

‘How Fragile Is Her Future?’ Research Germany

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

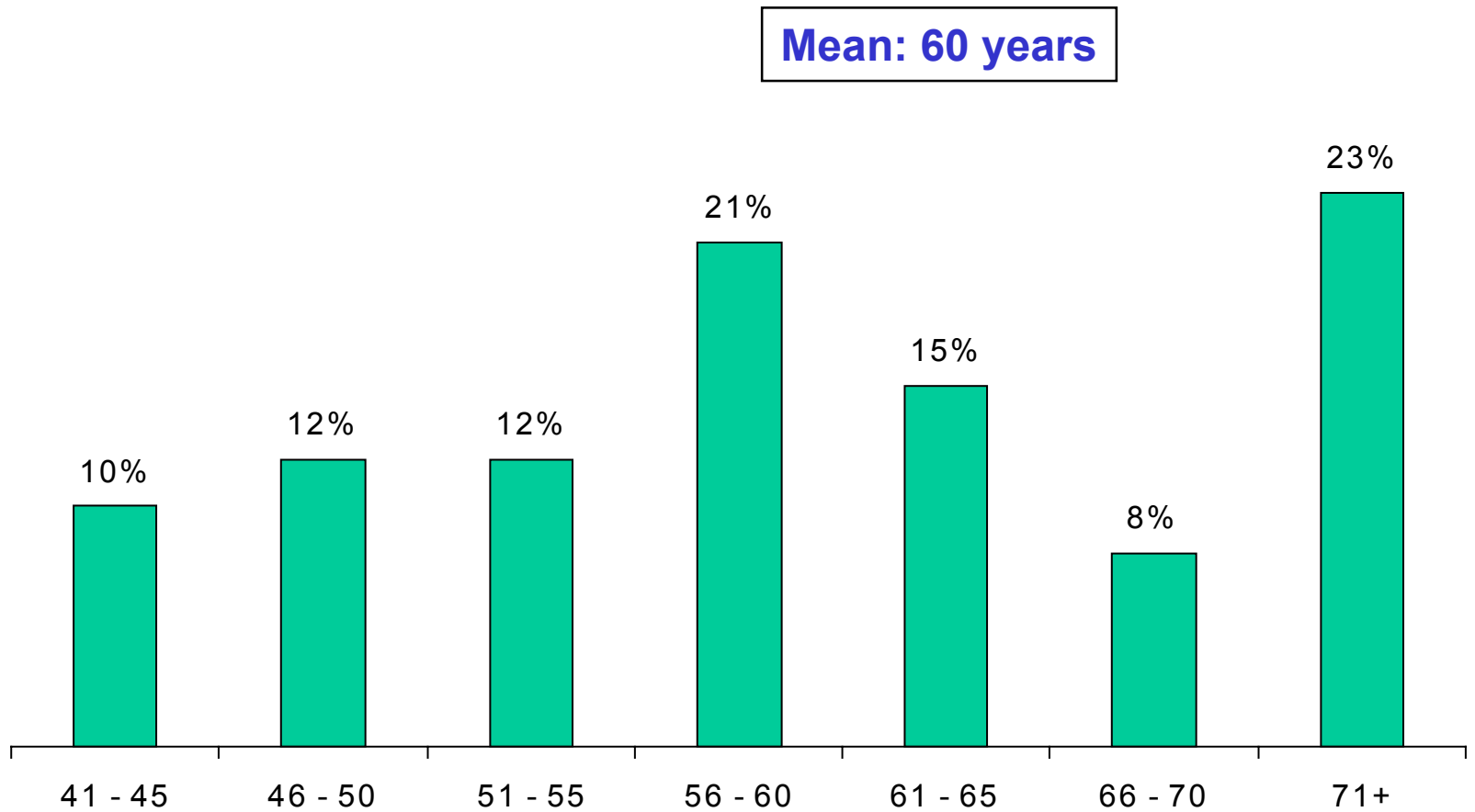
Research Methodology

- 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
- v Fieldwork dates for consumers: 6th March - 4th April

Main Findings

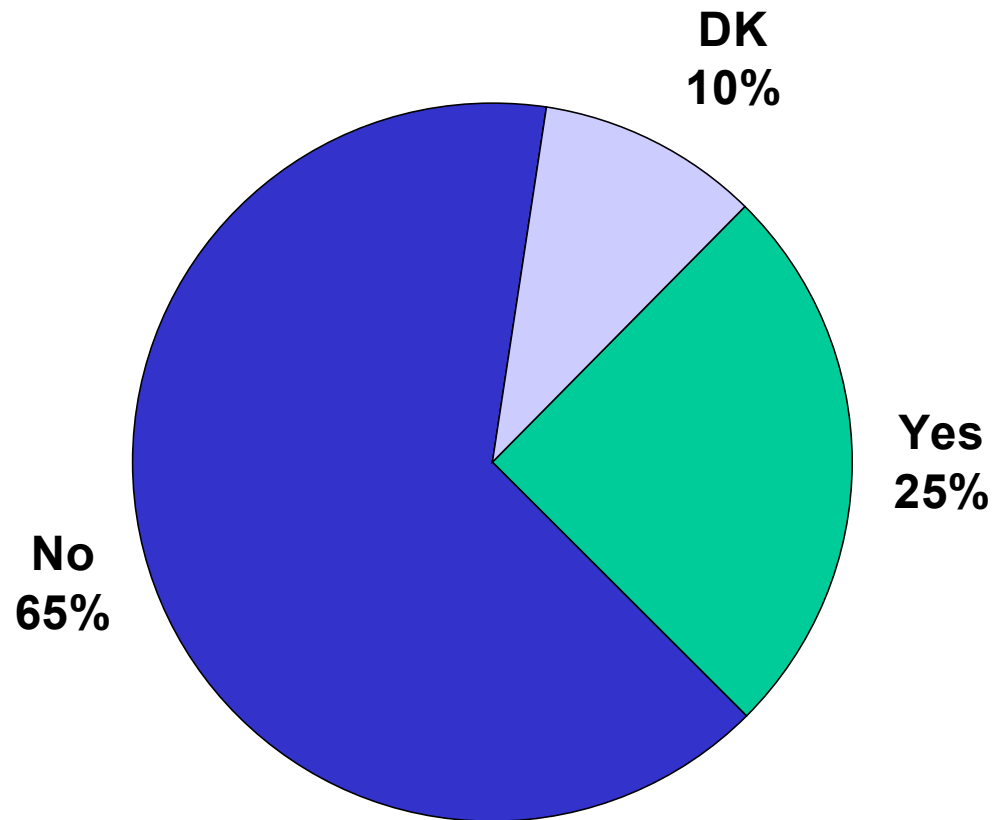
German Consumers

Q.2 Age of respondents



Base: All female respondents aged 41+ and been through menopause (n=52)

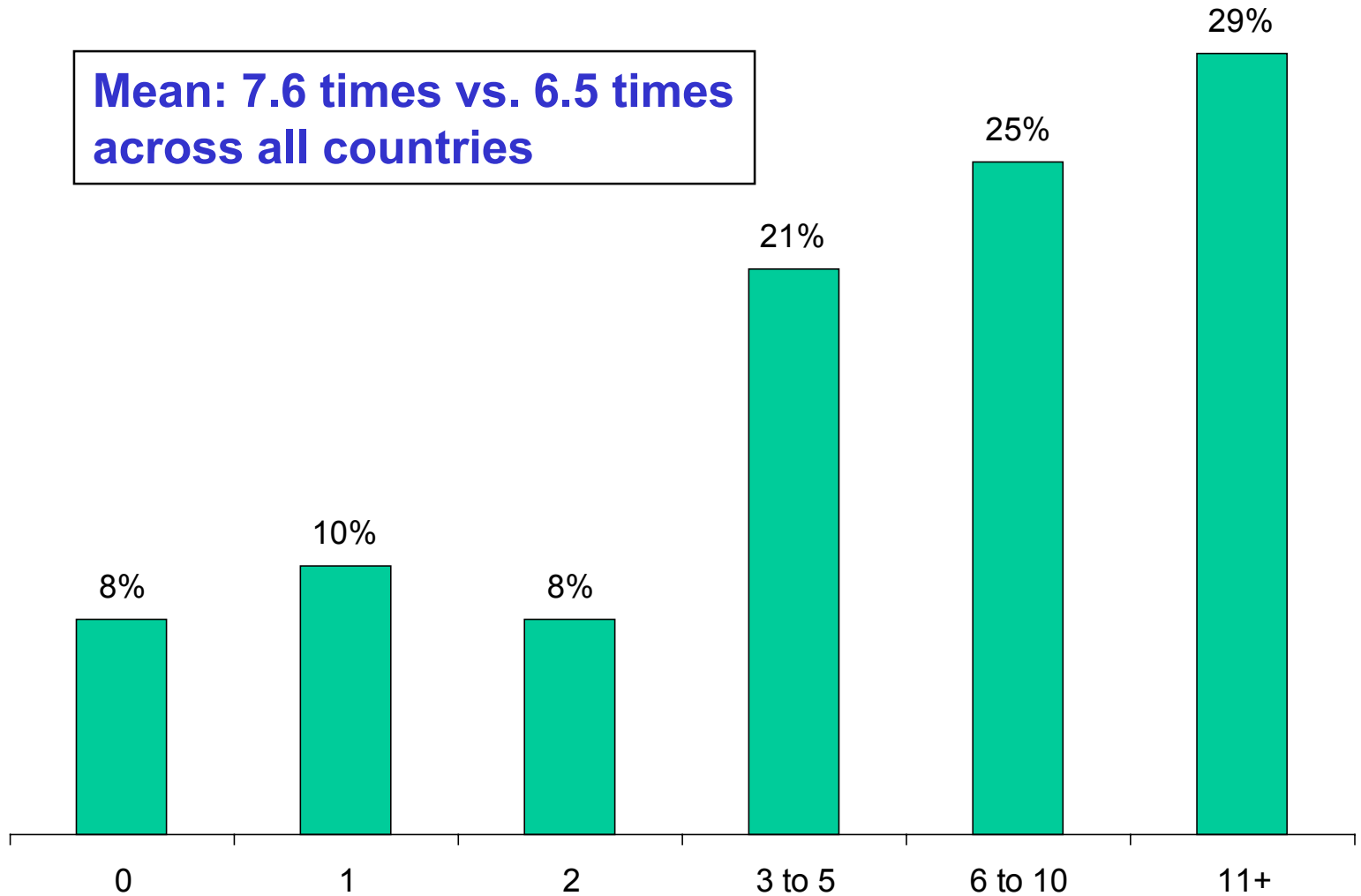
Q.4 Whether suffer from osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=52)

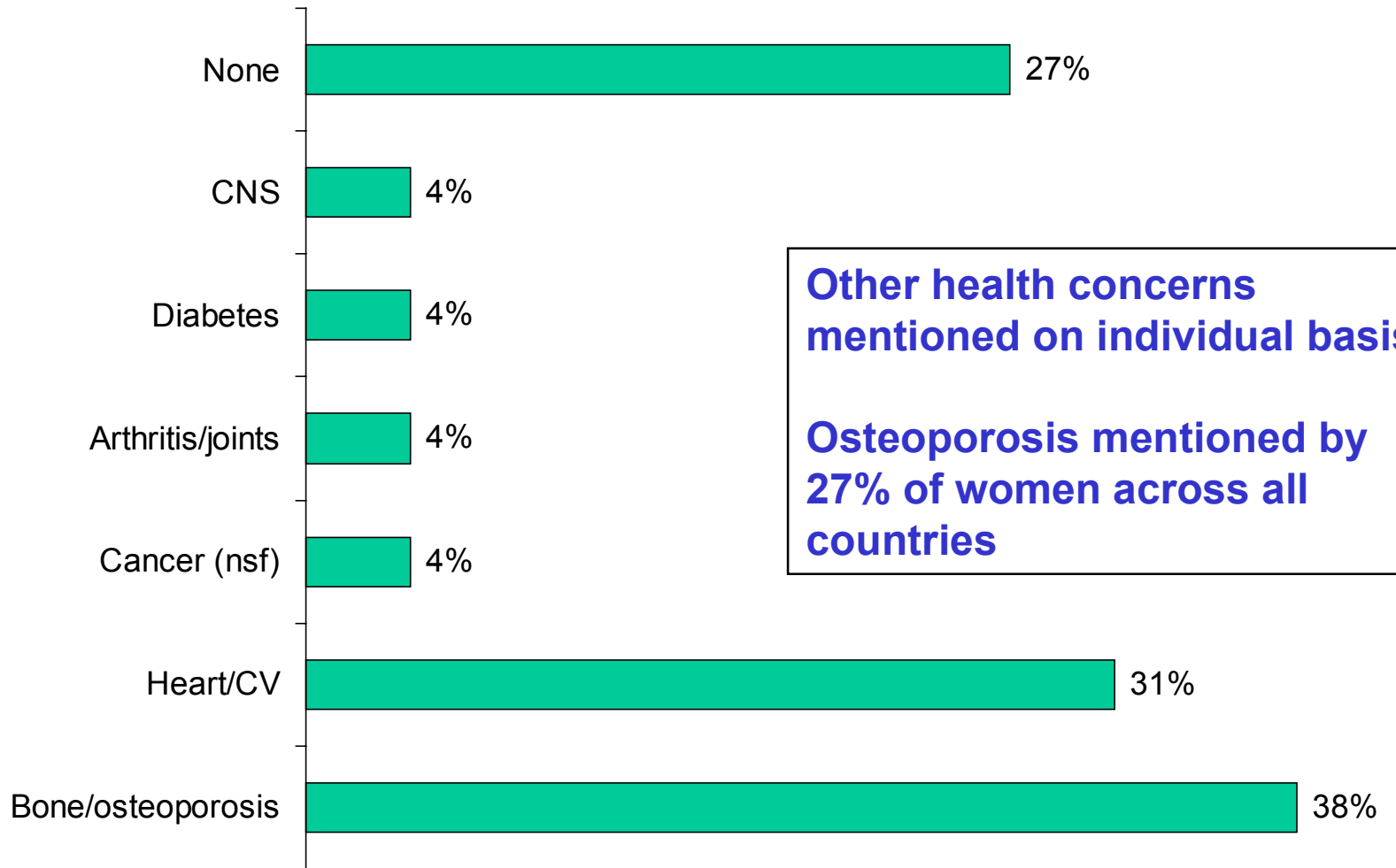
Q.5 Number times visited GP in last 12 months

Mean: 7.6 times vs. 6.5 times across all countries



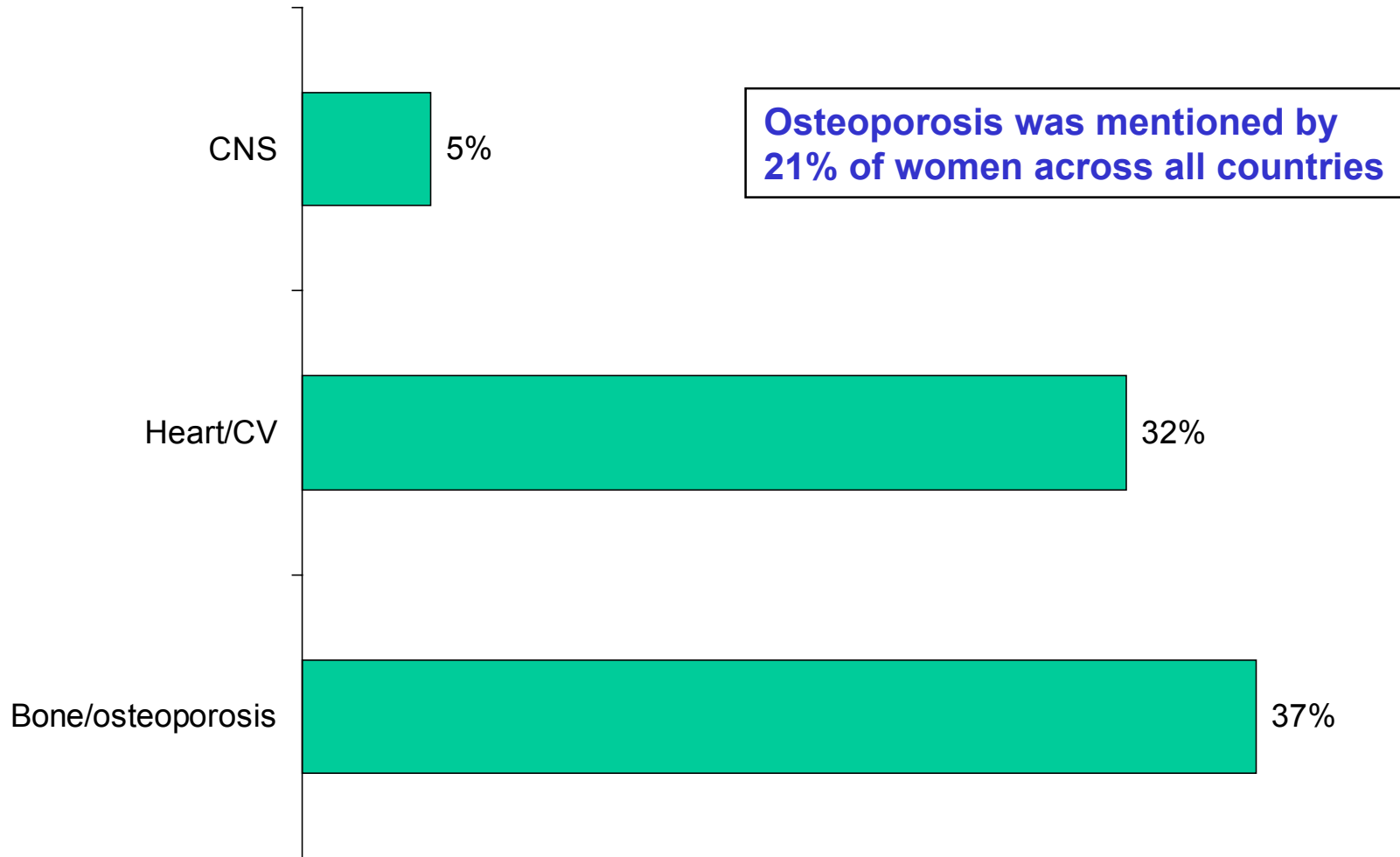
Base: All female respondents aged 41+ and been through menopause (n=52)

