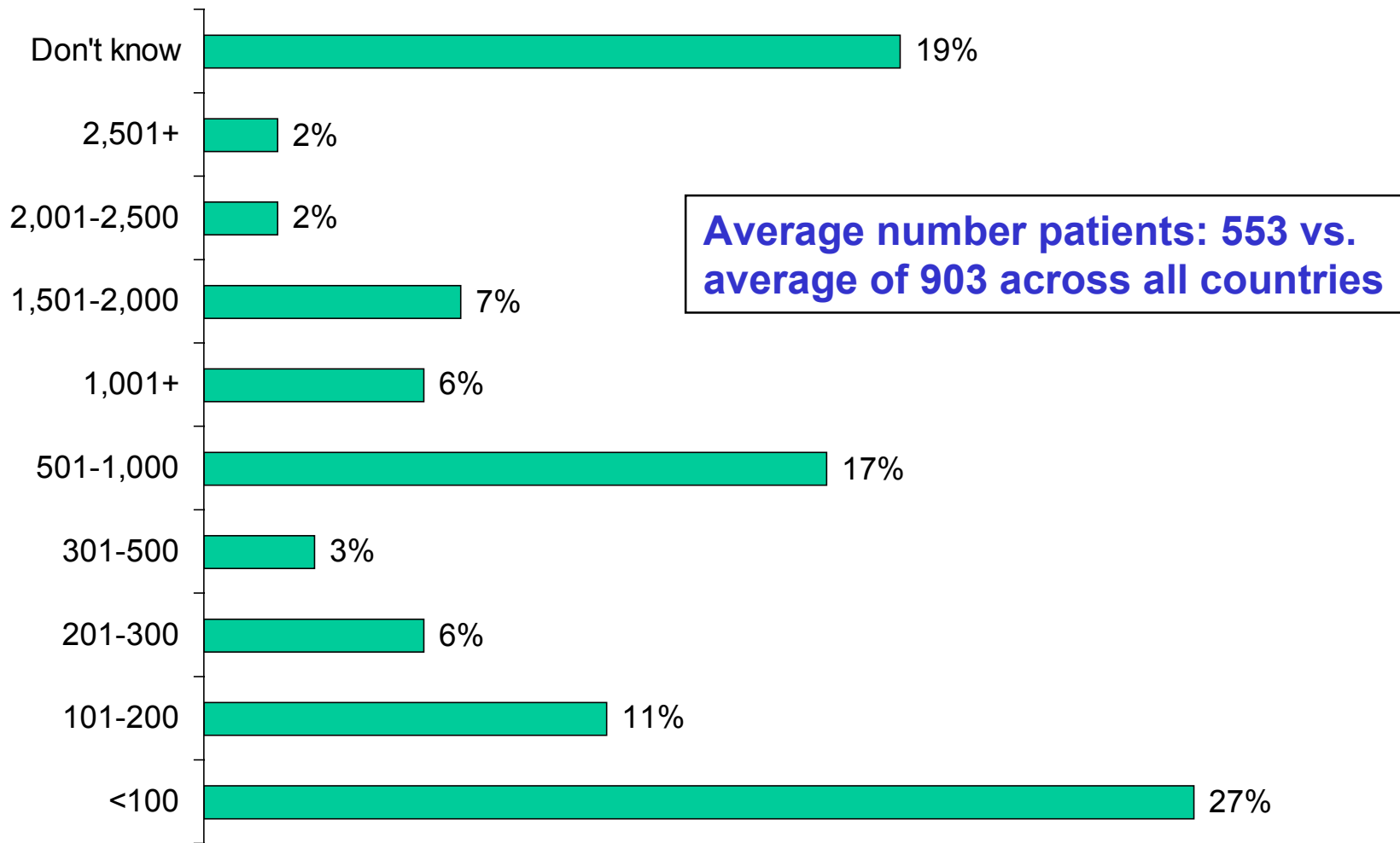
Osteoporosis Clinic



Across all countries 23% of doctors had a menopause clinic and 20% an osteoporosis clinic

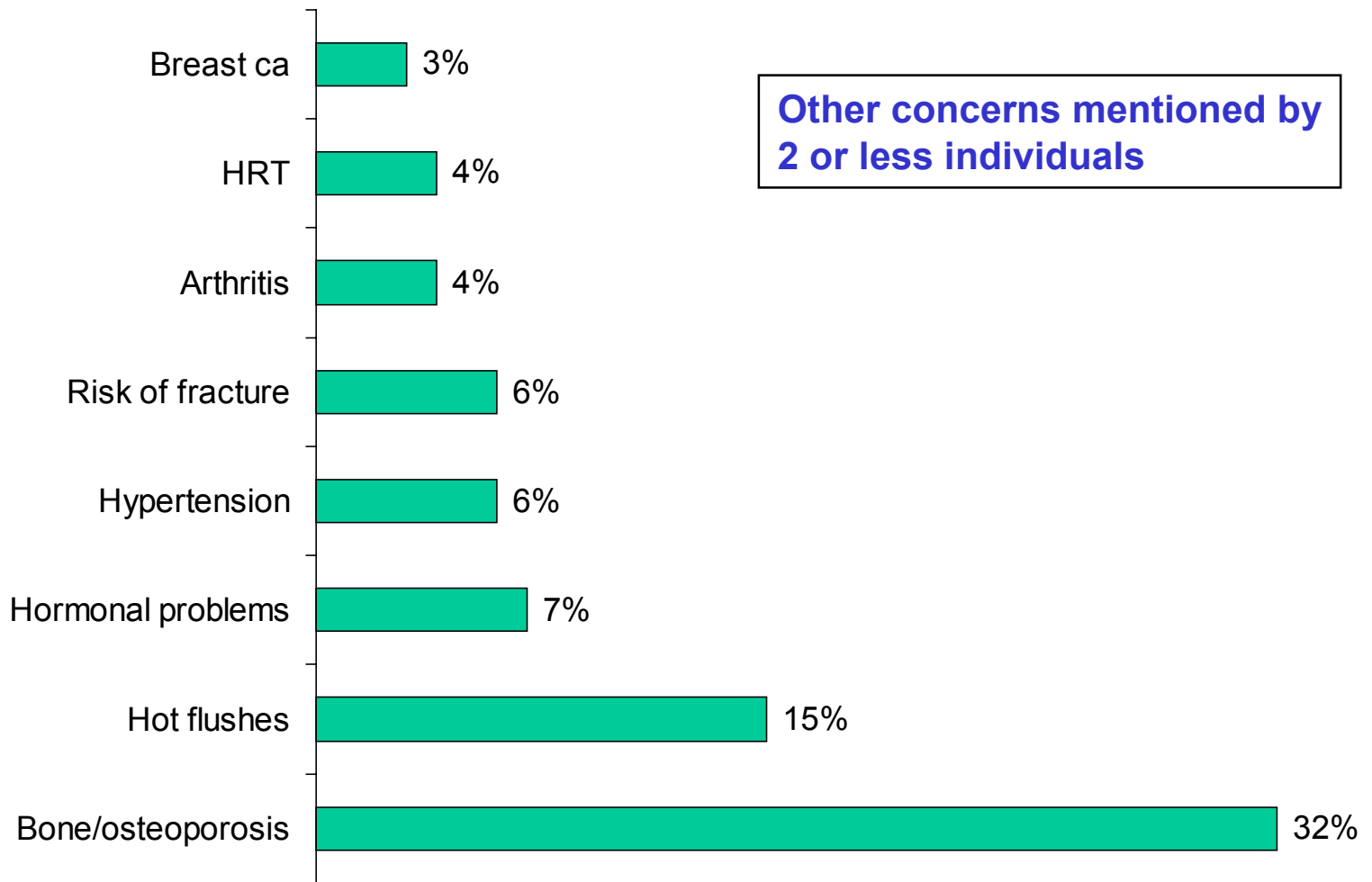
Base: GPs aged <65 (n=100)

Q.3 Number post-menopausal women in practice



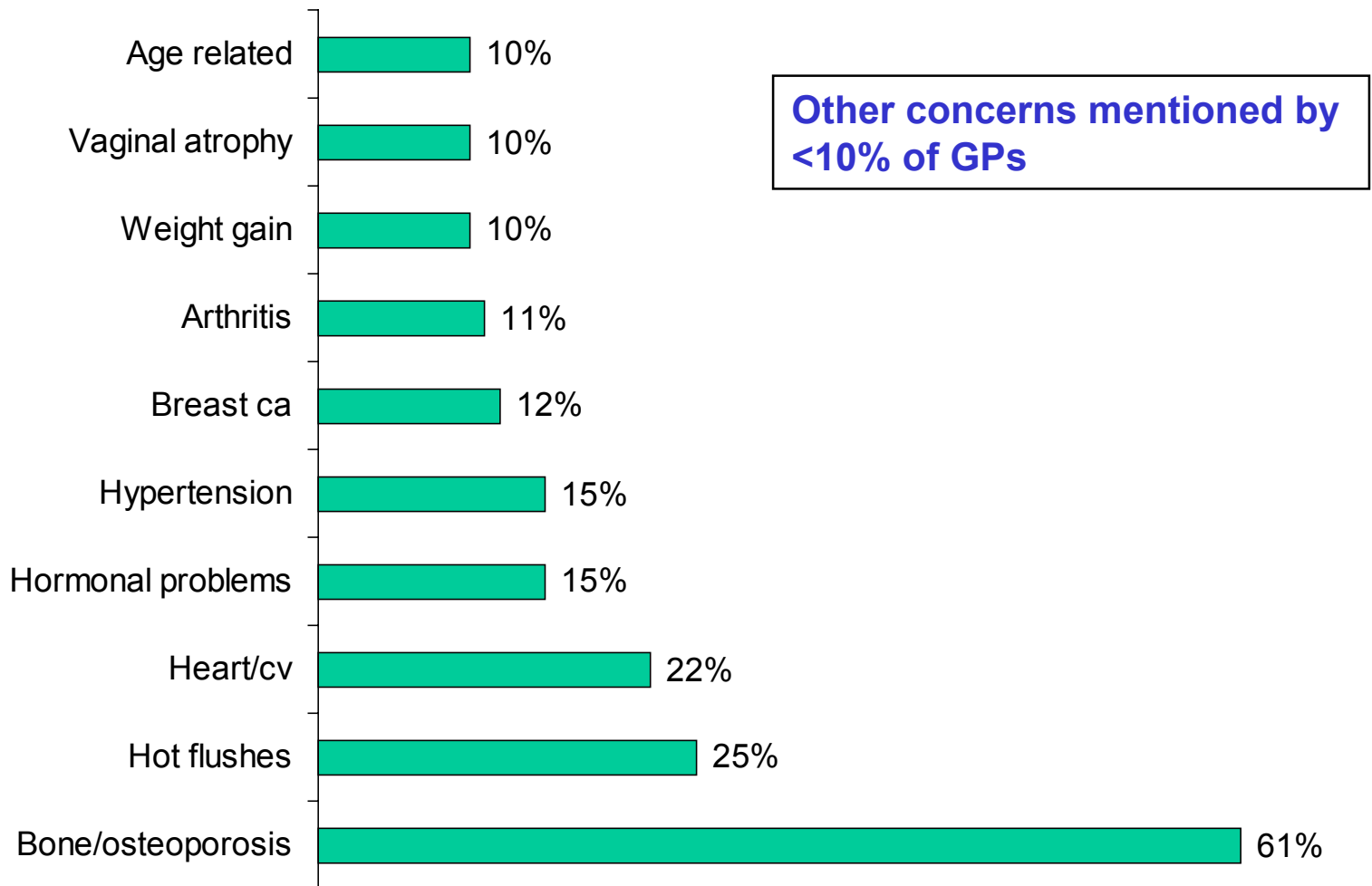
Base: GPs aged <65 (n=100)

Q.4 Key health concern discussed



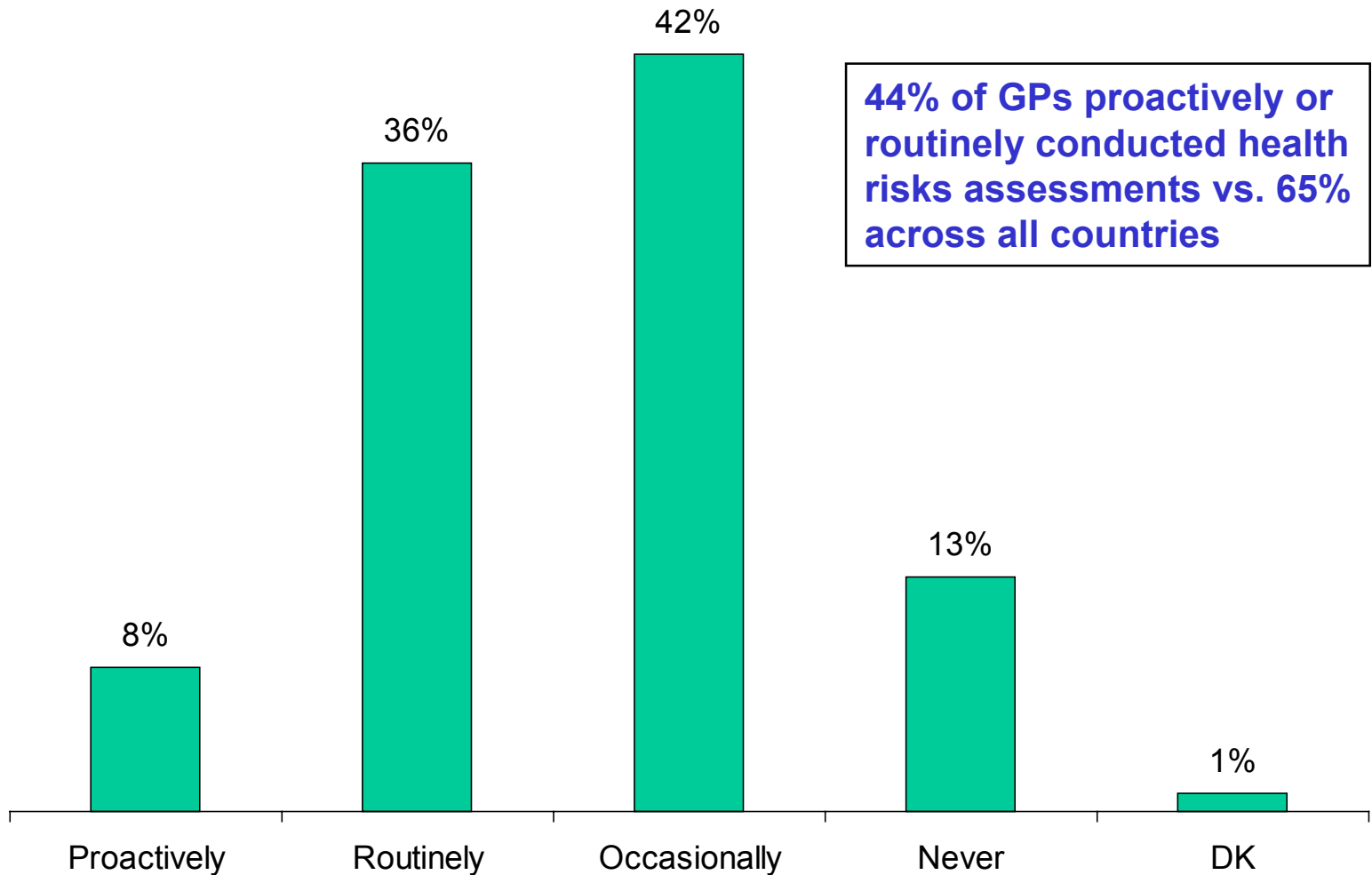
Base: GPs aged <65 (n=100)