Q.6 Key health concerns (spont)



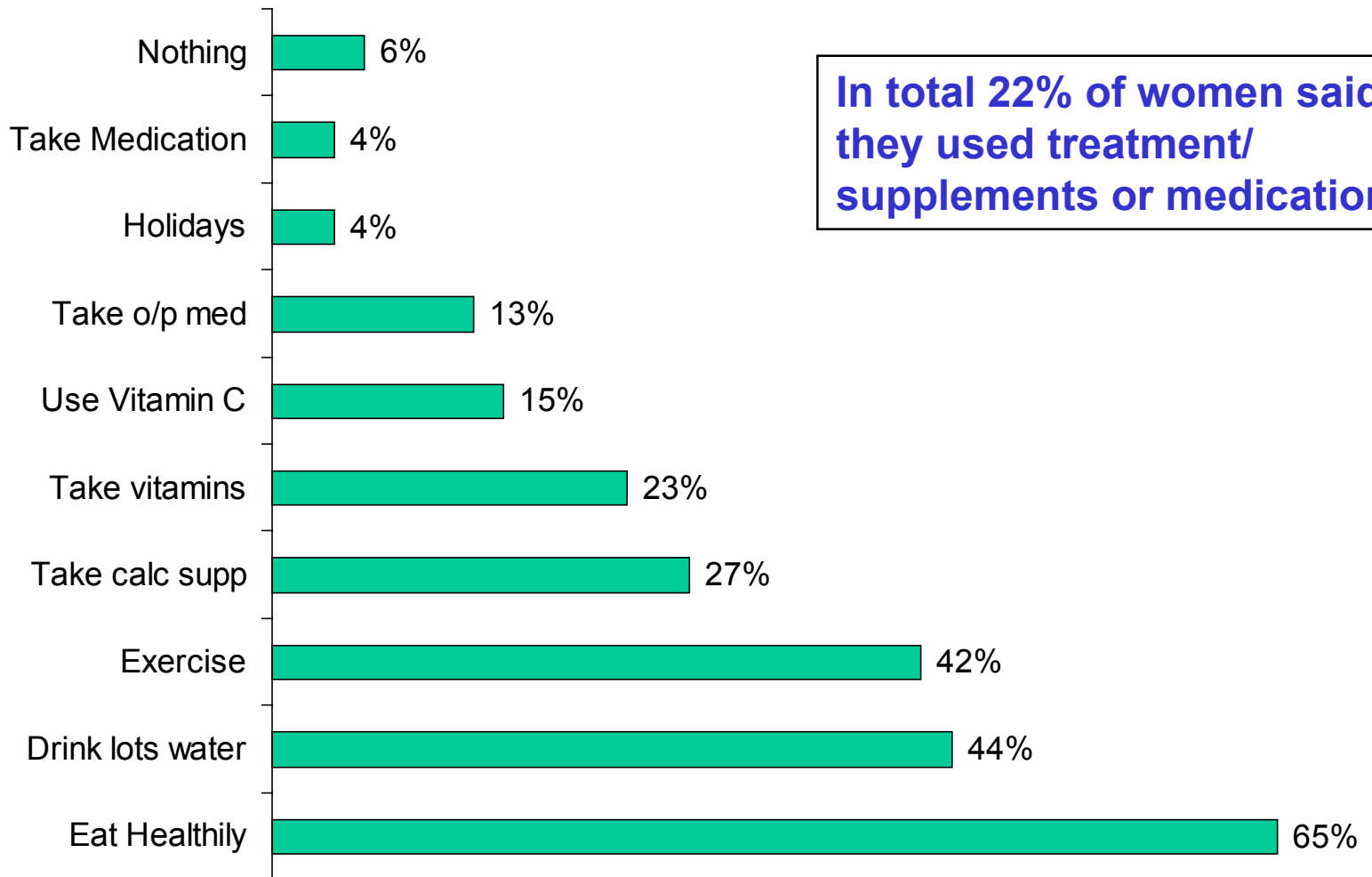
Base: All female respondents aged 41+ and been through menopause (n=52)

Q.7 Main health concern



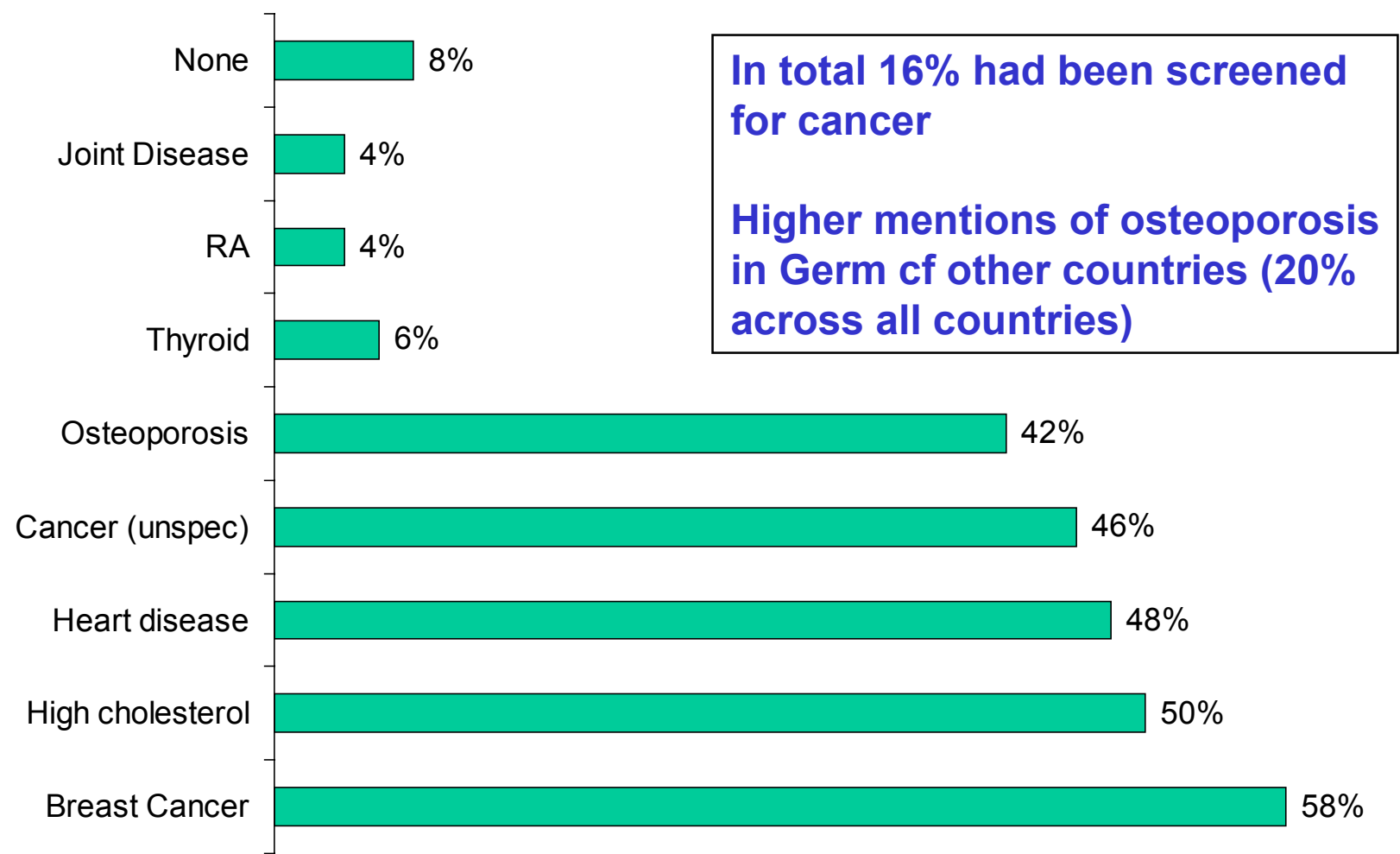
Base: All female respondents who currently have health concerns (n=38)

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



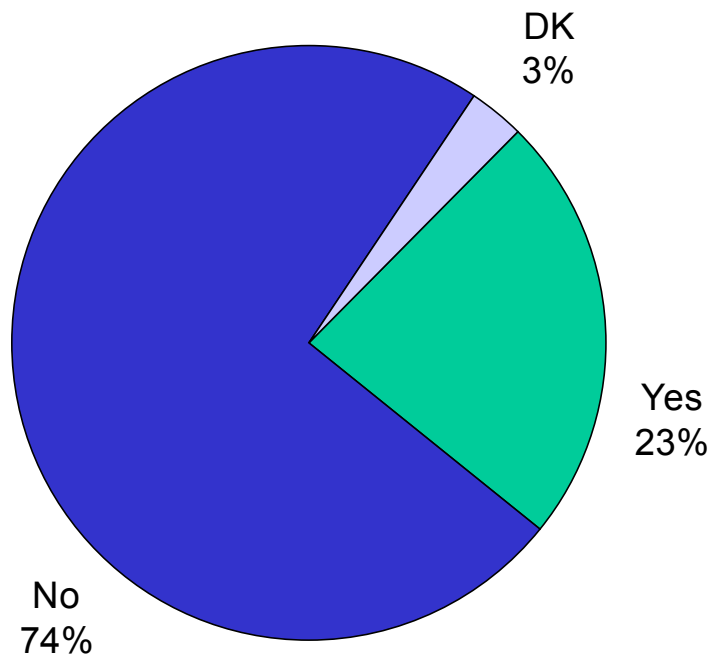
Base: All female respondents aged 41+ and been through menopause (n=52)

Q.9 Diseases screened for over last 5 years



Osteoporosis Screening

Q.10 Whether been screened for osteoporosis



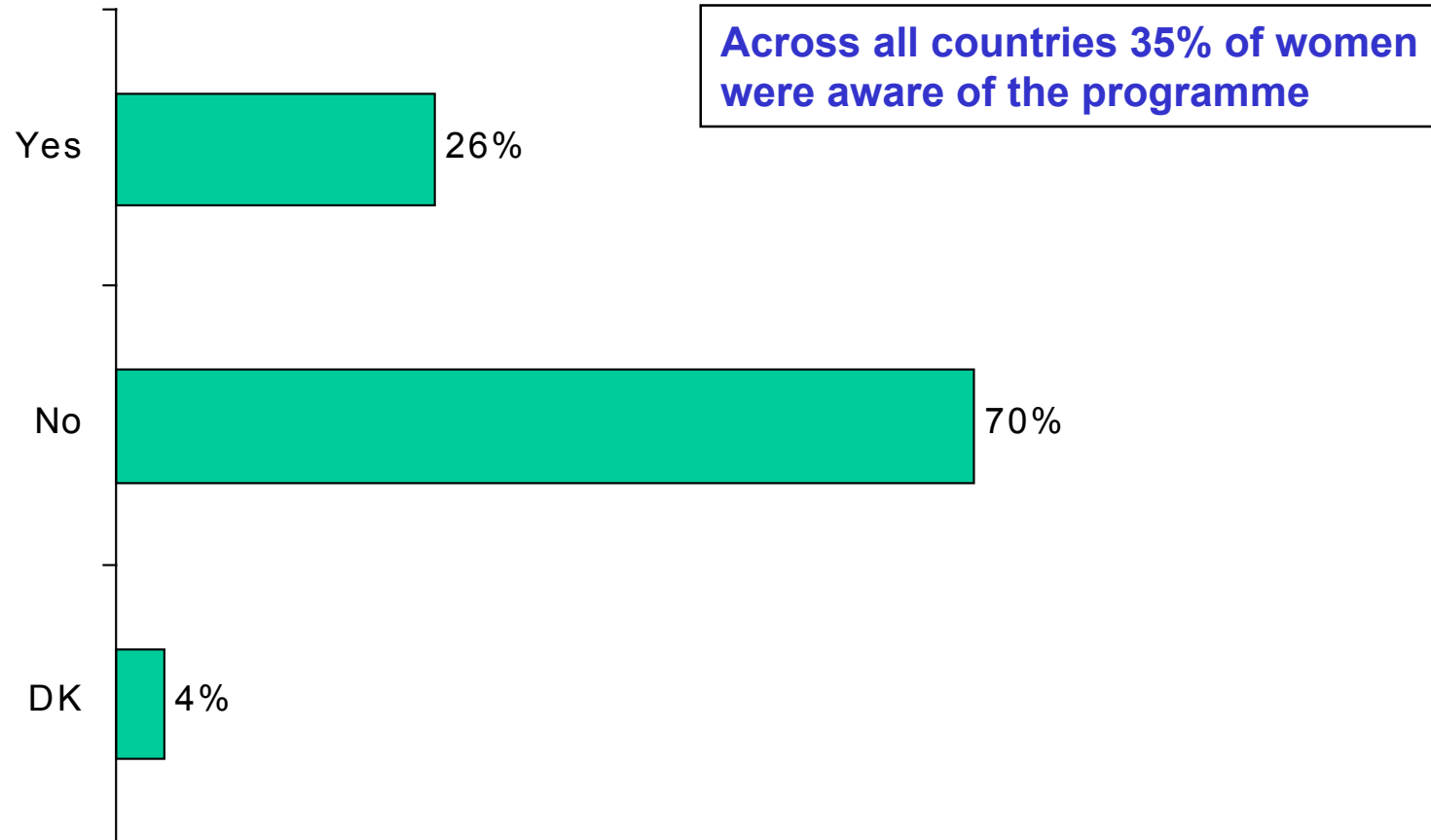
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=30)

Q.11 Reasons for being screened for osteoporosis

Reason	Count
Base:	29
Asked Dr to be screened	8
At risk as post-menopause	5
Suffered a fracture (unspec.)	4
Suffered loss of height	3
Family history of o/p	2
Preventative check-ups	3
In pain	2
Suffered vertebral frac.	1

Others reasons mentioned by individual respondents

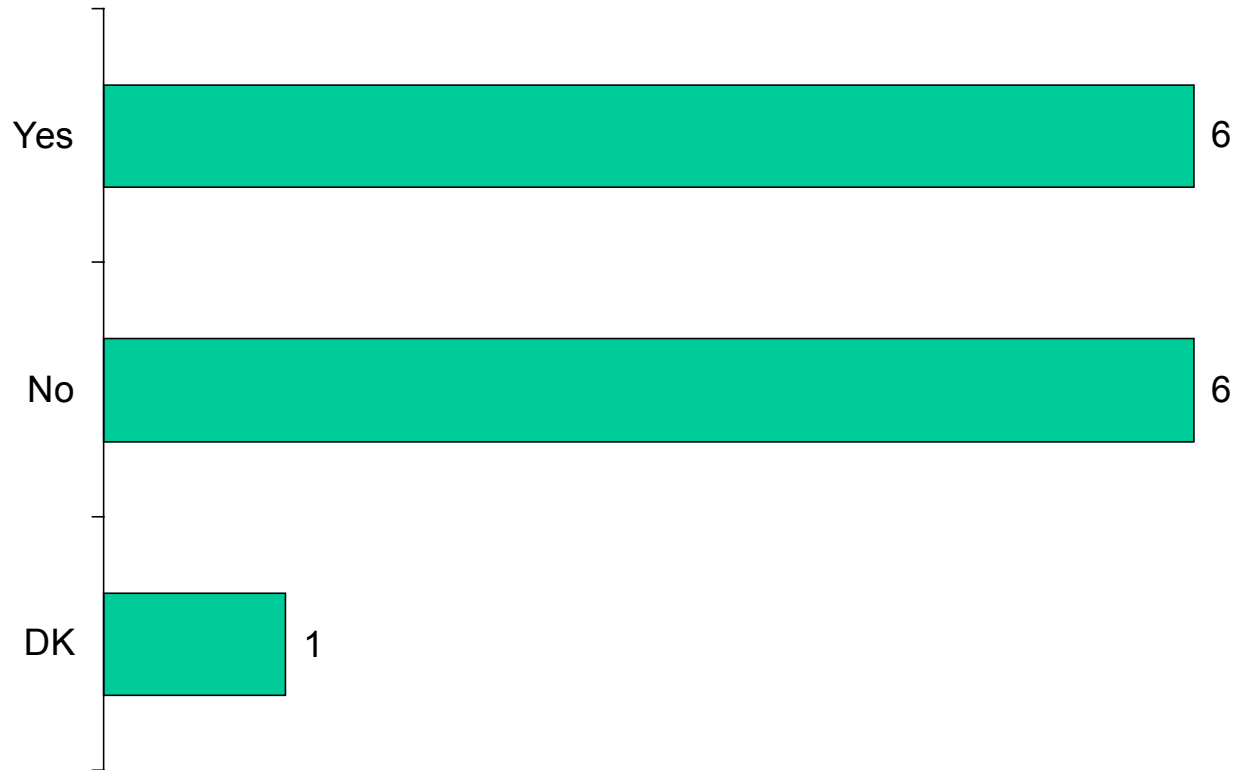
Q.12 Awareness of Osteoporosis Screening Programme