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
Nothing	47%
Not a priority	12%
Patient's don't request it to be done	11%
No need to do so at this time	9%
Lack of time	6%
Depends on individual patient	6%
That's the role of the patient	3%
Don't know	6%

Other reasons mentioned on individual basis

Q.8a Definition of treatment

Base: All GPs	100
Prescribing specific product class	33%
Starting medication when woman is at risk	29%
Radiological/bone density scan evidence	10%
Starting medication when woman has first fracture	7%
Starting medication when woman has developed o/p	7%
Lifestyle changes	7%
Improving bone density	3%
Stopping bone loss	2%
Failure of prevention	1%
Don't know	1%

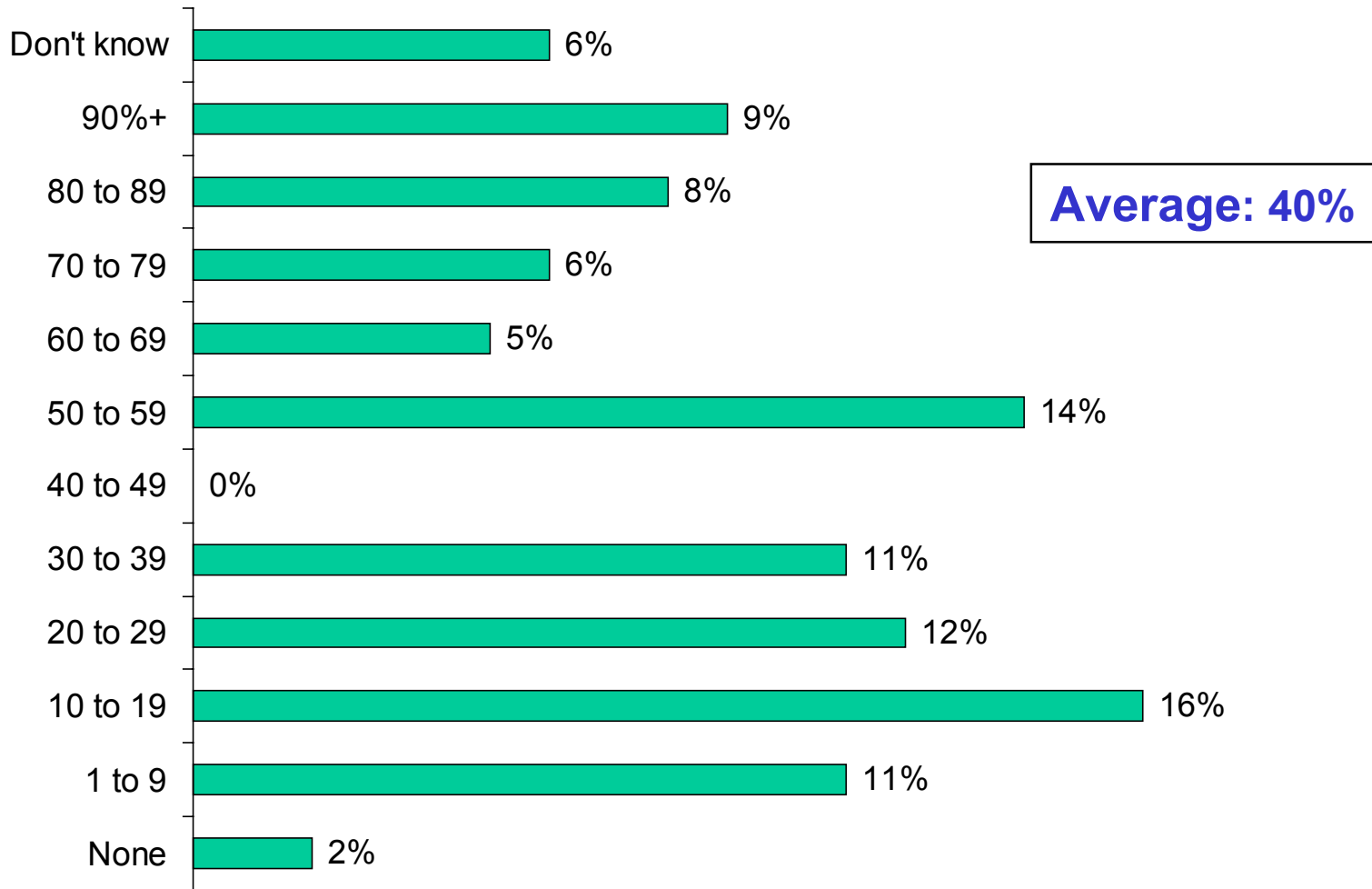
Q.8b Definition of prevention

Base: All GPs	100
Advising women on lifestyle changes to reduce risk of osteoporosis prior to fracture	33%
HRT	32%
Prescribing specific product class	25%
Starting medication when women are at risk of developing osteoporosis but not suffered fracture	11%
Screening patients when they reach the menopause	11%
Starting medication before the woman is at risk	6%
Don't know	2%

Q.9 Most negative effects of osteoporosis

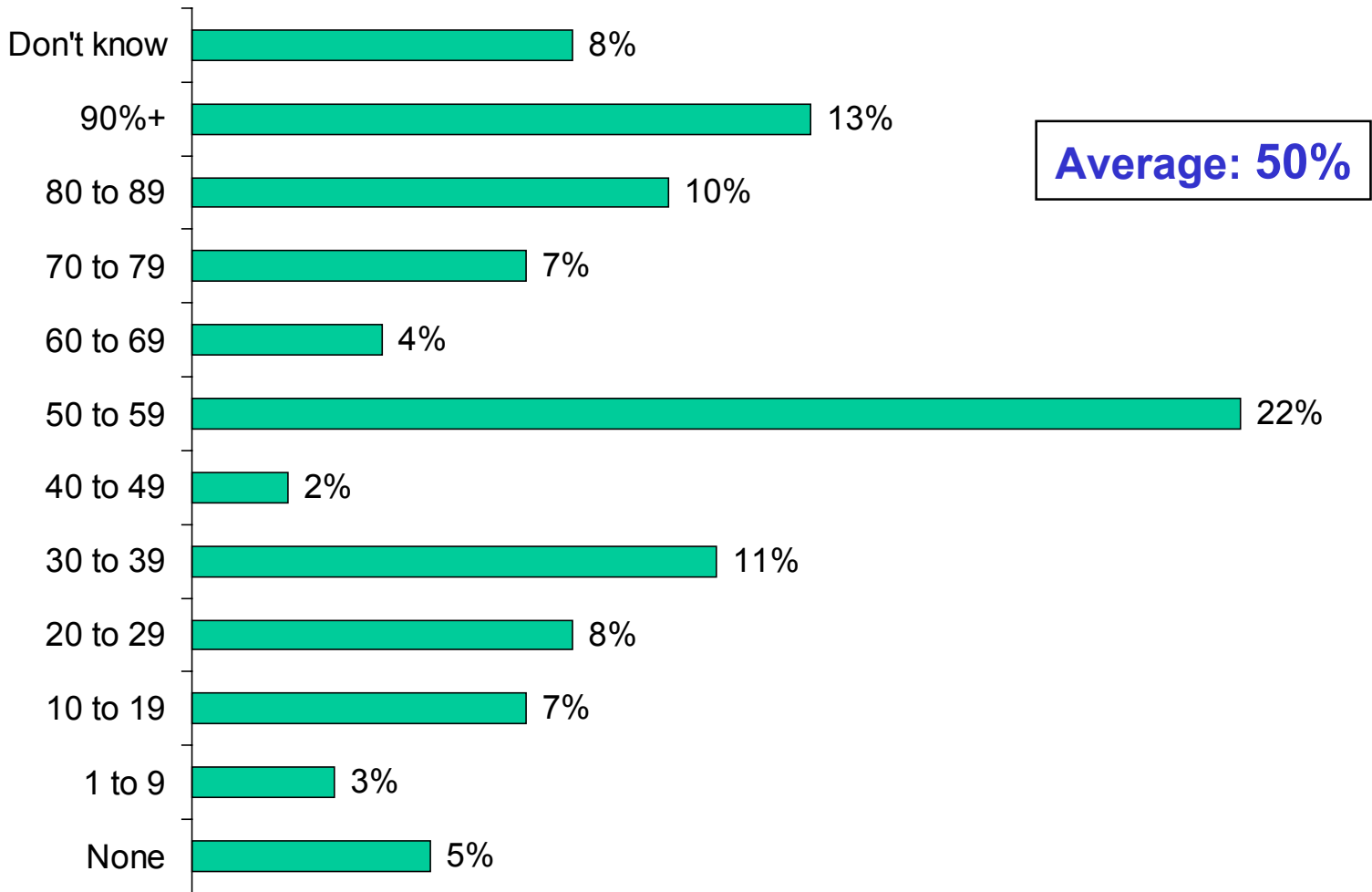
Base: All GPs	100
Fracture/breaking bone	86%
Pain	40%
Curvature of spine	19%
Loss of height	17%
Lack of independence	9%
Makes a woman feel old/infirm	9%
Limiting affect on lifestyle	8%
Bone loss	5%
Depression	4%
Hip fracture	2%
Decrease in self-esteem	1%

Q.10 % patients rxd medication for treatment of osteoporosis



Base: GPs aged <65 (n=100)

Q.11 % patients rxd medication for prevention of osteoporosis



Base: GPs aged <65 (n=100)

Q.12a Inhibitors of rxing medication for prevention

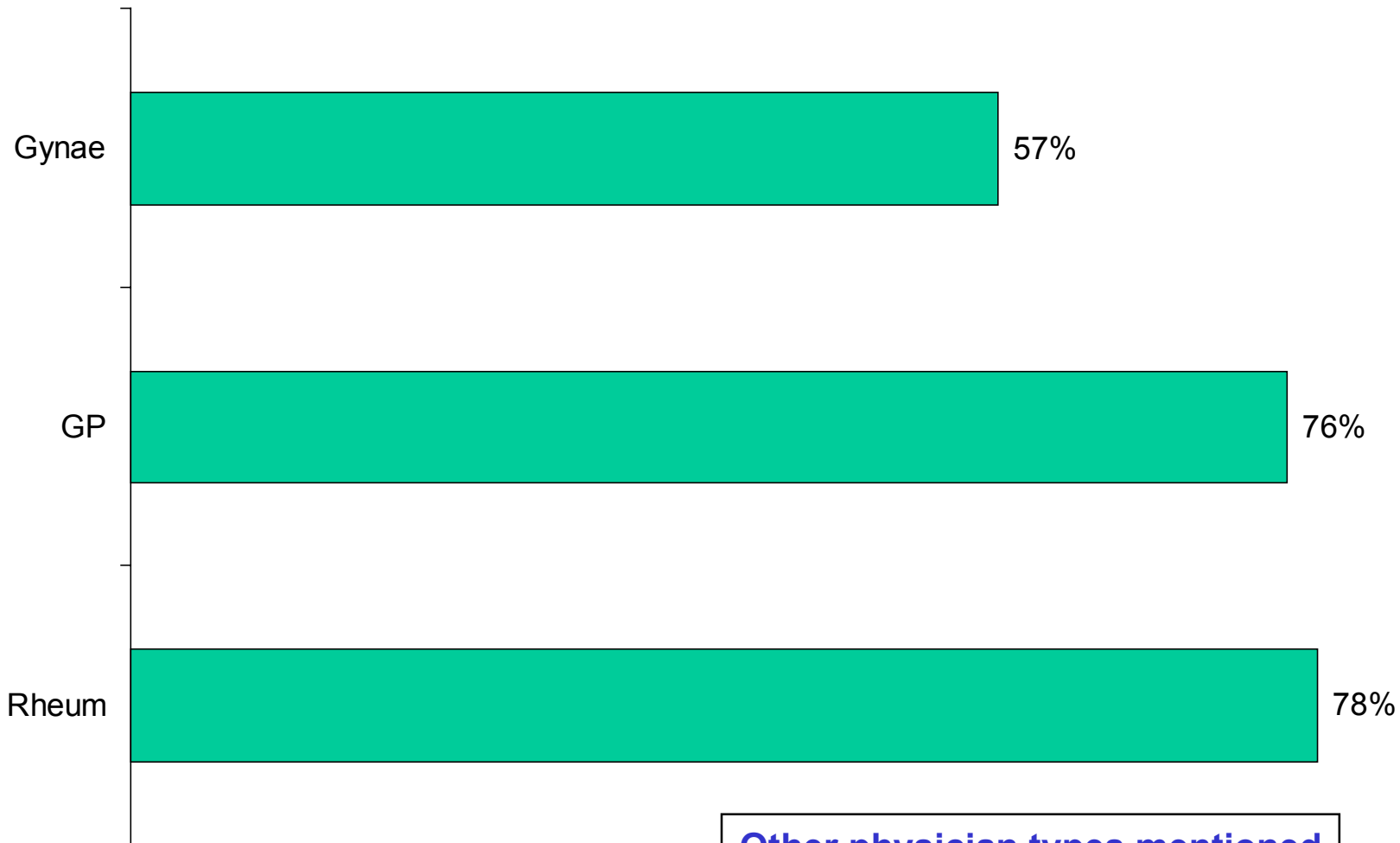
Base: All GPs	100
None	23%
Women are not good at complying with preventative medication	20%
Contraindications	16%
Patients don't want to take medication	15%
Women do not like the dosage regimen of available therapies	14%
Do not believe in preventative medication	5%
Side effects	4%
Prefer to advocate lifestyle changes	3%
Other points mentioned by individual GPs	