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

Base: Postmenopausal women aged 41+	52
Increased risk of further fractures	75%
Reduced quality of life	67%
Long term pain	65%
Loss of height	63%
Fear of the next fracture/fall	62%
Inability to live an independent life	25%
Loss of self-esteem	17%
None of the above	4%

Q.14 Proportion suspected osteoporosis prior to diagnosis



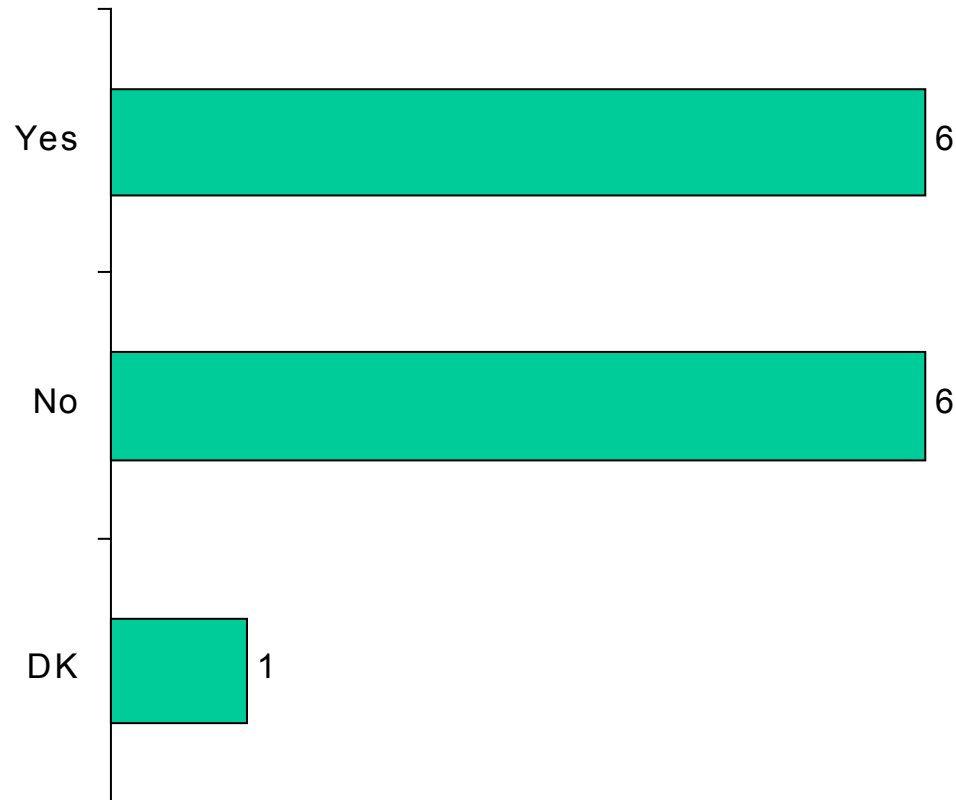
Base: Osteoporosis sufferers (n=13)

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

Base: Osteoporosis sufferers	13
Live in fear of breaking a bone	9
Back pain	9
Cannot lift heavy weights	5
I worry about the future	5
Cannot pick up grandchildren	4
Can't go for long walks	3
Reduced activities with family and friends	3
Cannot participate in sport	2
Less able to get from place to place	2

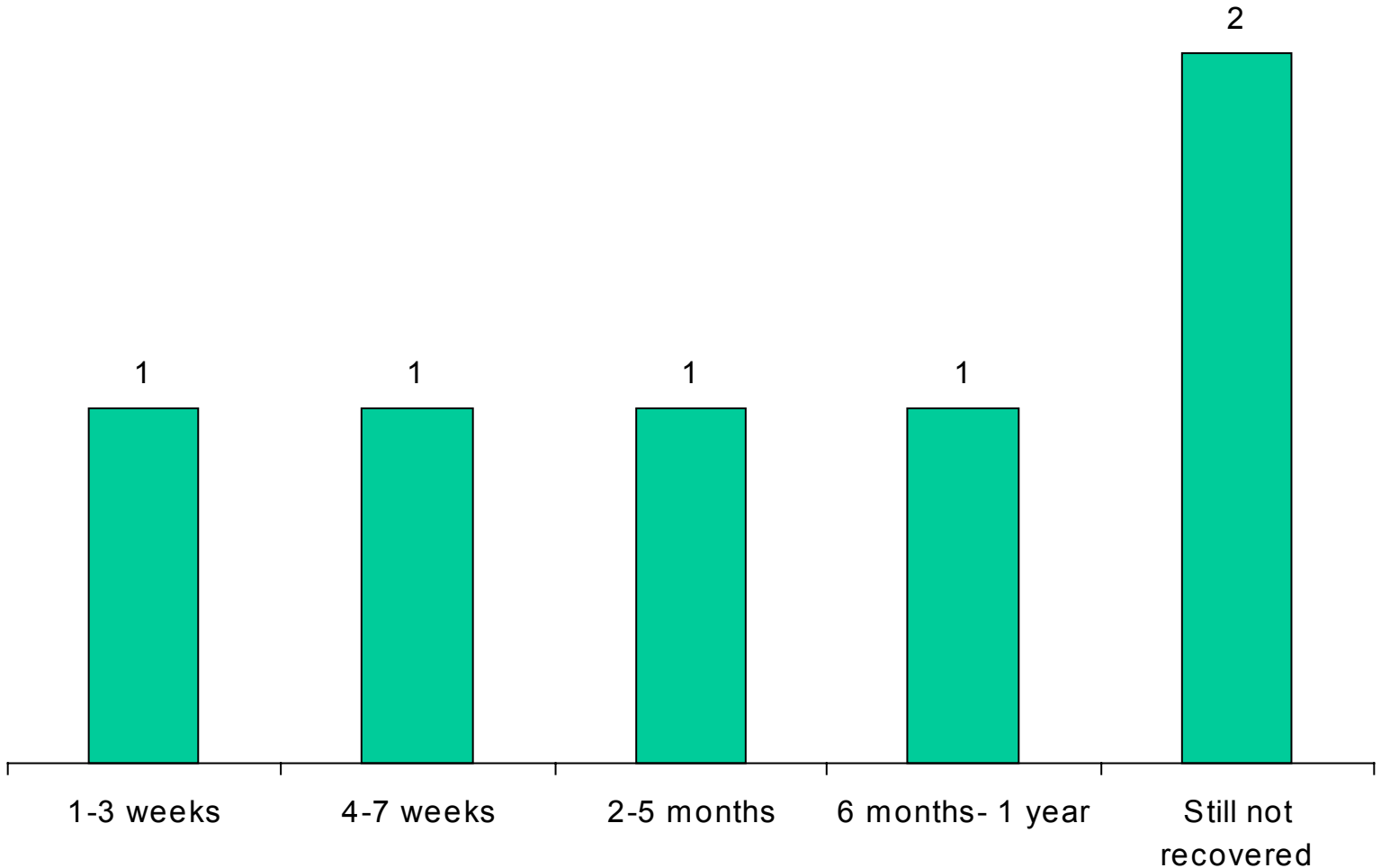
Other responses mentioned by individual respondents

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

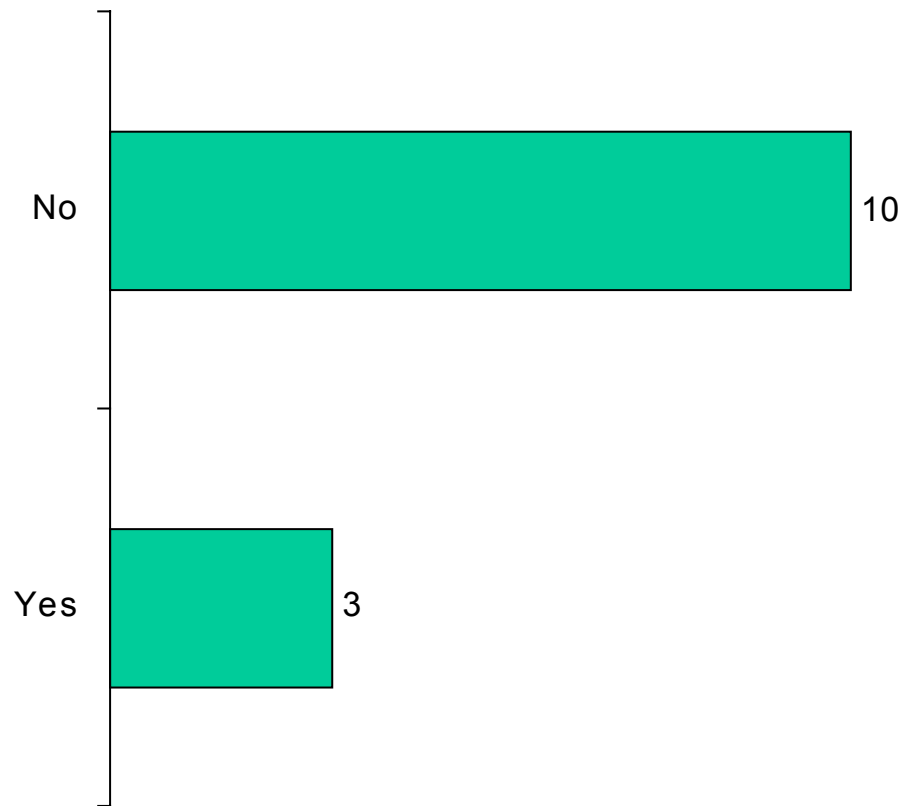


Base: Osteoporosis sufferers (n=13)

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

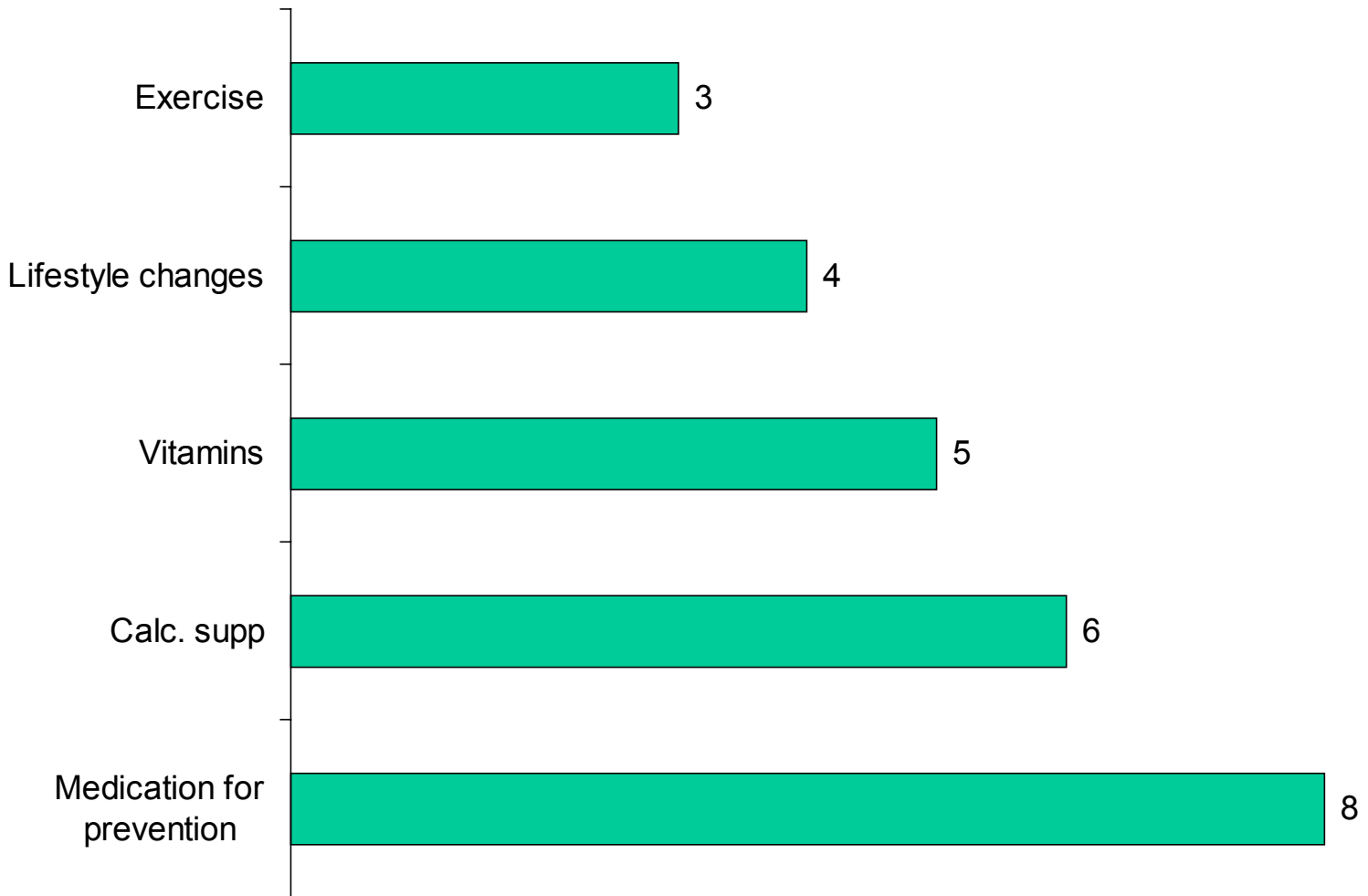


Q.16 Whether aware at risk from osteoporosis prior to diagnosis



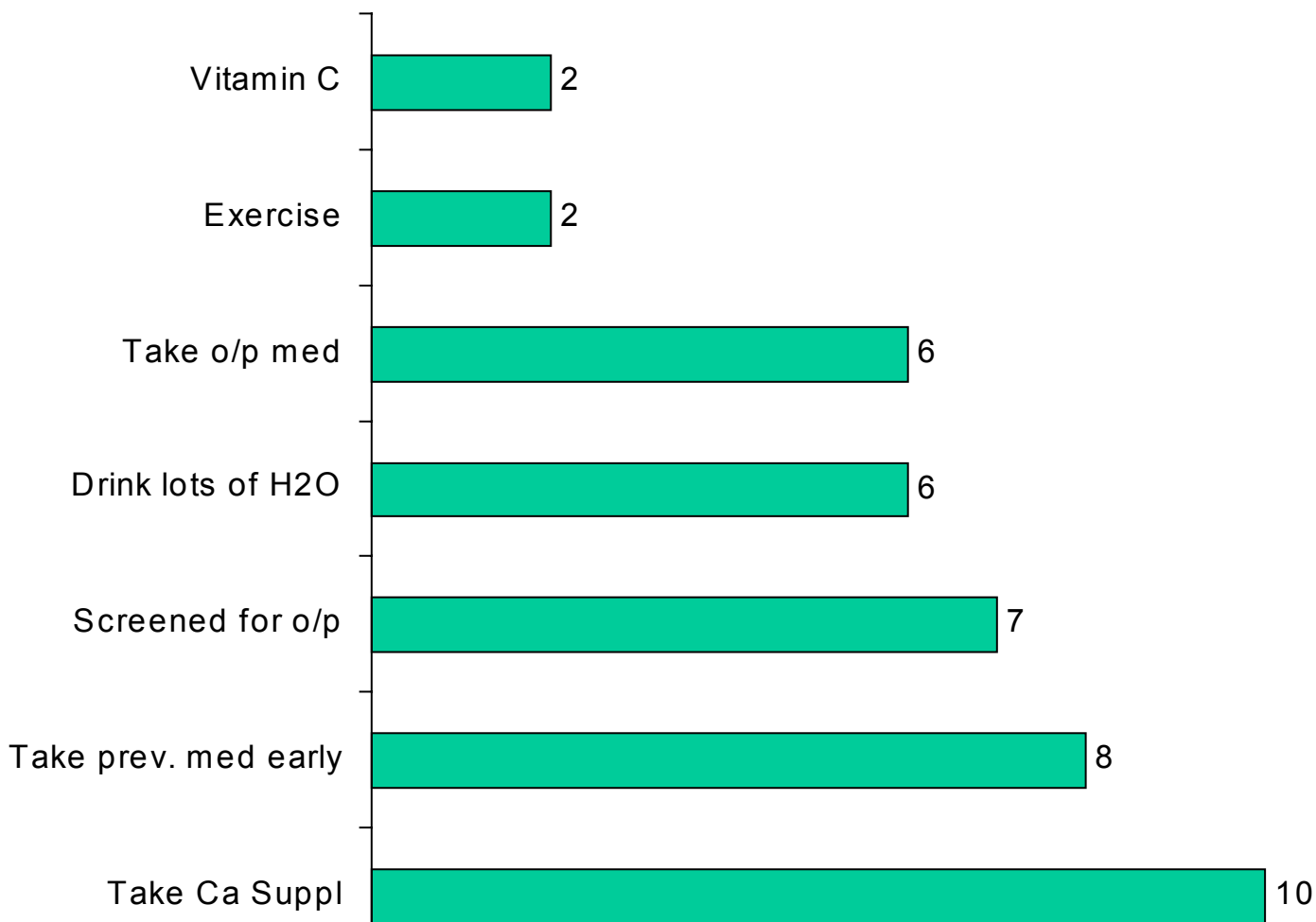
Base: Osteoporosis sufferers (n=13)