Q.12b Biggest challenge when treating preventatively after menopause

Base: All GPs	100
Compliance	22%
Patients concern about side effects	19%
Patients concern about increased risk of cancer	14%
Patients unwillingness to take long term medication	12%
Patients lack of understanding of l/t health risks	8%
Patients lack of concern about l/t health risks	5%
Psychological problems	5%
Prevention of osteoporosis	4%
Maintaining quality of life	4%
None	5%
Don't know	3%
Other comments mentioned by <5% of GPs	



Q.19 Physicians most likely to rx medication for osteoporosis



Other physician types mentioned by 2 or less GPs

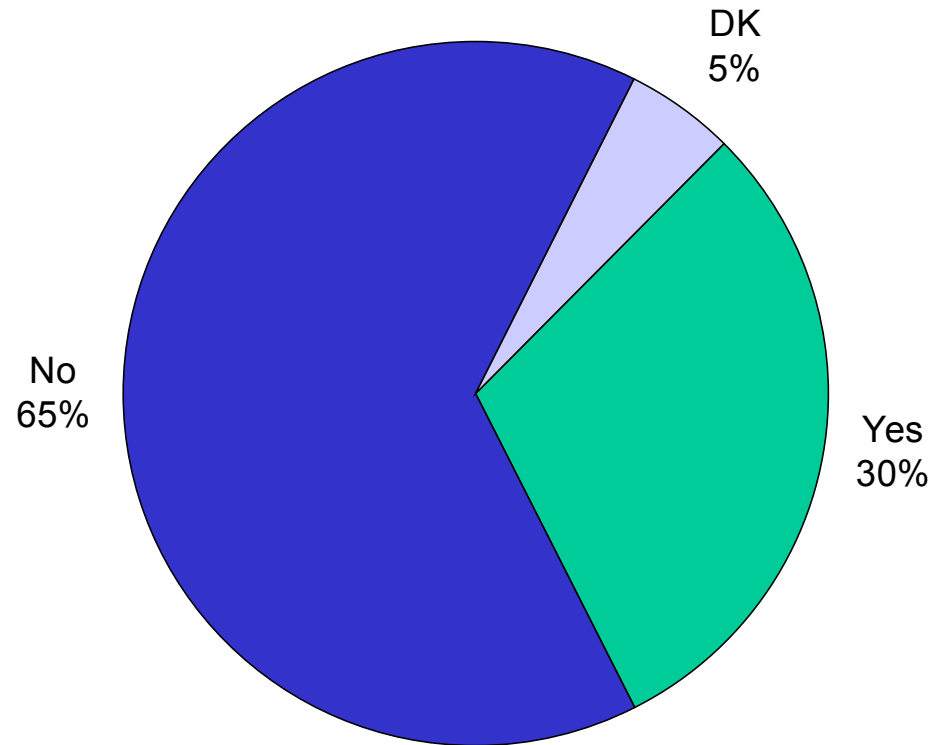
Base: All GPs (n=100)

Q.20 Factors affecting decision to rx long term medication

Base: All GPs	100
Well tolerated	26%
Patient preference	21%
Compliance	14%
Ease of use	12%
Side effects	12%

Other factors mentioned by <10% of GPs

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	34%
Efficacy	19%
Stops fractures (other than vertebral)	13%
Tolerability	9%
Prevents pain	9%
Effectively stops vertebral fractures	4%
Convenient to take	3%
Other features mentioned by <5% of GPs	

Q.22/23 Important feature of osteoporosis product

Base: All GPs	100
Tolerability ^	43%
Increases BMD *	41%
Efficacy *	23%
Convenient to take ^	22%
Stops fractures (other than vertebral) *	22%
Prevents pain	19%
Has no GI side effects ^	14%
Prevention of further fractures *	12%
Effectively stops vertebral fractures *	8%

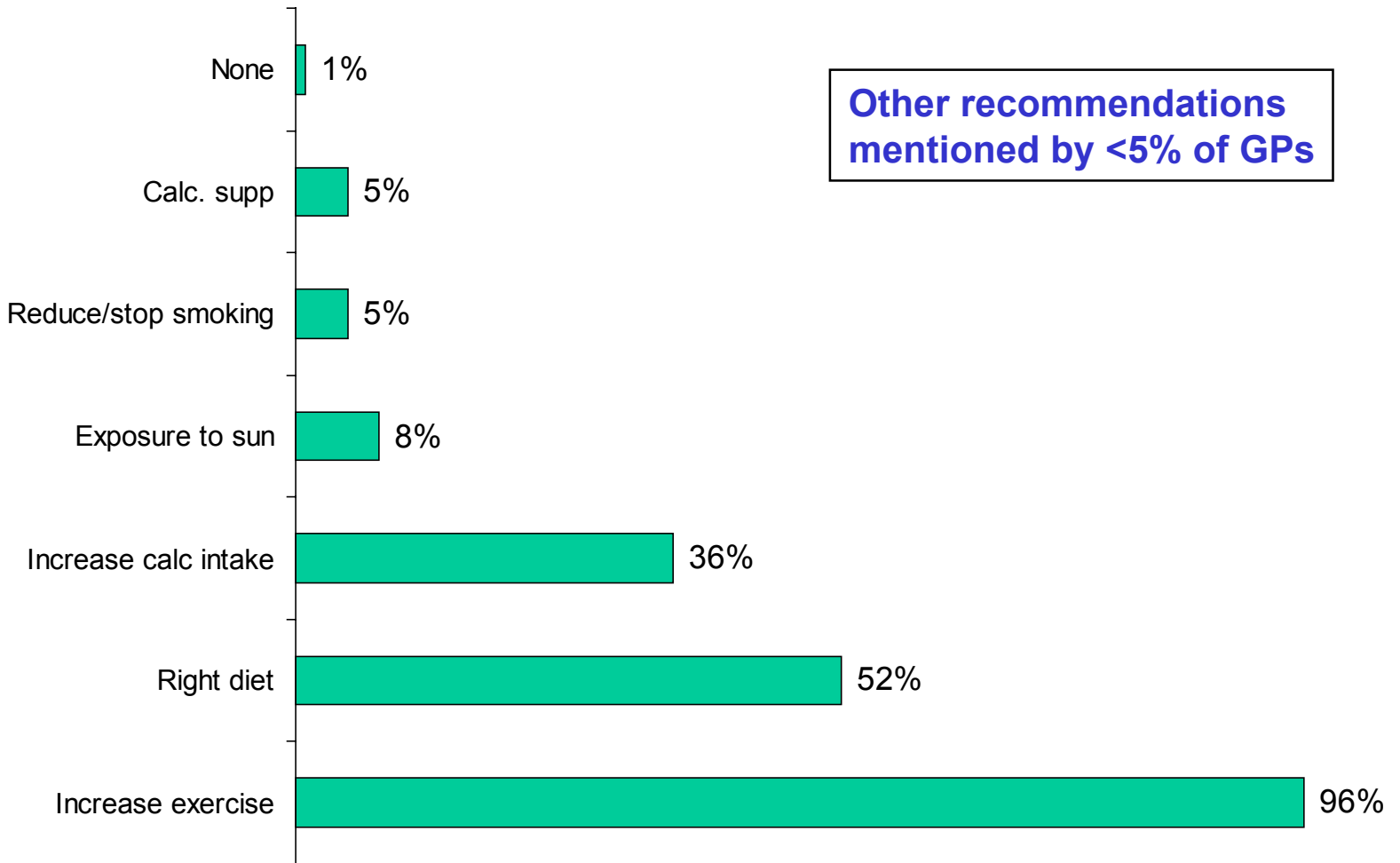
* Mentioned by 83% of GPs

^ Mentioned by 58% of GPs

Q.24 Ideal candidates for preventative medication (prompted)