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



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

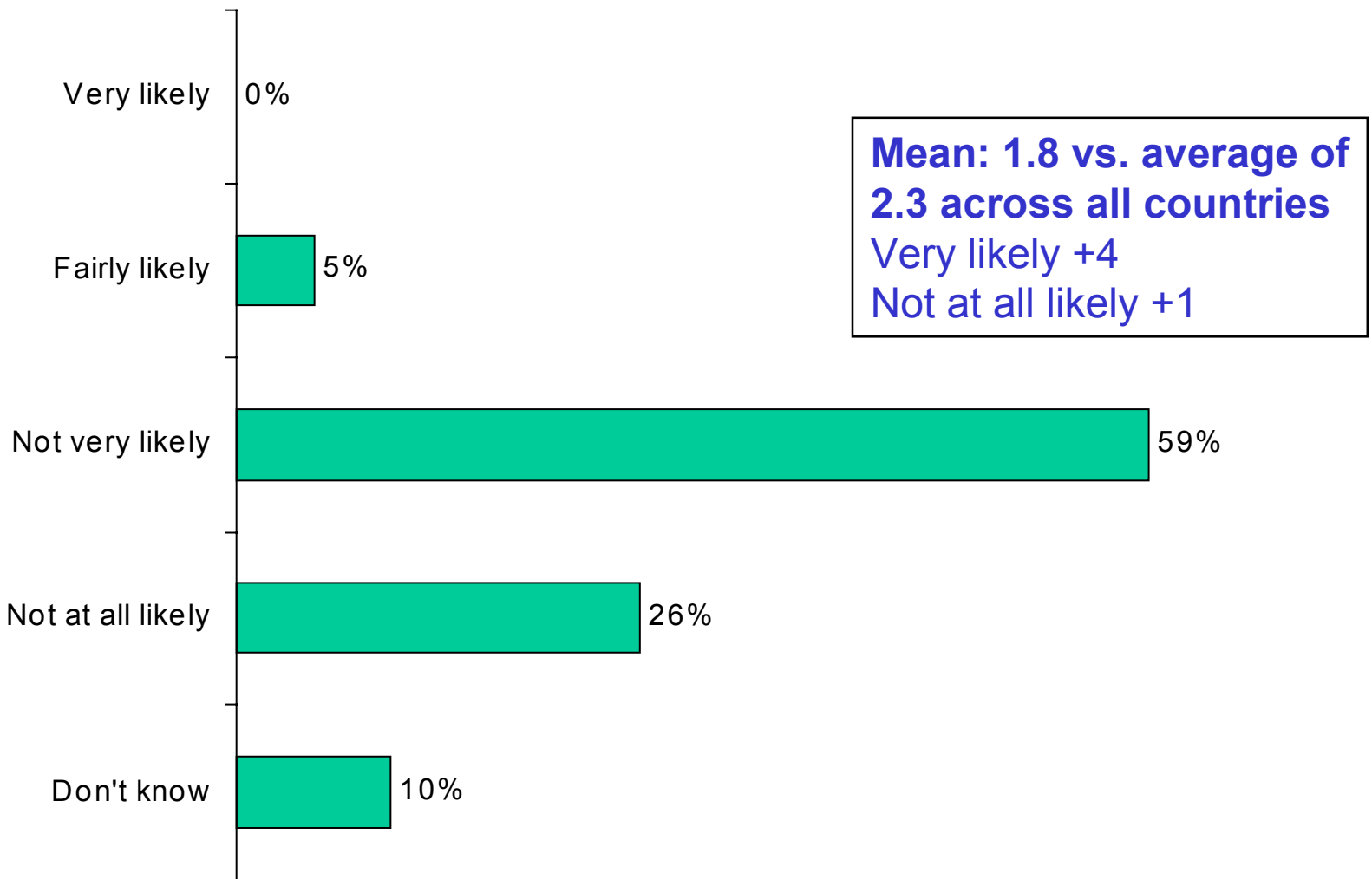
Q.17b One thing sufferers would tell other women about osteoporosis



Base: Osteoporosis sufferers (n=13)

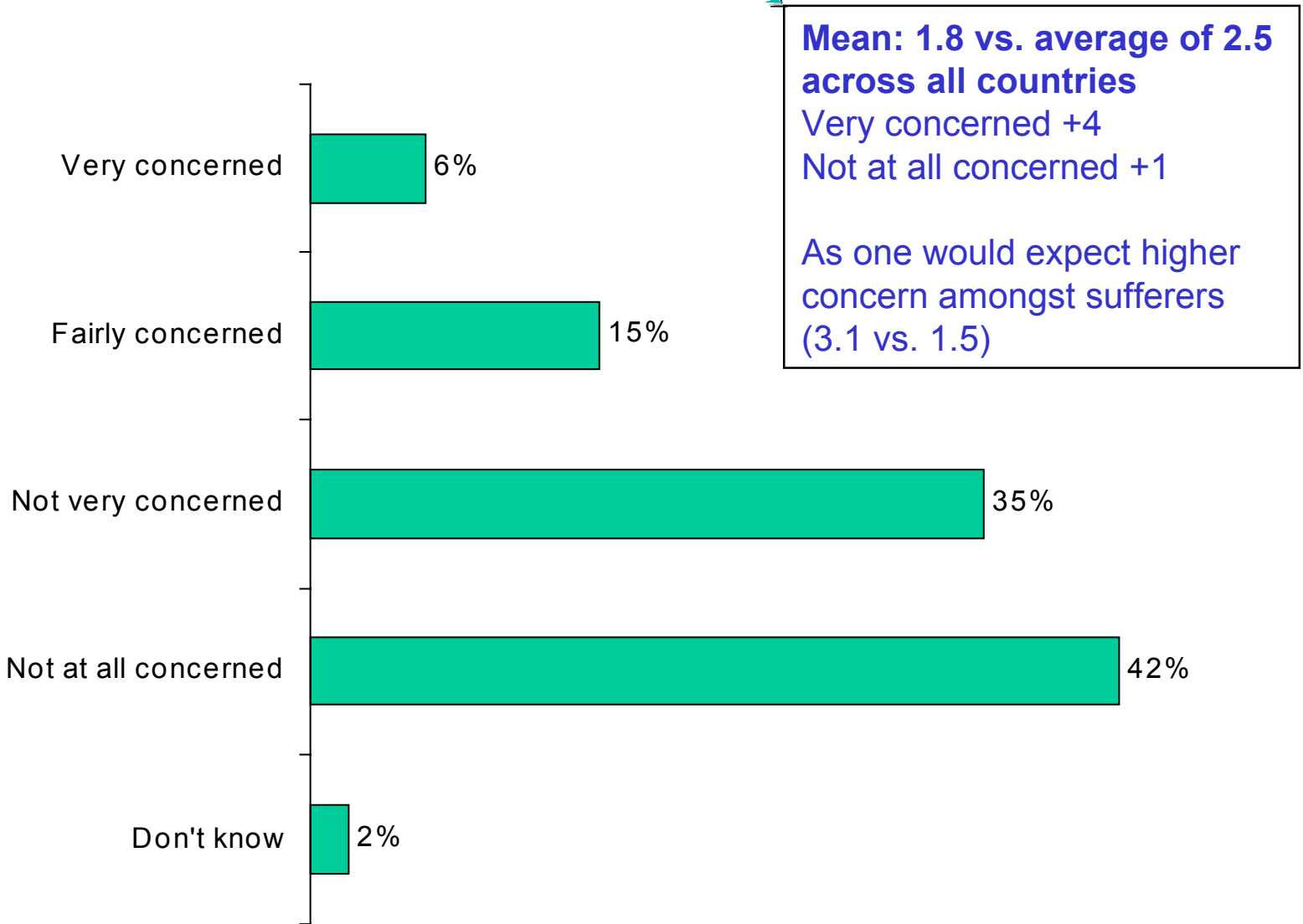


Q.18 Likelihood of developing osteoporosis



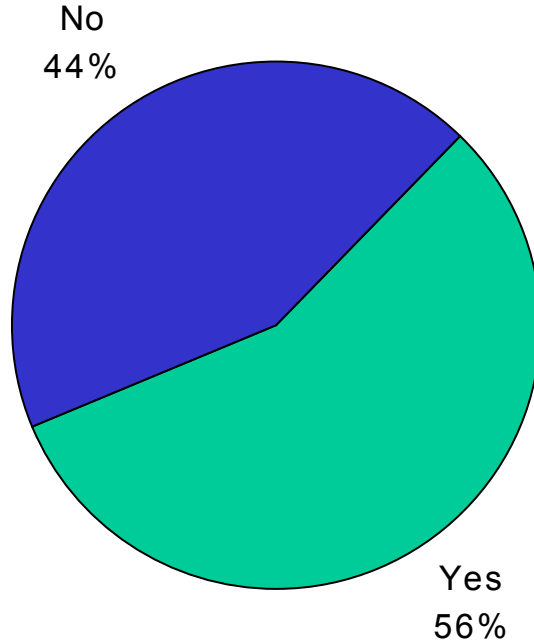
Base: Non-osteoporosis sufferers (n=39)

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



Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



On average across all countries 44% of women had discussed o/p with their doctor

Base: All female respondents aged 41+ who have been through the menopause (n=52)

Q.21 Reasons for discussing osteoporosis with a doctor

Base

29

Read/heard about o/p

11

Doctor initiated discussion *

7

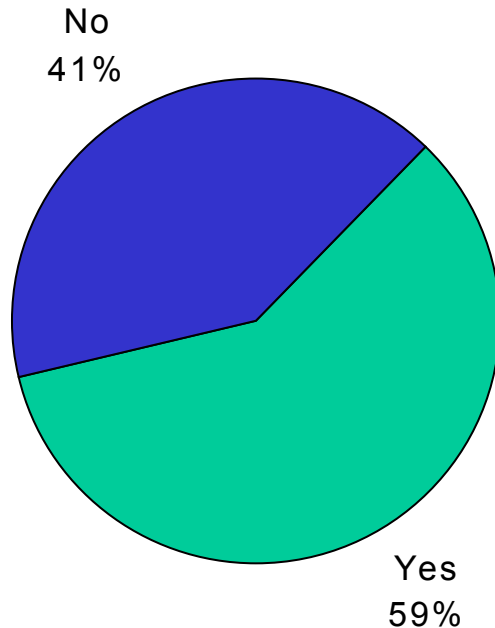
Swollen knees/joints

4

Dr. init as finished menop. *

Whether discussed long-term health risks of osteoporosis with doctor

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

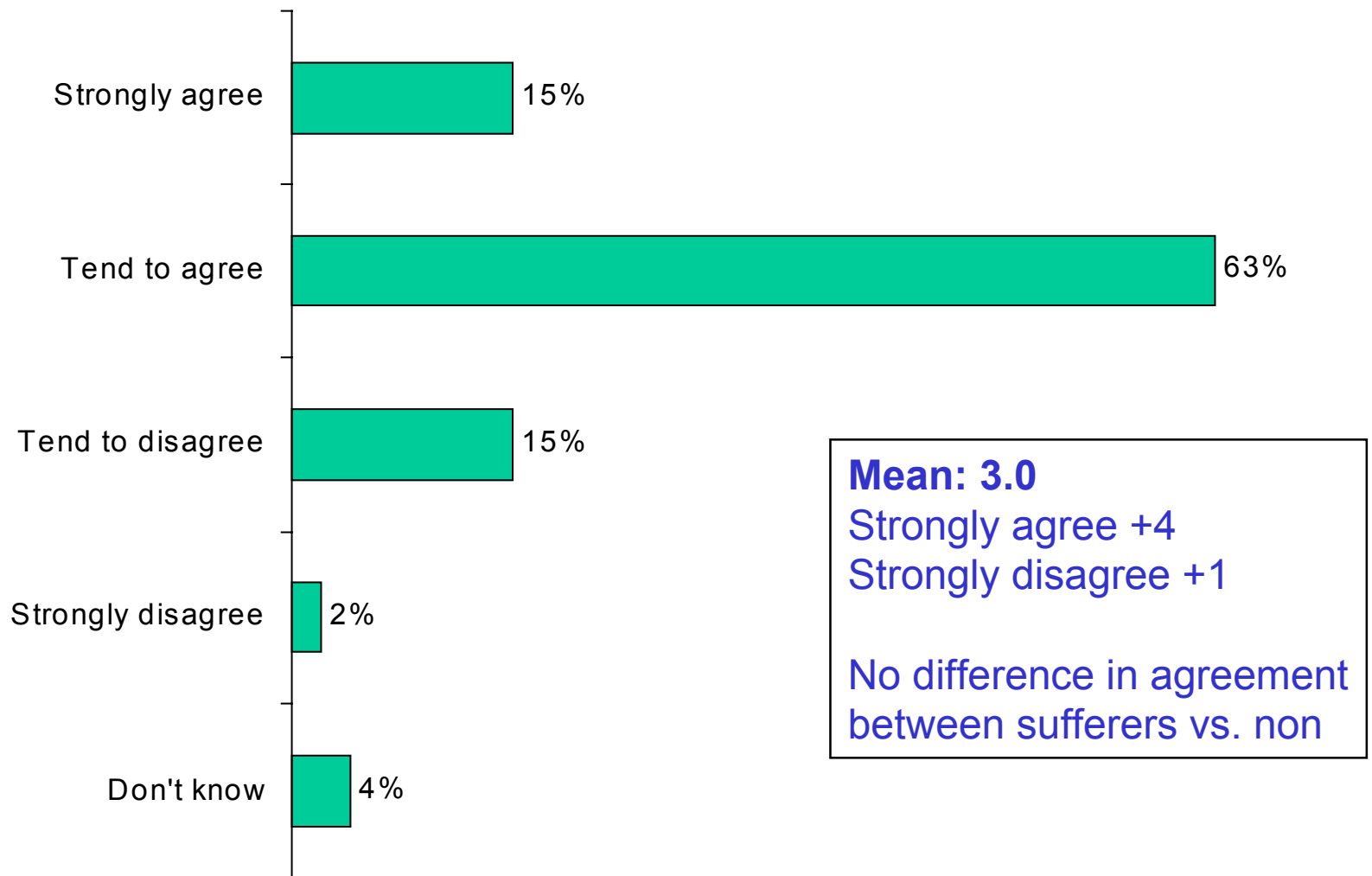


Q.23 Reasons for not discussing long-term health risks of osteoporosis with a doctor

Reason	Count
Base	12
Doctor didn't raise it	3
Never thought about it	2
Lack of time with doctor	1
Frag. bones is sign of ageing	1
Don't know	5

Base: Respondents who have discussed osteoporosis with their doctor (n=29)

Q.24 Extent of agreement that osteoporosis can be prevented



Base: All female respondents aged 41+ and been through menopause (n=52)

Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented **41**

Calcium supplements 83%

Healthy diet 39%

HRT 34%

Using specific osteoporosis treatment 29%

Vitamin D 27%

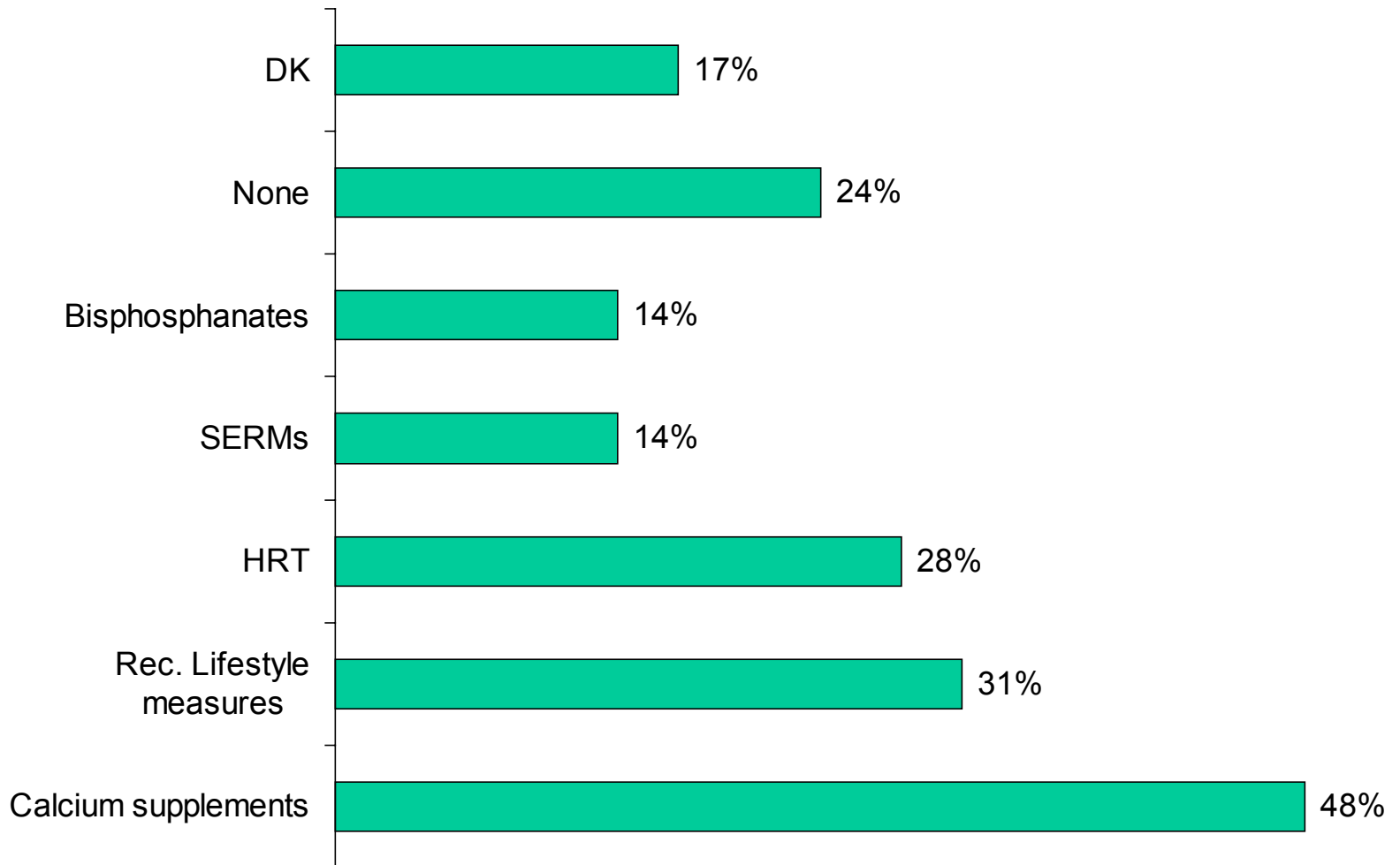
Using SERMs 10%

Vitamins 5%

Using bisphosphonates 5%

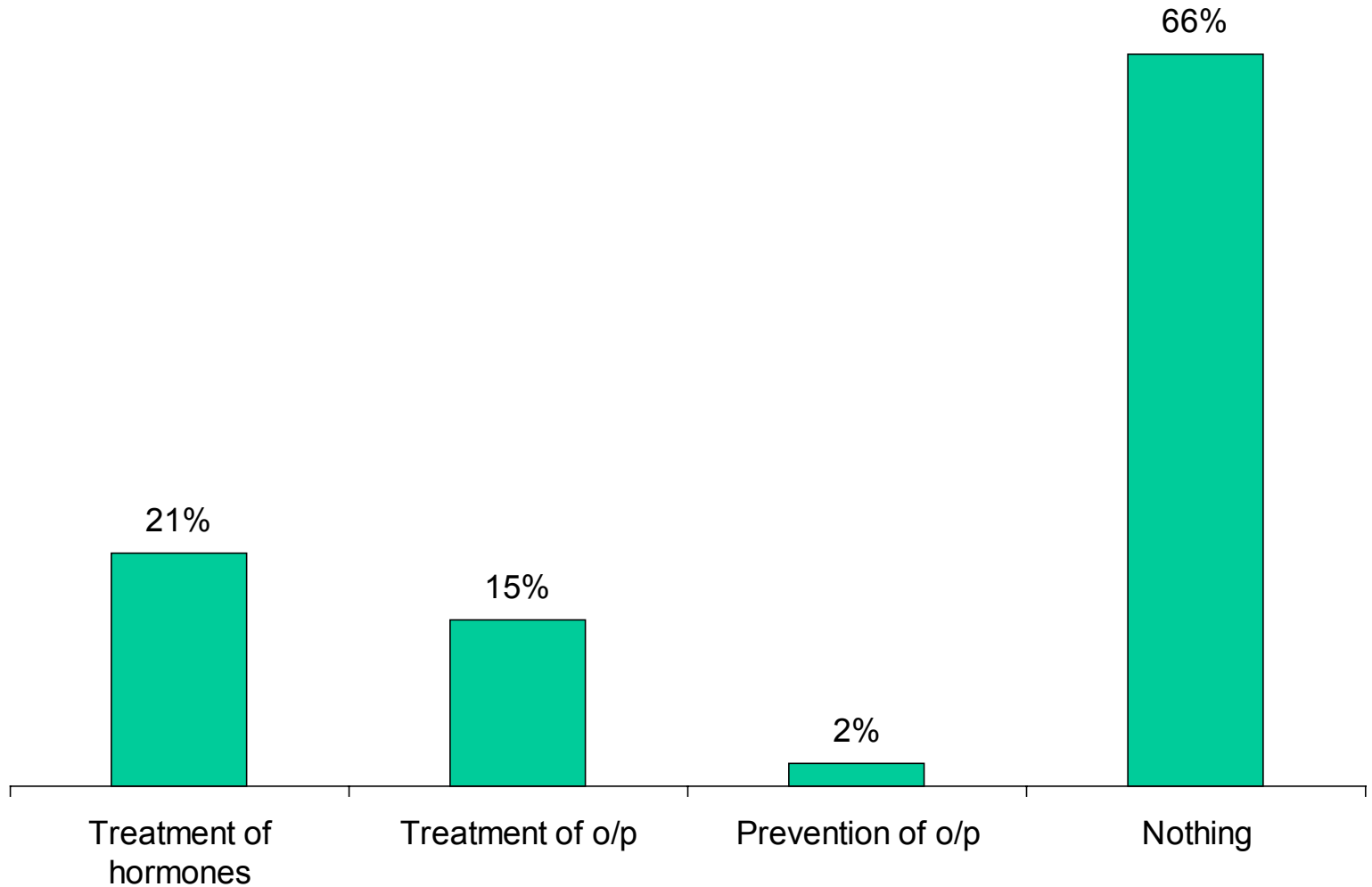
Other ways mentioned by individual respondents

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



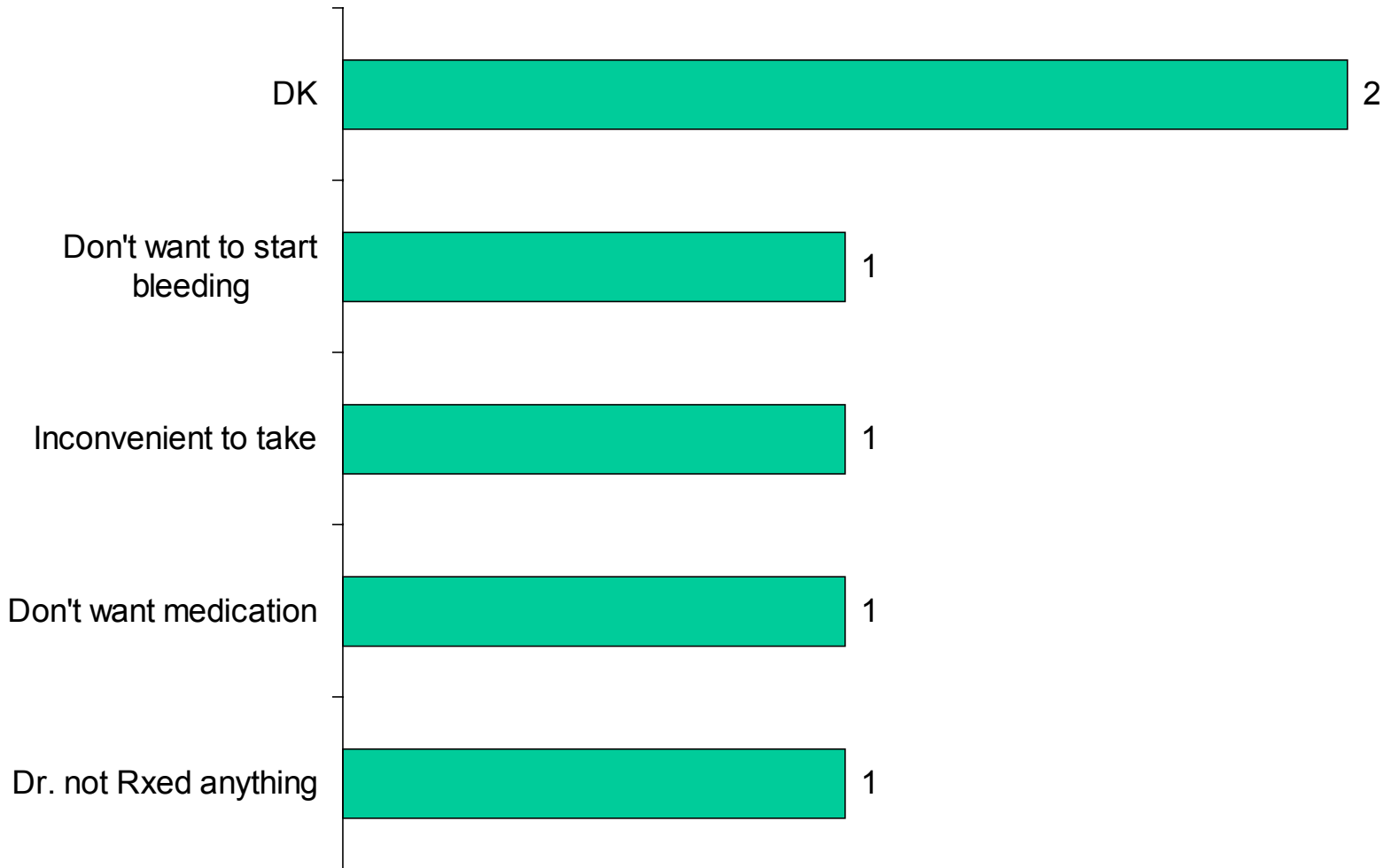
Base: Respondents who have discussed osteoporosis with their doctor (n=29)

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



Base: All female respondents aged 41+ and been through menopause (n=52)

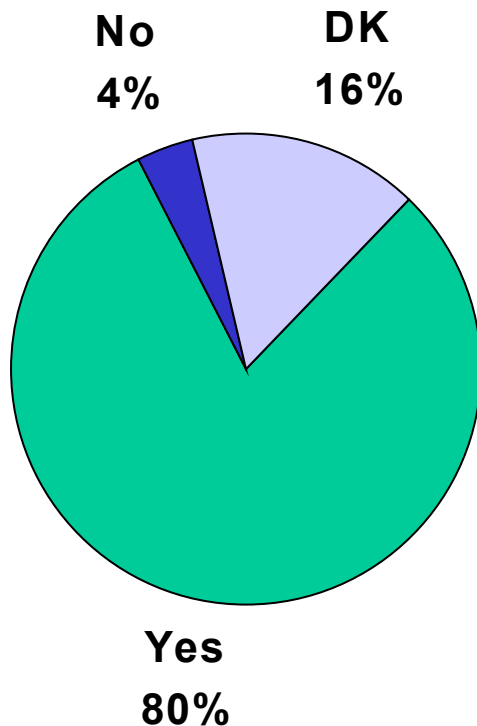
Q.28 Reasons o/p sufferers not on medication



Base: O/p sufferers not on medication (n=5)

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=51)

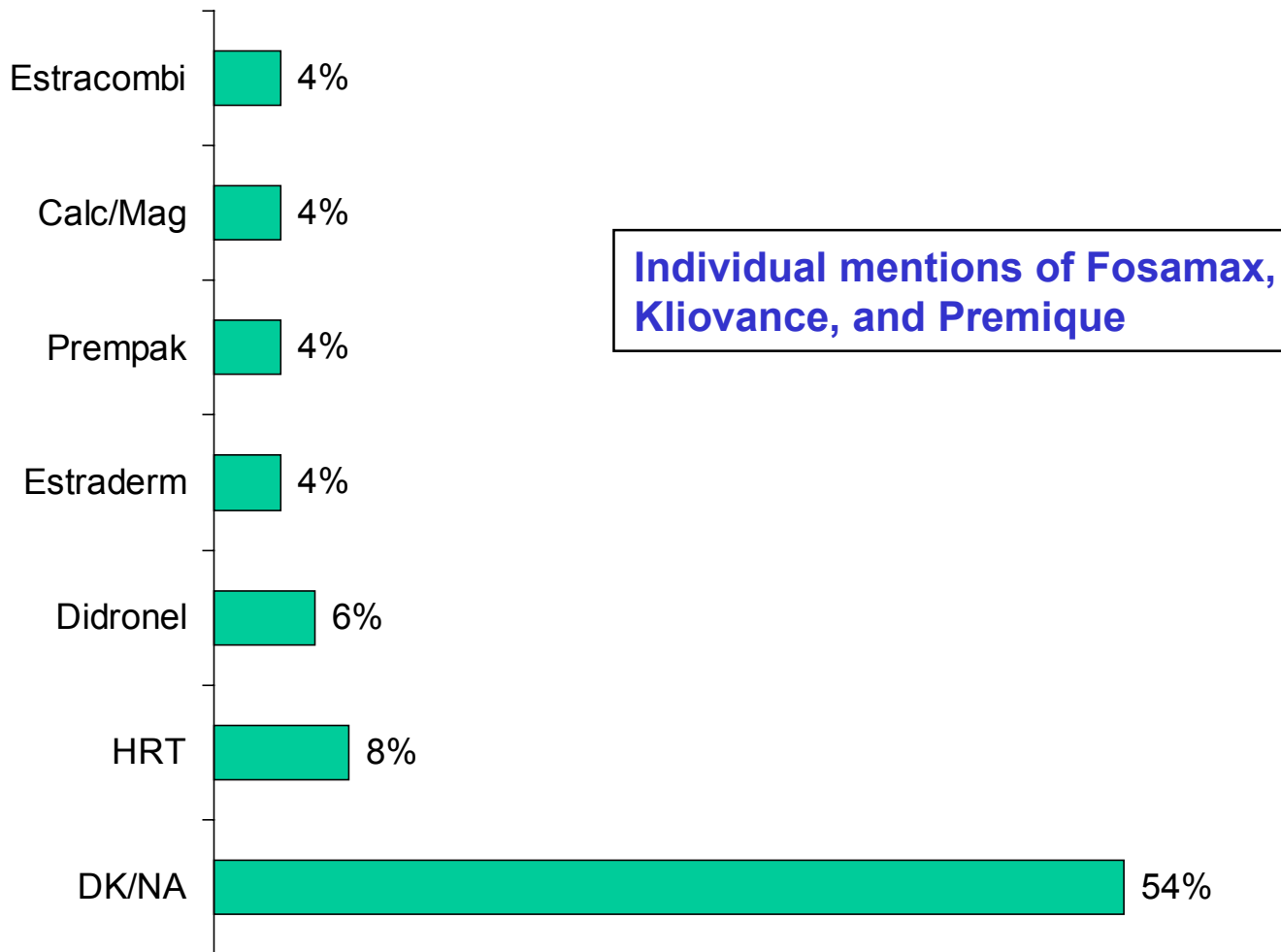
Q.30 Concerns that would stop women taking long-term prevention therapy

Base: Respondents not on long-term prevention

- 51
- Side effects
- 24%
- Don't want to take med l/t
- 14%
- Inconvenience of taking therapy
- 8%
- If didn't work