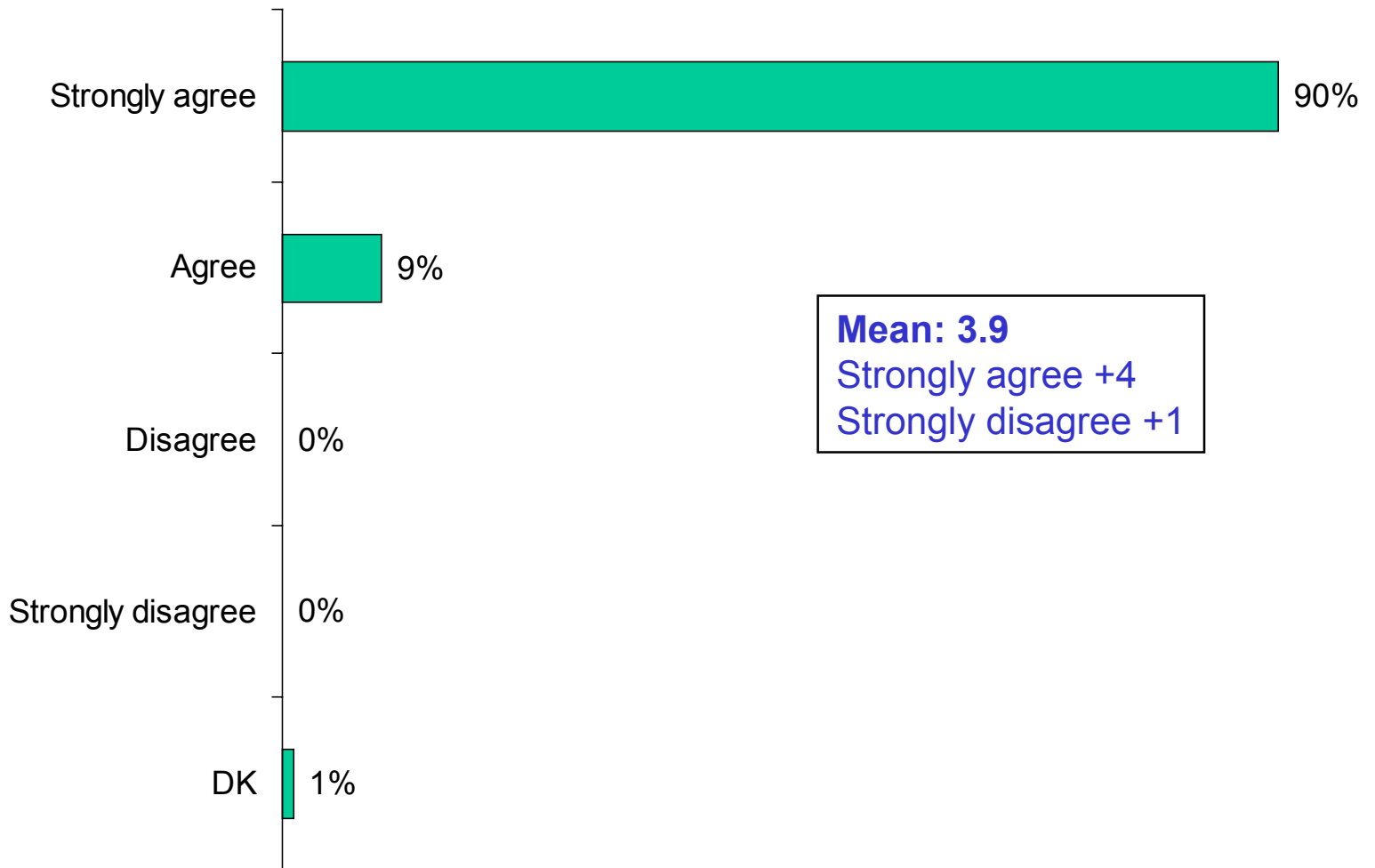
Base: All GPs	100
Women going through early menopause	93%
Women with family history of osteoporosis	90%
Women at high risk of vertebral fracture	86%
Women at high risk of hip fracture	81%
Asymptomatic postmenopausal women	74%
Women with history of hip fracture	72%
Women with vertebral fracture	70%
Women at risk from developing cardiac problems	64%
Peri-menopausal women	40%
Women at risk from developing breast problems	16%

Q.25 Therapy/lifestyle recommendations suggest to women



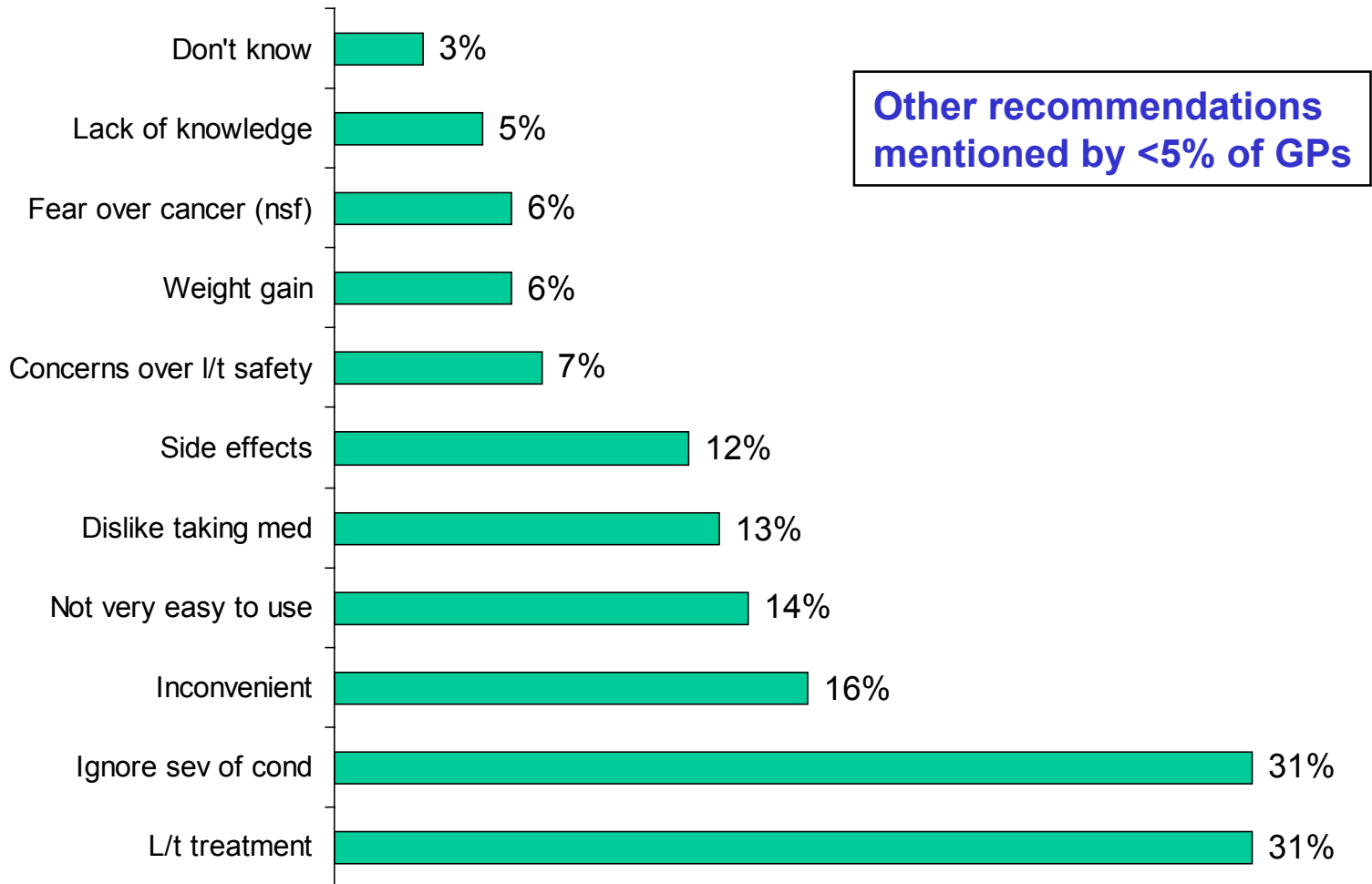
Base: All GPs (n=100)