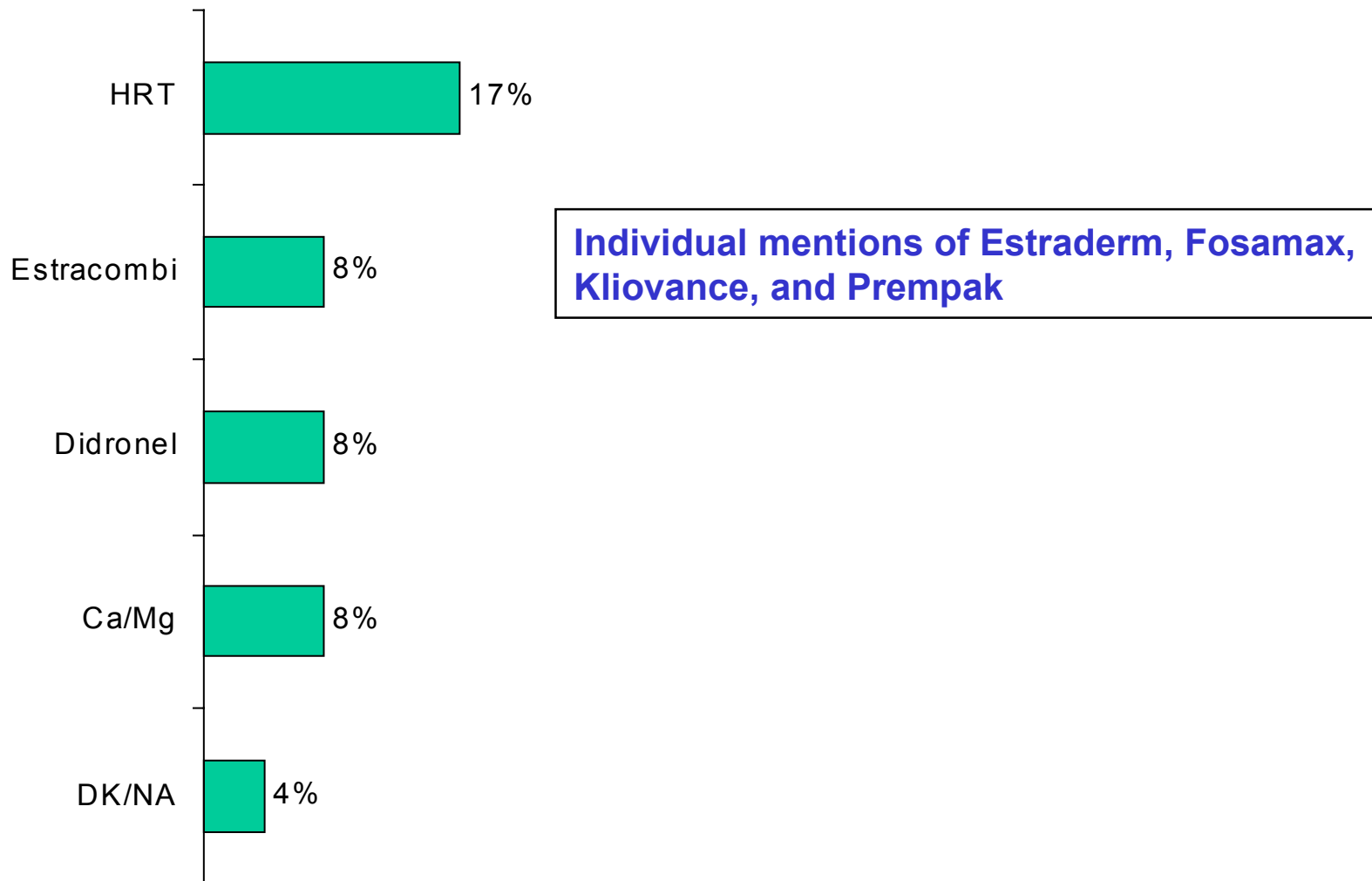


Q.31 Products ever used for the prevention/treatment of osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=52)

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



Base: Respondents who have ever taken therapy for osteoporosis (n=24)

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	52
Osteoporosis should be viewed as a serious condition	96%
It is very important to effectively prevent spinal fractures	87%
It is very important to effectively prevent osteoporosis	83%
If I had a vertebral fracture I am sure I would know about it	81%
Doctors generally have enough resources to effectively manage osteoporosis in this country	71%
I would like to be/wish I had been screened for o/p	67%
If you can prevent or treat vertebral/spinal fractures you can prevent hip fractures	65%
A medicine that can treat a disease is generally more effective than one that can just prevent it	60%

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+ 52

Osteoporosis is not a life-threatening condition 56%

I feel I have enough info and knowledge on osteoporosis 56%

I am concerned about the l/t risk to my health of taking HRT 54%

Getting fragile/brittle bones is inevitable part ageing process 40%

Doctors in this country do not seem to take o/p seriously 38%

I wish I had taken medication earlier to prevent osteoporosis 29%

Summary

Summary

- v The average age of the women taking part in the survey was 60, of whom 25% were suffering from osteoporosis
- v On average the women had visited their GP <8 times in the last year
- v The women's health concerns were osteoporosis (>third) and heart disease (<third). >quarter of women claimed to have no health concerns
- v women in Germany appear to be more concerned re. osteoporosis than the average across all surveys (38% vs. 27%)
- v The one main health concern that the women had was gain osteoporosis (37% vs. 21% across all countries)

Summary

- v Two-thirds of women said that they ate healthily to improve or maintain long term health. <half said they drink lots of water, with a similar number taking exercise
- v Only a fifth of women said they used treatment/supplements/medication to improve or maintain long term health
- v 58% of the women said they had been screened for osteoporosis - much higher than that reported across all countries (34%)
- v The majority of women said they asked the doctor to be screened with no mentions of being recommended to by their doctor

Summary

- v Of those who had not been screened a quarter were aware that there was a screening programme - slightly lower than the average across all countries at 35%
- v The key things women associate with osteoporosis are increased risk of further fractures (three-quarters), reduced quality of life, long term pain, loss of height and fear of the next fracture/fall (all mentioned by two-thirds of women)
- v <half the women with osteoporosis suspected they had the disease prior to diagnosis and only quarter of women were aware that they were at risk
- v All of the sufferers said that the disease had a major impact on their quality of life - with the major impact being living in fear of breaking a bone and/or back pain

Summary

- v 8 of the 10 women said they would have taken medication for prevention if they had known they were at risk of osteoporosis
- v 10 of the 13 women with osteoporosis said they would tell other women to take calcium supplements, 8 would tell others to take preventative treatment, 7 to get screened and 6 would tell women to ask for specific osteoporosis medication
- v Only 5% of women said they felt they were likely to develop osteoporosis in the future and only a fifth of women were concerned about the long term health risks of the disease
- v >half the women had discussed osteoporosis with a doctor (cf average of 44% across all countries)

Summary

- v Of those that had discussed osteoporosis with a doctor, >third said the doctor initiated the discussion and <fifth raised it with a doctor because they thought they were at risk of a fracture
- v >half the women who had discussed the disease with a doctor went on to discuss the long term health risks.
- v Three-quarters of the women believed that osteoporosis can be prevented.

Summary

- v Of the women who have discussed osteoporosis with a doctor <half could not remember discussing therapy options.
- v In total only a third of women were actually taking medication for osteoporosis/hormonal problems
- v 5 of the 13 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 (quarter). However <third of women said nothing would stop them taking long term prevention of recommended by their doctor

Summary

- v Almost all the women believed that osteoporosis should be viewed as a serious condition
- v 9 out of 10 women 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 or they would know if they had a vertebral fracture
- v 7 out of 10 women believed that doctors have enough resources to effectively manage the disease
- v A third of women said they would not wish to be screened for osteoporosis
- v Half the women were concerned about the long term risks to their health of taking HRT

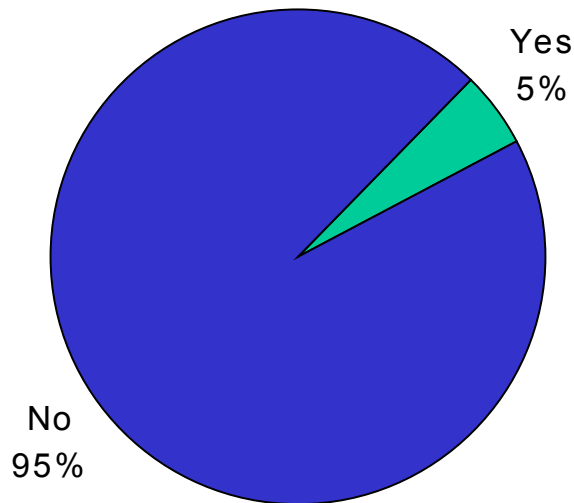
Summary

- v <half the women felt that osteoporosis was a life-threatening condition
- v 4 out of 10 women would like more information on the disease
- v 4 out 10 women did not feel that doctors took osteoporosis seriously enough
- v Three-quarters of women did not wish to take medication earlier to prevent osteoporosis

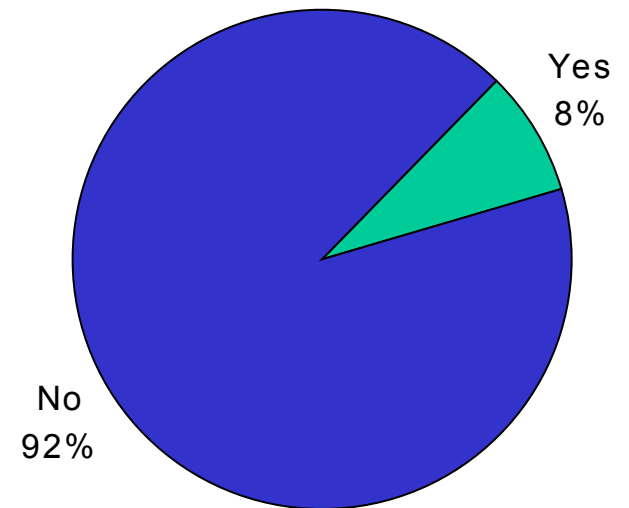
German GPs

Clinics held in surgery

Menopause Clinic



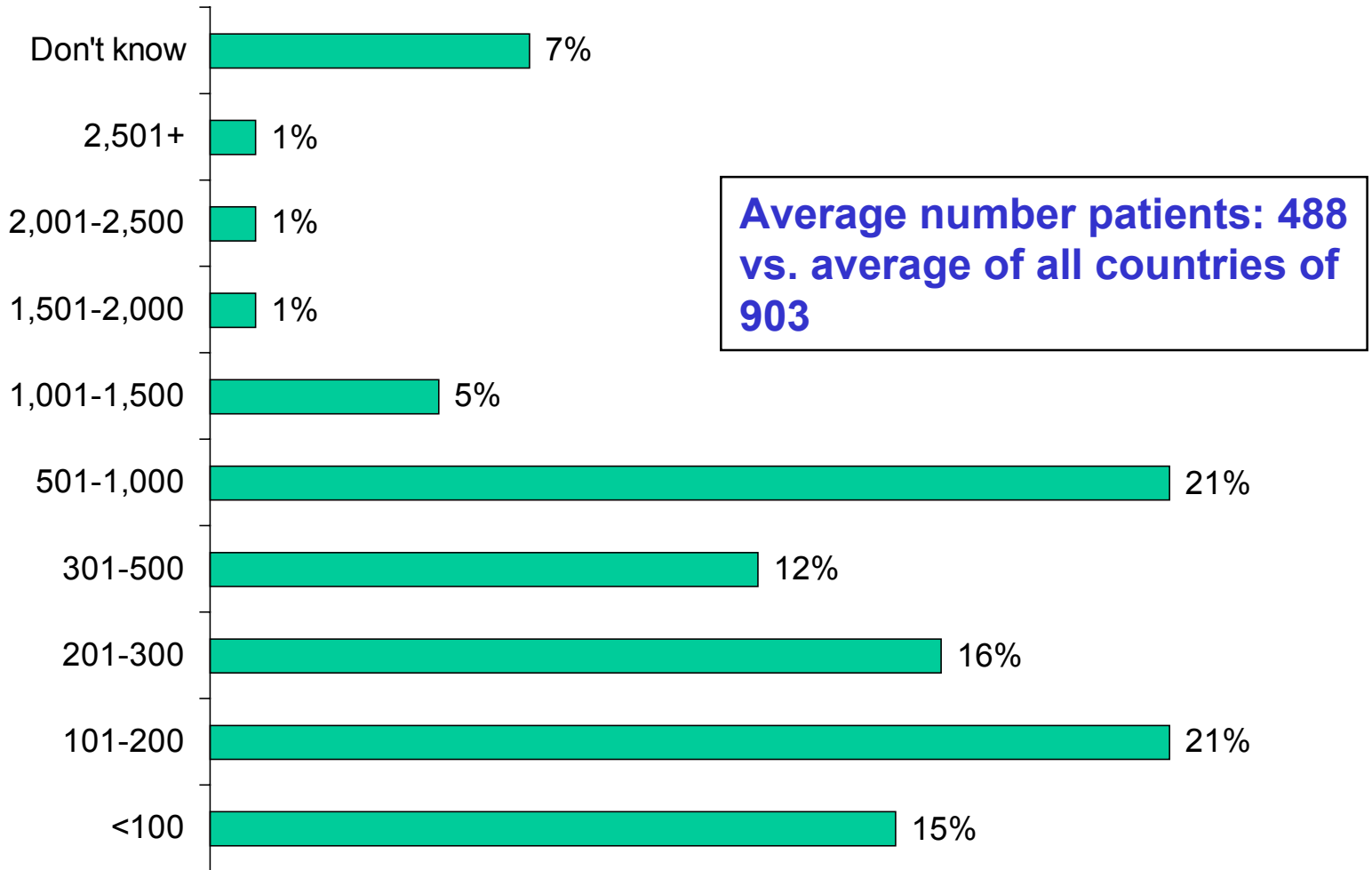
Osteoporosis Clinic



Across all countries average of 23% had menopause clinic and 20% osteoporosis clinic

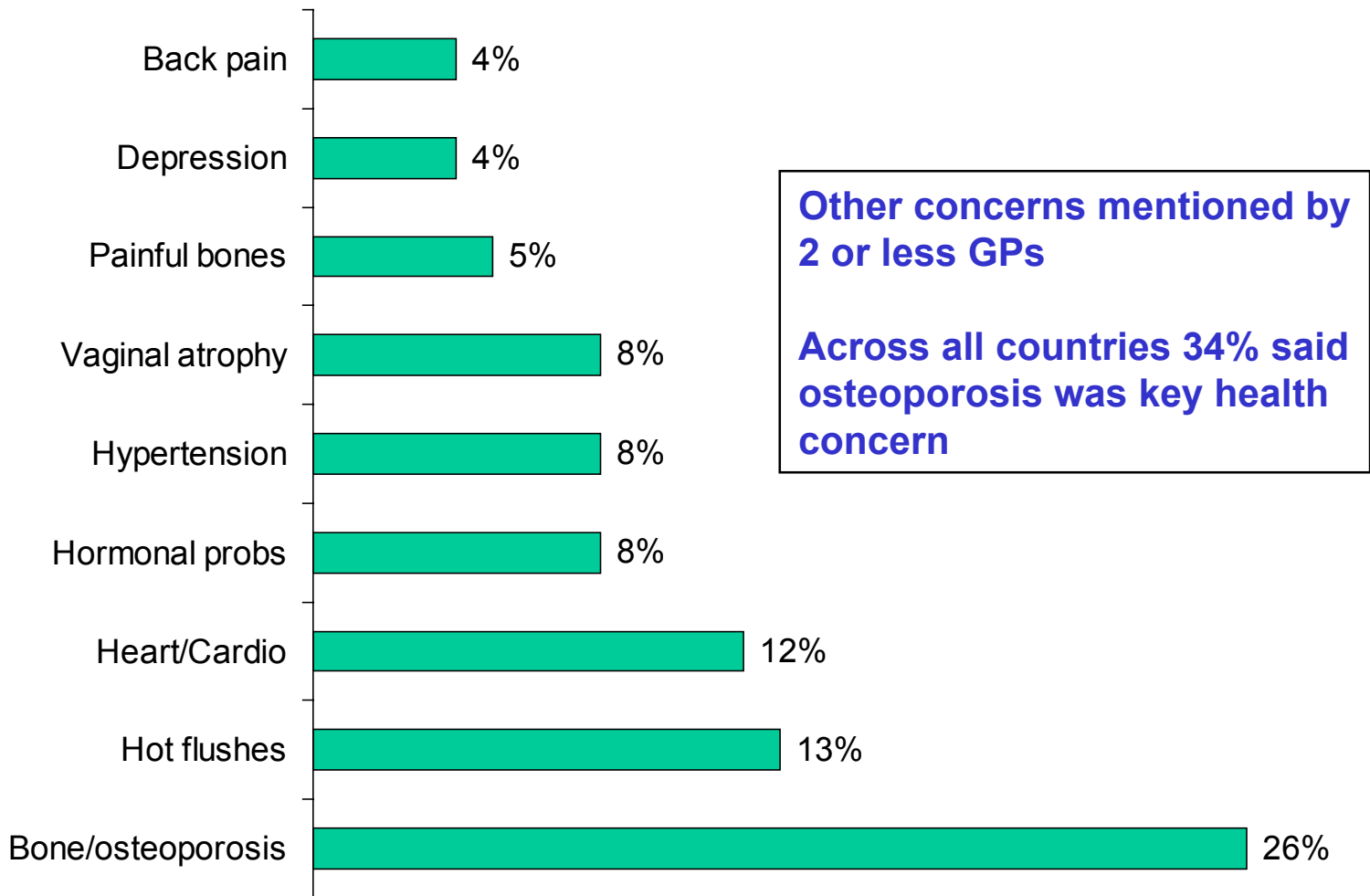
Base: GPs aged <65 (n=100)