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



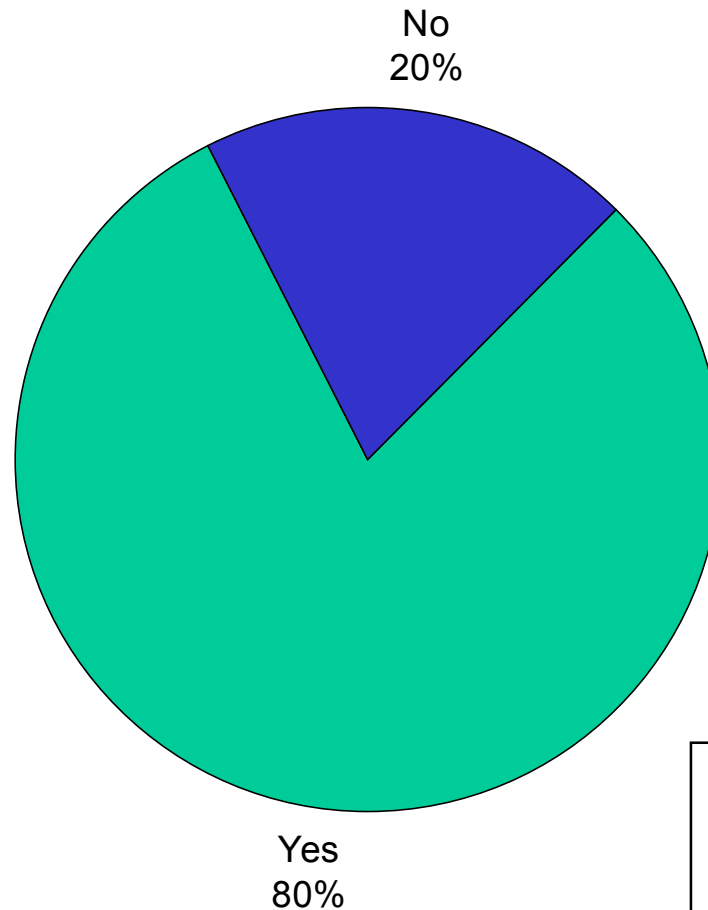
Base: All GPs (n=100)

Q.27 Reasons for non-compliance



Base: All GPs (n=100)

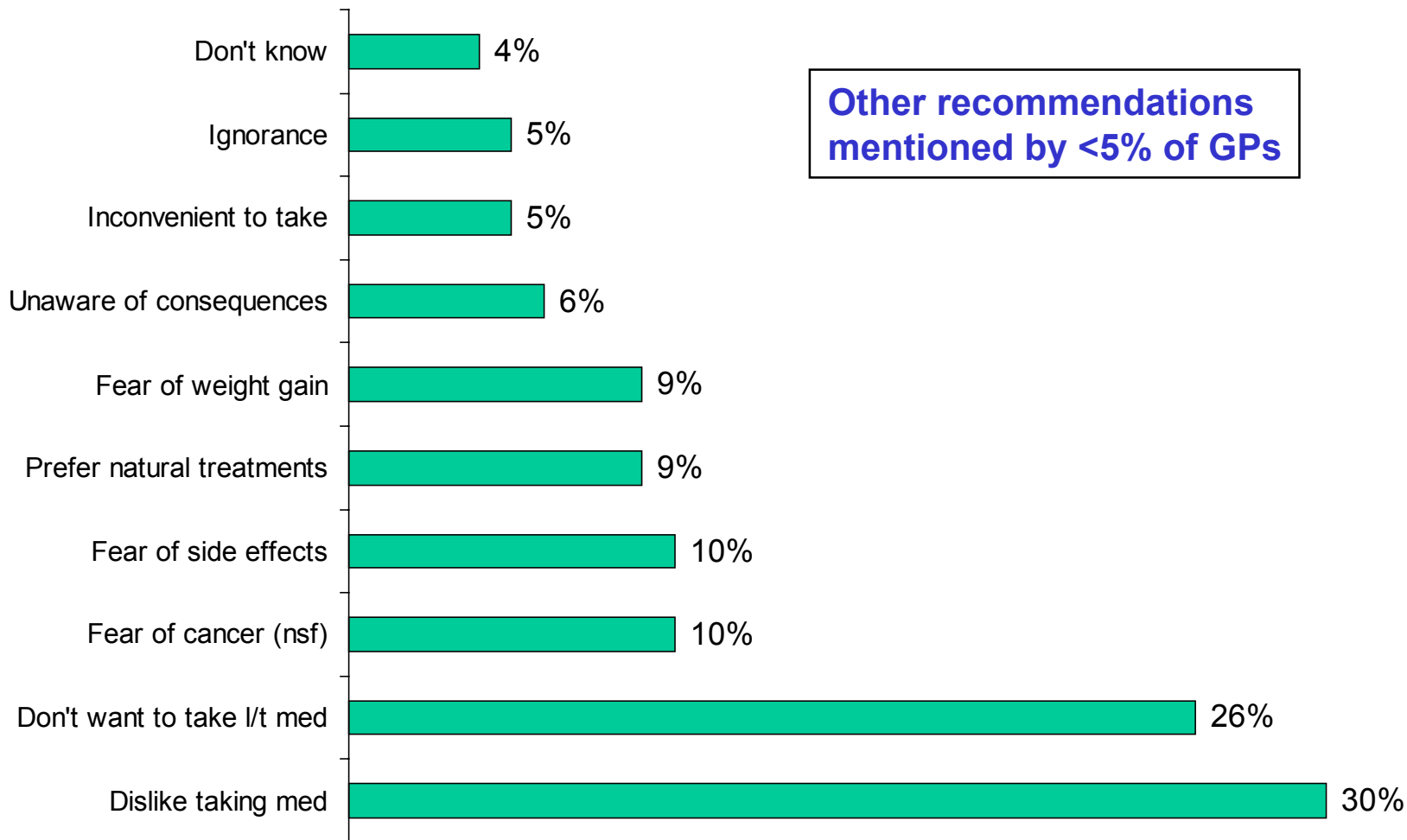
Q.28 Whether patient has refused recommended o/p treatment



**Across all countries
61% of GPs had come
across patients refusing
treatment**

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%
The screening programme for osteoporosis could be improved	95%
The main aim of o/p management is to prevent fractures	95%
Osteoporosis should be viewed as a serious condition	94%
If you can prevent vert. fractures you can stop secondary frac.	85%
Osteoporosis fractures are a maj. clinical problem	74%
Bone fragility is an inevitable factor in growing old	67%
A medicine that can treat a disease is generally more effective than one that can just prevent	26%
The screening programme for o/p is sufficiently w/spread	17%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	16%
The screening programme for o/p is sufficiently funded	7%

Summary

- v Only 6% of GPs held a menopause surgery in their practice and 4% an osteoporosis clinic
- v On average the GPs estimated they had 553 postmenopausal women in their practice
- v The one key health concern the doctors have for their postmenopausal women is osteoporosis (third), with the next most frequently mentioned main concern being hot flushes (15%)
- v When looking at all health concerns for postmenopausal women, two-thirds stated osteoporosis, a quarter hot flushes and >fifth heart disease

Summary

- v 4 out of 10 GPs said they occasionally conduct health risk assessments, a third routinely and <tenth proactively. >tenth said they never conduct health risk assessments
- v Half the doctors didn't feel that anything was limiting the level of overall health status reviews that they conduct (cf fifth of 'all doctors'). >tenth of GPs did not see health status reviews as a priority, with a similar number saying the limiting factor was that women do not ask for them
- v A third of GPs defined 'treatment' as rxing a specific product class. >quarter defined it as starting medication when a woman is at risk (vs. <half of 'all doctors')

Summary

- v Four-fifths of GPs felt that the most negative effect of osteoporosis was fractures, followed by pain (40%) and curvature of the spine (20%)
- v On average the GPs estimated that 40% of their postmenopausal women would be receiving medication for ‘treatment’ and 50% for ‘prevention’
- v A quarter of GPs felt that there was nothing inhibiting them from rxing medication for the prevention of osteoporosis. A fifth felt the fact that women don’t comply with this type of medication was inhibiting them
- v A fifth of GPs felt that the biggest challenge they face when treating preventatively after the menopause was compliance, with a similar number saying patients concern over side effects

Summary

- v Three-quarters of the GPs said that Rheumatologists would also be likely to rx for osteoporosis and >half gynaecologists
 - v looking across all countries, rheumatologists have a greater role to play in France (78% vs. 31% across all countries)

Summary

- v A quarter of GPs felt that a product which is well tolerated affected their decision as to which product to rx for long term medication. A fifth felt patient preference was a factor in their decision
- v Two-thirds of GPs felt that women did not consult them at an early enough stage
- v A third of GPs felt that the most important feature of an osteoporosis product was that it increases BMD. A fifth felt it was efficacy
- v When looking at all important features 4 out of 10 GPs felt tolerability and increase in BMD was important, followed by efficacy, convenient to take and stops fractures (<quarter) was important

Summary

- v There was strong agreement (90%+) that ideal candidates for preventative medication would be women going through an early menopause and those with family history of osteoporosis. Only 4 out of 10 GPs felt that perimenopausal women were ideal candidates
- v Almost all the GPs (96%) recommend to postmenopausal women that they increase their exercise, >half follow a correct diet and >third increase their calcium intake
- v 9 out of 10 GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”
- v <third of GPs felt that the reason for patient non-compliance was because it is long term treatment and/or women ignore the severity of the condition

Summary

- v 80% of GPs have had the situation where women have refused recommended osteoporosis treatment. Just under a third of these GPs felt this was because they dislike taking medication, with a quarter saying they don't want to take long term medication
- v Almost all the GPs (95%+) agreed that their goal should be to prevent women suffering a first fracture, it should be viewed as a serious condition and the screening programme could be improved
- v 8 out of 10 GPs agree that if you prevent vertebral fractures you can stop secondary fractures
- v 7 out of 10 GPs agree that osteoporosis fractures are a major clinical problem and that bone fragility is part of the ageing process

Summary

- v 8 out of 10 GPs in France do not believe that the screening programme is sufficiently widespread and 9 out of 10 do not believe that it is sufficiently funded
- v 16% of doctors agreed that it is often the case that osteoporosis is not diagnosed until the woman presents with a first fracture

Conclusions and Recommendations

Awareness

Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v Just less than half of all women suffering from osteoporosis were not aware they were at risk
- v Again, just less than half of sufferers were not aware that they had the disease prior to diagnosis
- v 94% of doctors think that osteoporosis should be viewed as a serious condition
- v 74% of doctors feel that osteoporosis fractures are a major clinical problem
- v Two-thirds of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only 16% of postmenopausal women stated they were concerned about the disease

Awareness

- v <Half the women had discussed osteoporosis with a doctor and of these, 25% said their doctor initiated the discussion
- v >Half the women who have discussed the disease with a doctor have NOT discussed long term risks, mainly because the doctor did not raise them or they don't want to think about them
- v 1 in 3 women will develop osteoporosis
 - v only a tenth of women feel they are very likely to develop the condition and only >third are very concerned about the long term health risks of osteoporosis

Awareness

- v **Greater education is required amongst postmenopausal women**
 - v one of the challenges doctors face is unwillingness of women to take long term medication
 - 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 8 out of 10 doctors stated that the most negative effect of osteoporosis was fractures/breaking a bone, followed by pain
- v 9 out of 10 women associate osteoporosis with an increased risk of fracture, two-thirds loss of height, >half reduced quality of life, fear of next fracture/fall or long term pain
- v Of the women with osteoporosis, three-quarters stated that it had impacted on their quality of life (back pain, fear of breaking a bone, reduction in activities, less able to get from place to place)
- v 85% 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 40% 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 less than a fifth of women have been screened for osteoporosis and on screening, just over half of women were identified as suffering from the disease
- v If screening identifies the disease - why have only 11% of patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 9 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 Two-fifths of doctors think they either proactively or routinely conduct health risk assessments, in reality when asked for their definition of prevention, only 11% said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v Over half the women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 64% 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 Over half 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 Three-quarters of doctors believe that osteoporosis fractures are a major clinical concern but only 50% of postmenopausal women are on preventative medicine
- v A third of doctors defined prevention as giving lifestyle advice rather than rxing medication
- v A quarter 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 the women don't want to take long term medication

Effective prevention and treatment

- v 86% of doctors believe that ideal candidates for prevention are women at 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 11% of women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 50% of their postmenopausal women patients are on preventative medication and 40% 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
- v **In turn women need to have a greater awareness that there are specific treatments** as only a third indicated that osteoporosis can be prevented by the use of specific osteoporosis medications

Prescribing Inhibitors

Prescribing inhibitors

- v Although a quarter of doctors said nothing inhibits their rxing, a fifth of doctors said lack of compliance is the greatest factor affecting their decision to rx a medication
- v Again, the biggest challenge doctors face when treating preventatively after the menopause is compliance, followed by patients concern over side effects
- v This in turn leads to an average of 60% of patients NOT being rxd medication for the treatment of osteoporosis and 50% NOT being prescribed preventative medicine
- v 80% of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v >quarter of doctors cite dislike of taking medication or that women don't want to take long term medication as being key reasons for non-compliance
- 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