Q.3 Number post-menopausal women in practice



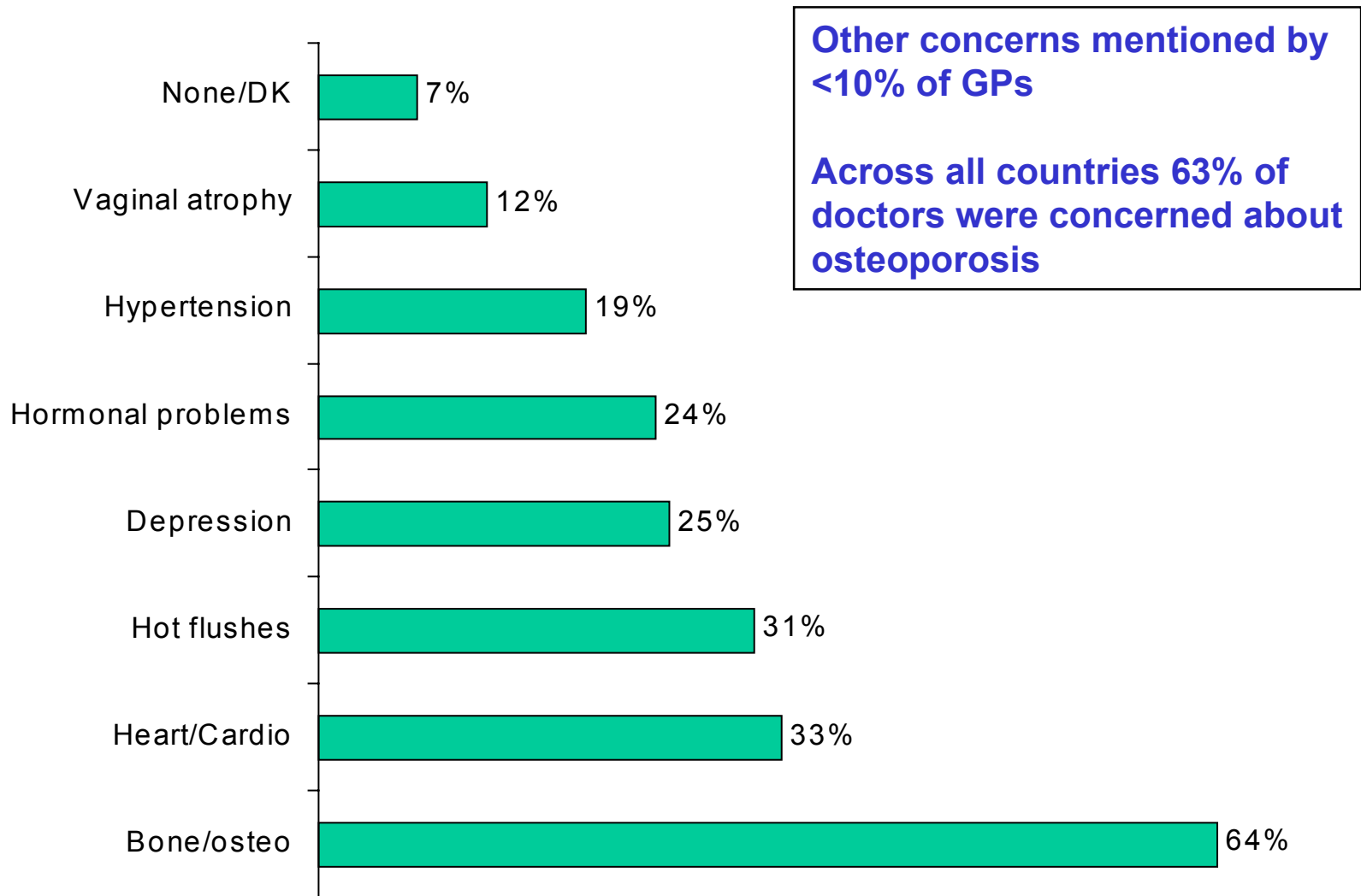
Base: GPs aged <65 (n=100)

Q.4 Key health concern discussed



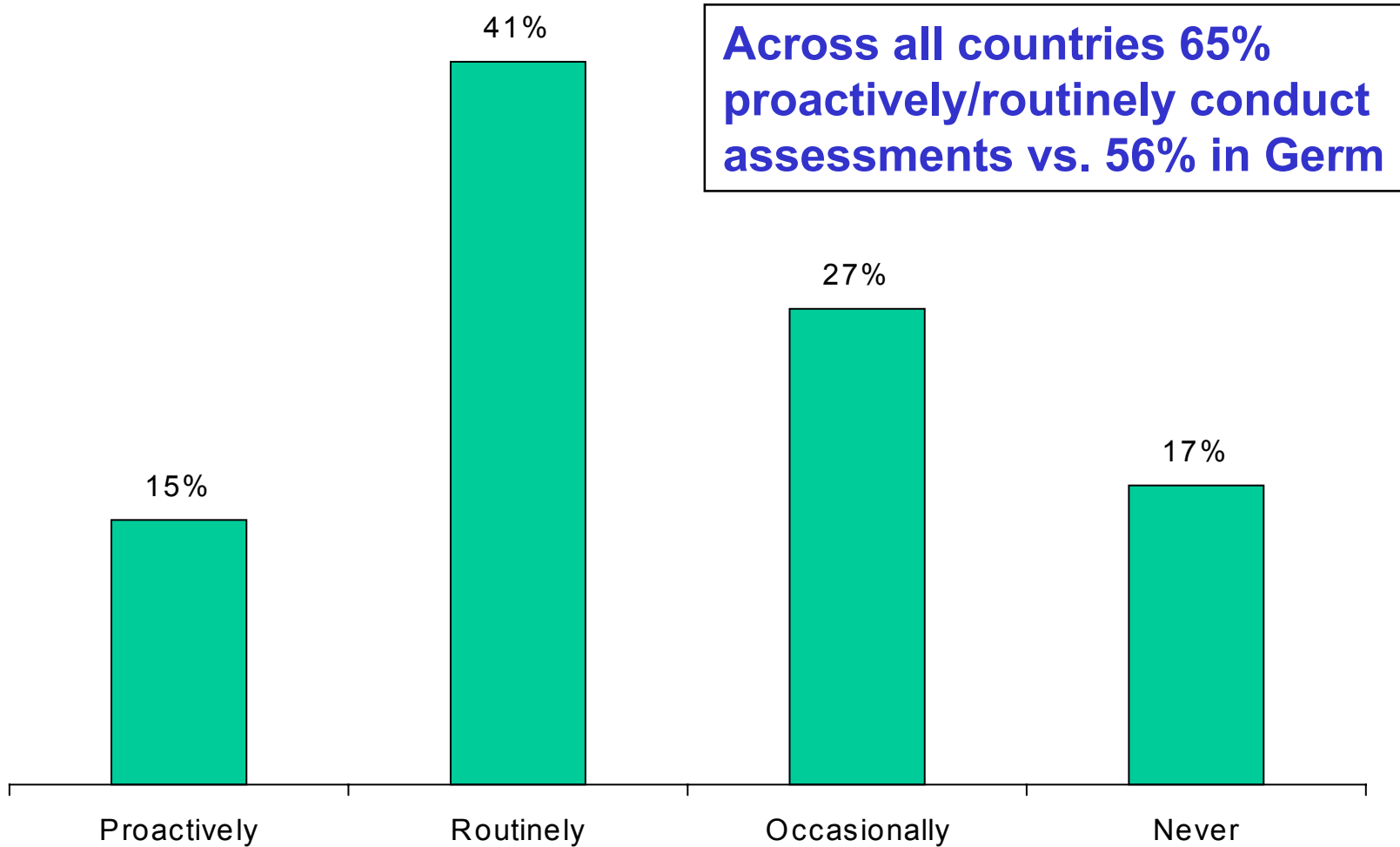
Base: GPs aged <65 (n=100)

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
Reimbursement/Lack of funding	39%
Lack of time	22%
Reluctance from patients	8%
Patients don't request this	5%
Not a priority	4%
Refer to nurse/specialist to do this	3%
Nothing	14%
DK/NA	12%

Others mentioned by individual GPs

Q.8a Definition of treatment

Base: All GPs	100
Starting medication when woman has developed o/p	39%
Starting treatment when woman is at risk of developing	30%
Drug/Product class mentions	21%
Lifestyle changes	18%
Starting med. when a woman has experienced fracture	8%
Radiology/Bone density scan evidence	7%
DK/NA	1%

Q.8b Definition of prevention

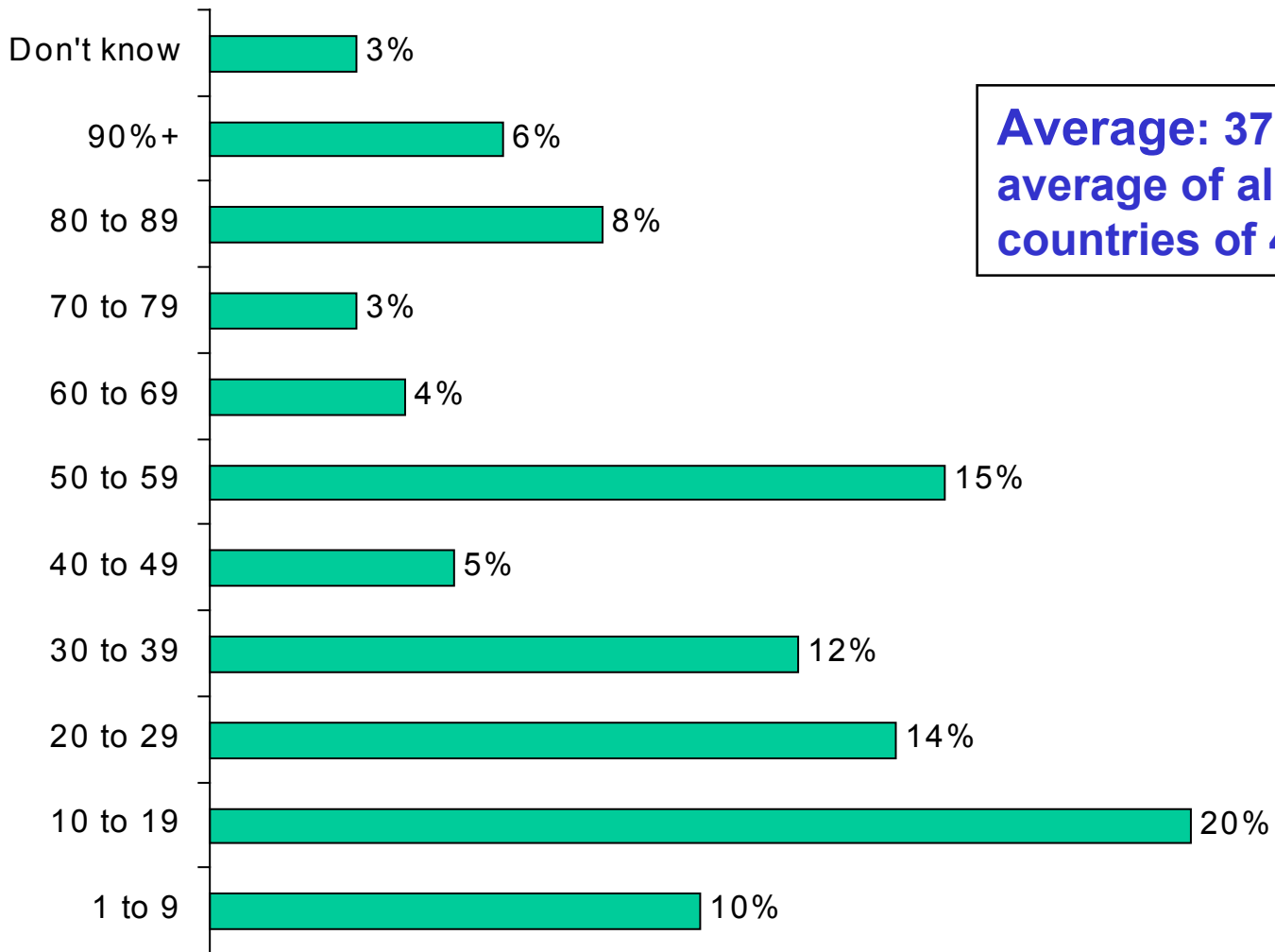
Base: All GPs	100
Advising the woman on how to make lifestyle changes	62%
Starting medication before at risk of development	17%
Drug/product class mentions	14%
Screening patients when they reach the menopause	5%
DK/NA	1%
Others mentioned by $\leq 2\%$ of GPs	

Q.9 Most negative effects of osteoporosis

Base: All GPs	100
Fracture/breaking a bone	76%
Pain	42%
Curvature of spine	18%
Limiting affect on lifestyle	16%
Less mobility	7%
Debilitation	4%
Lack of independence	3%
Depression	2%
Bone loss	2%
None	1%

Other responses mentioned on individual basis

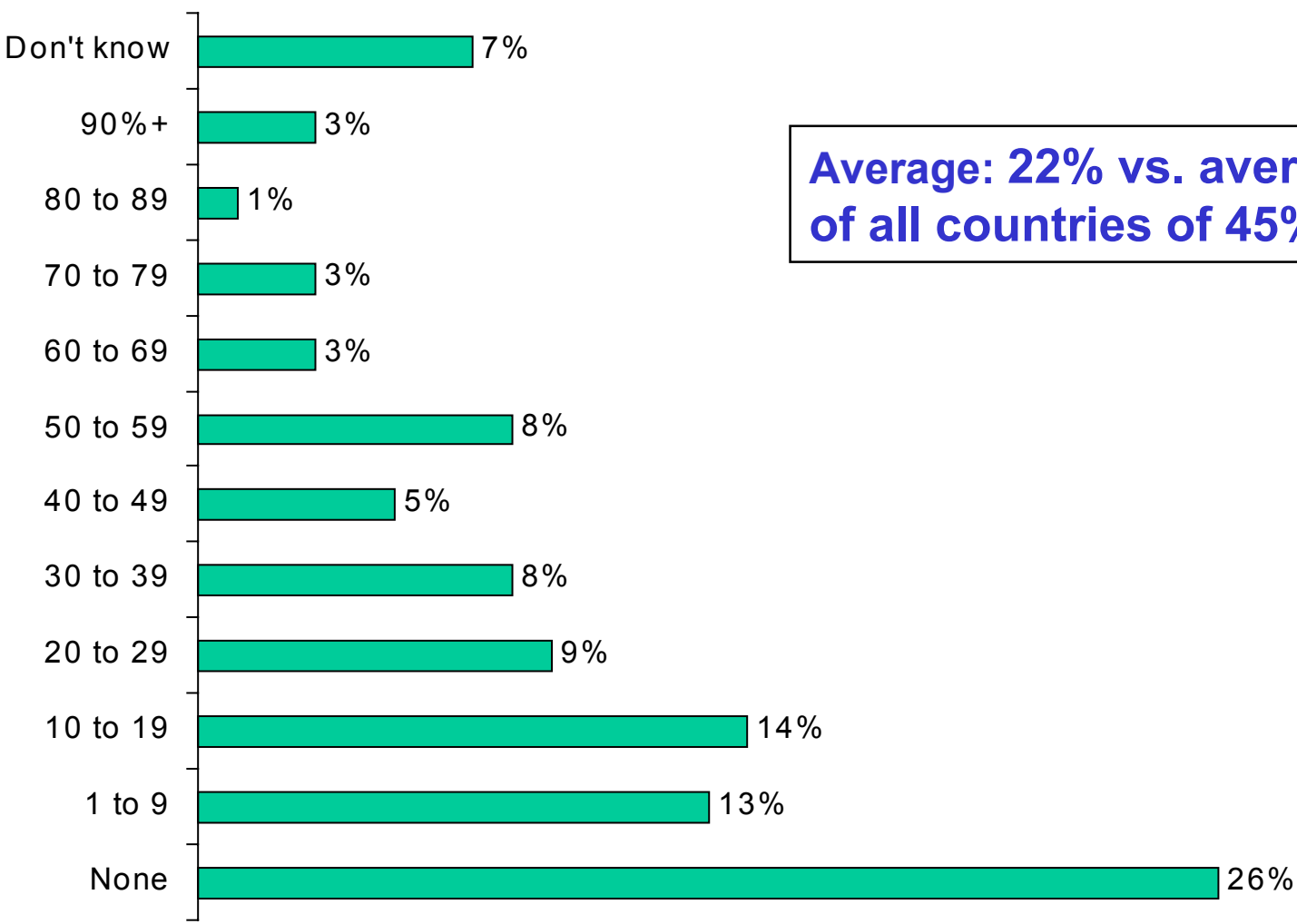
Q.10 % patients rxd medication for treatment of osteoporosis



Average: 37% vs. average of all countries of 42%

Base: GPs aged <65 (n=100)

Q.11 % patients rxd medication for prevention of osteoporosis



Average: 22% vs. average of all countries of 45%

Base: GPs aged <65 (n=100)



Q.12a Inhibitors of rxing medication for prevention

Base: All GPs	100
Cost	55%
None	21%
Do not believe should Rx preventative medicine	8%
Prefer to advocate lifestyle changes	6%

In total 59% cited cost/lack of funding as inhibitor (vs. 33% of all doctors) and 5% cited side effects/compliance (vs. 20%

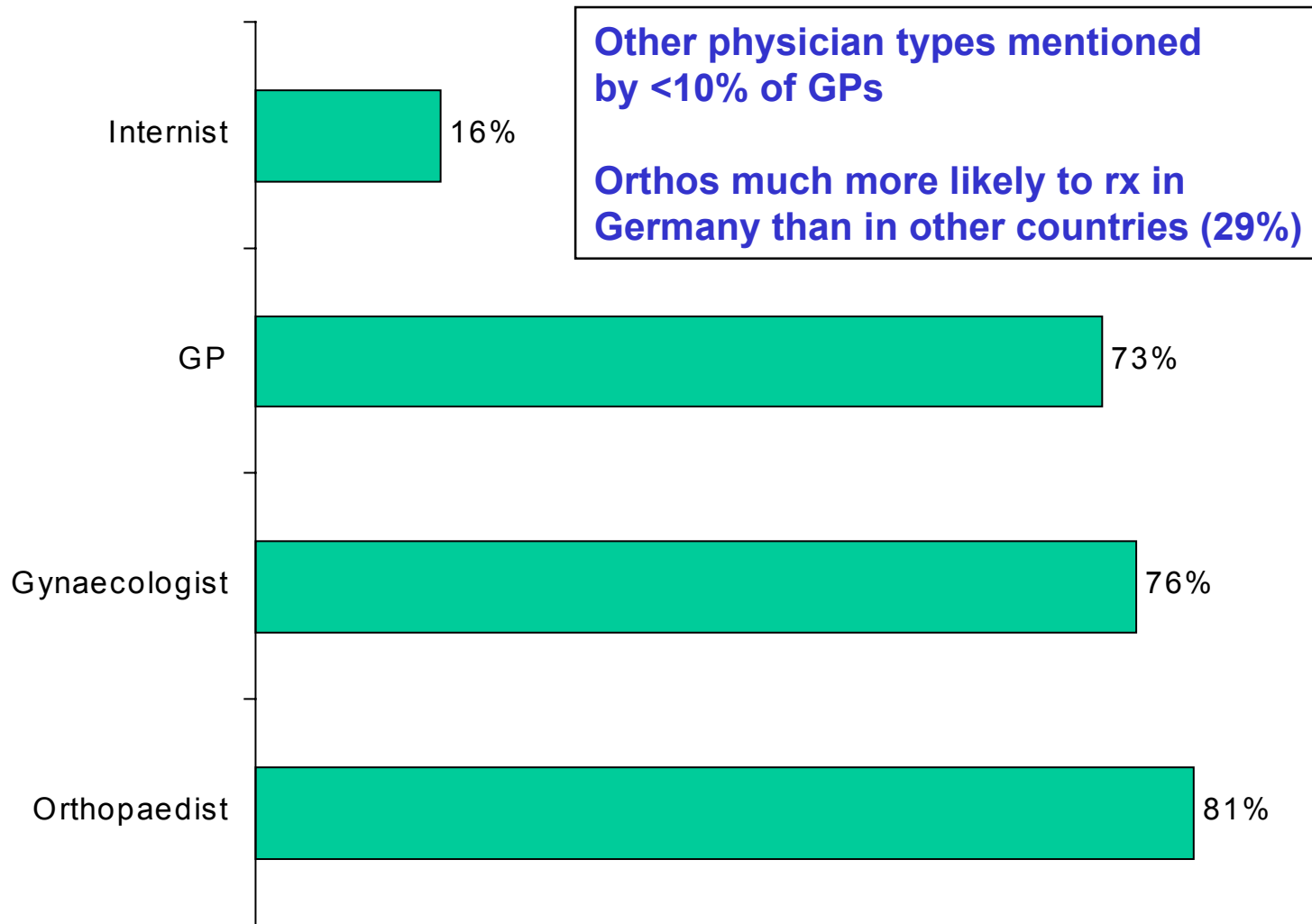
Q.12b Biggest challenge when treating preventatively after menopause

Base: All GPs	100
Compliance	25%
Patients see no need for treatment	16%
Patients concern about side effects	9%
Cost	9%
Patients lack of understanding about LT health risks	7%
Nothing	15%
DK/NA	4%

Other responses mentioned by <5% of GPs



Q.19 Physicians most likely to rx medication for osteoporosis

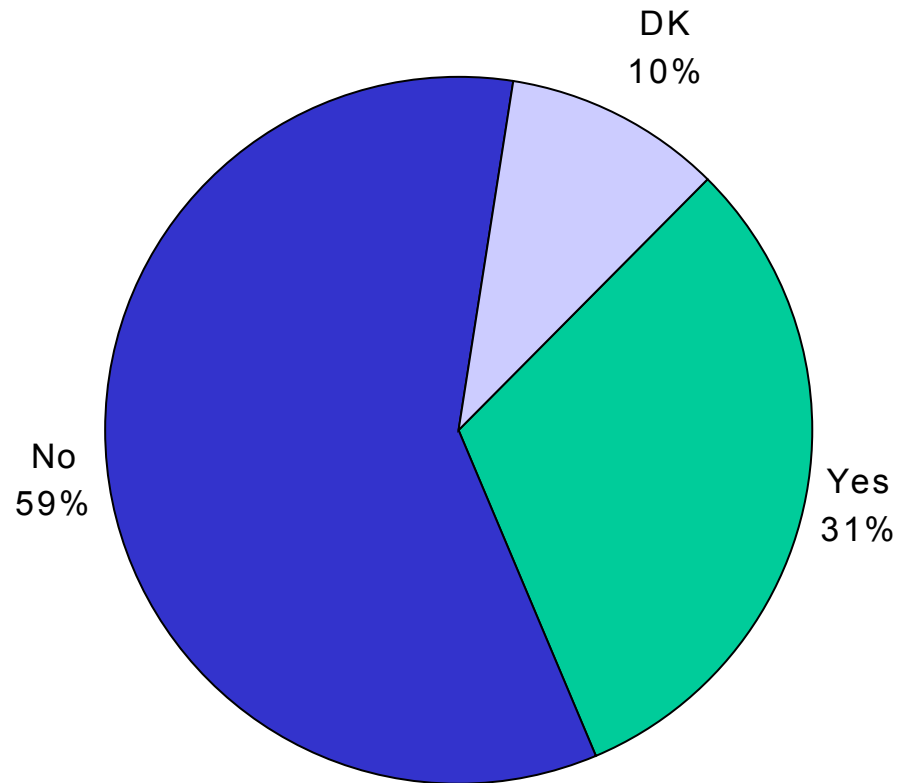


Base: All GPs (n=100)

Q.20 Factors affecting decision to rx long term medication

Base: All GPs	100
Cost	35%
Seriousness of illness	25%
Compliance	18%
Well tolerated	18%
Side effects	12%
Effectiveness	11%
Bone scan report	7%
Patients age	6%
Others mentioned by <5% of respondents	

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
Efficacy	22%
Increases bone mass density	21%
Tolerability	15%
Stops fractures (other than vertebral)	9%
Prevents pain	7%
Convenient to take	7%
DK/NA	1%
Other features mentioned by <5% of GPs.	

Q.22/23 Important feature of osteoporosis product

Base: All GPs	100
Tolerability ^	59%
Efficacy *	34%
Cost effective	33%
Increases bone mass density *	30%
Convenient to take ^	21%
Stop fractures (other than vertebral) *	12%
Prevents pain	11%
Side effects ^	7%
Effectively stops vertebral fractures *	6%
Reduces bone turnover *	6%

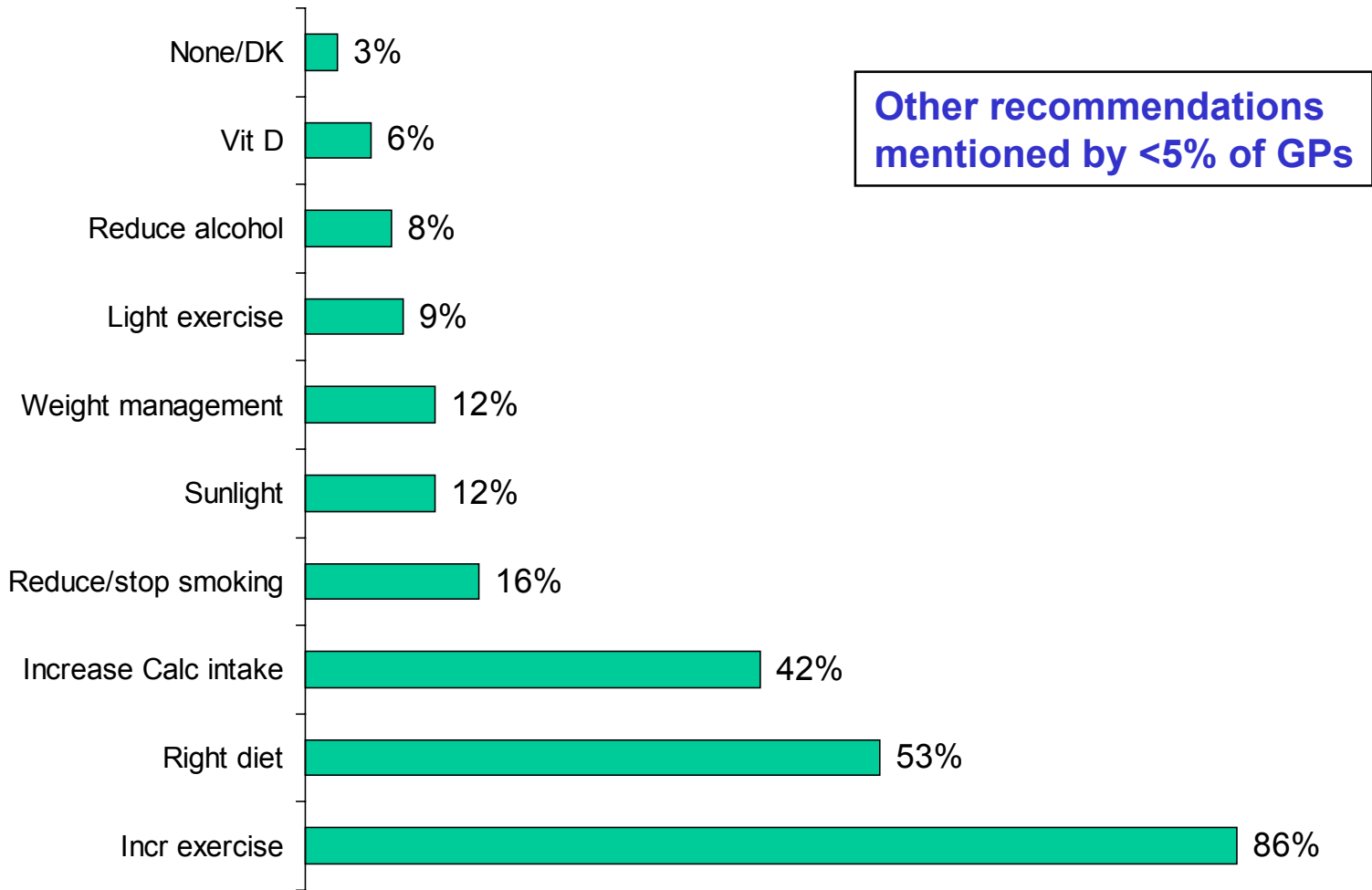
* Mentioned by 75% of GPs

^ Mentioned by 71% of GPs

Q.24 Ideal candidates for preventative medication (prompted)

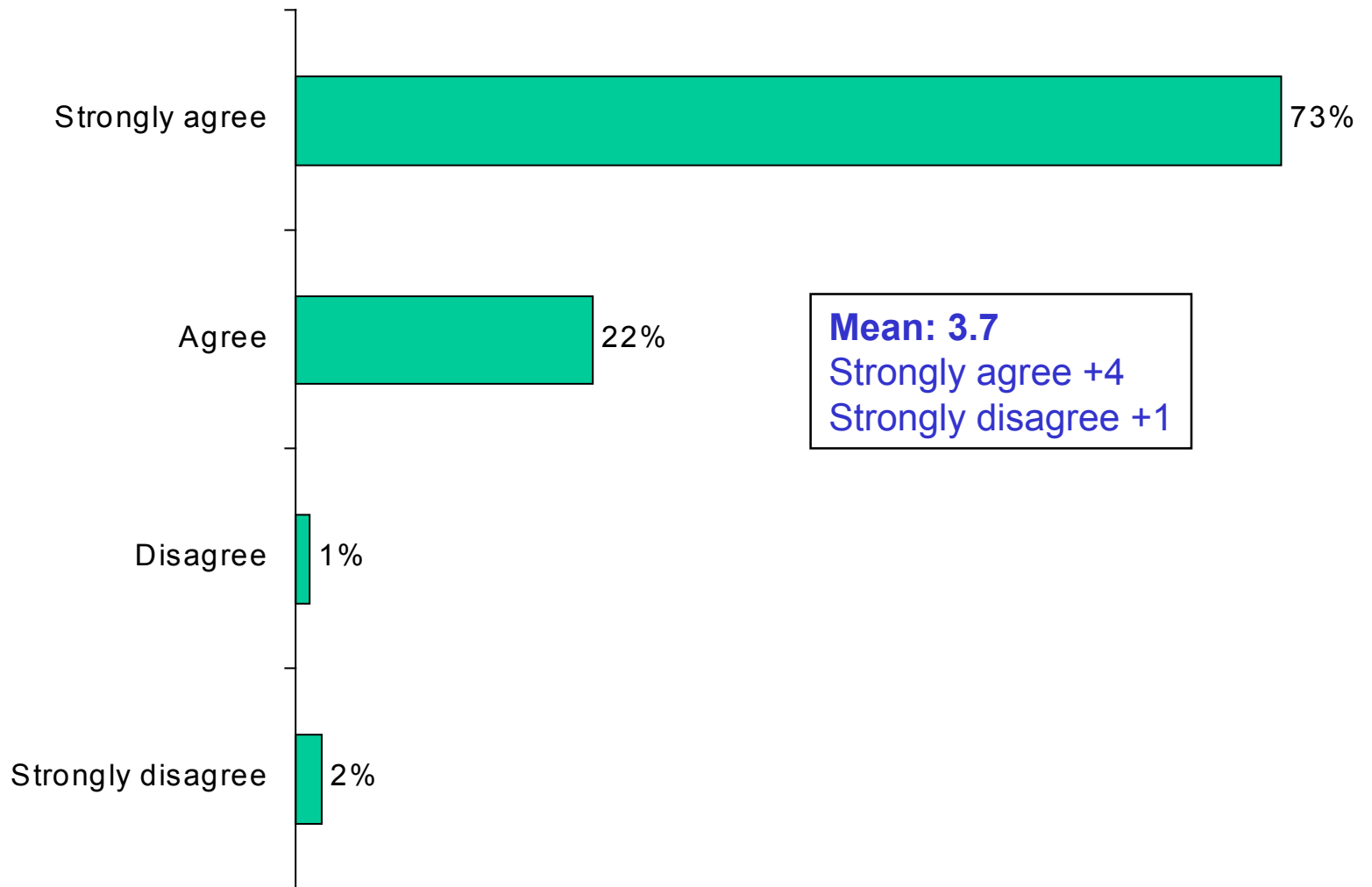
Base: All GPs	100
Women with vertebral fracture	83%
Women with family history of osteoporosis	81%
Women at high risk of vertebral fracture	81%
Women at high risk of hip fracture	80%
Women with history of hip fracture	77%
Women who are going through early menopause	76%
Peri-menopausal women	37%
Women at risk from developing breast problems	29%
Women at risk from developing cardiac problems	28%
Asymptomatic post menopausal women	26%
None/DK	7%

Q.25 Therapy/lifestyle recommendations suggest to women



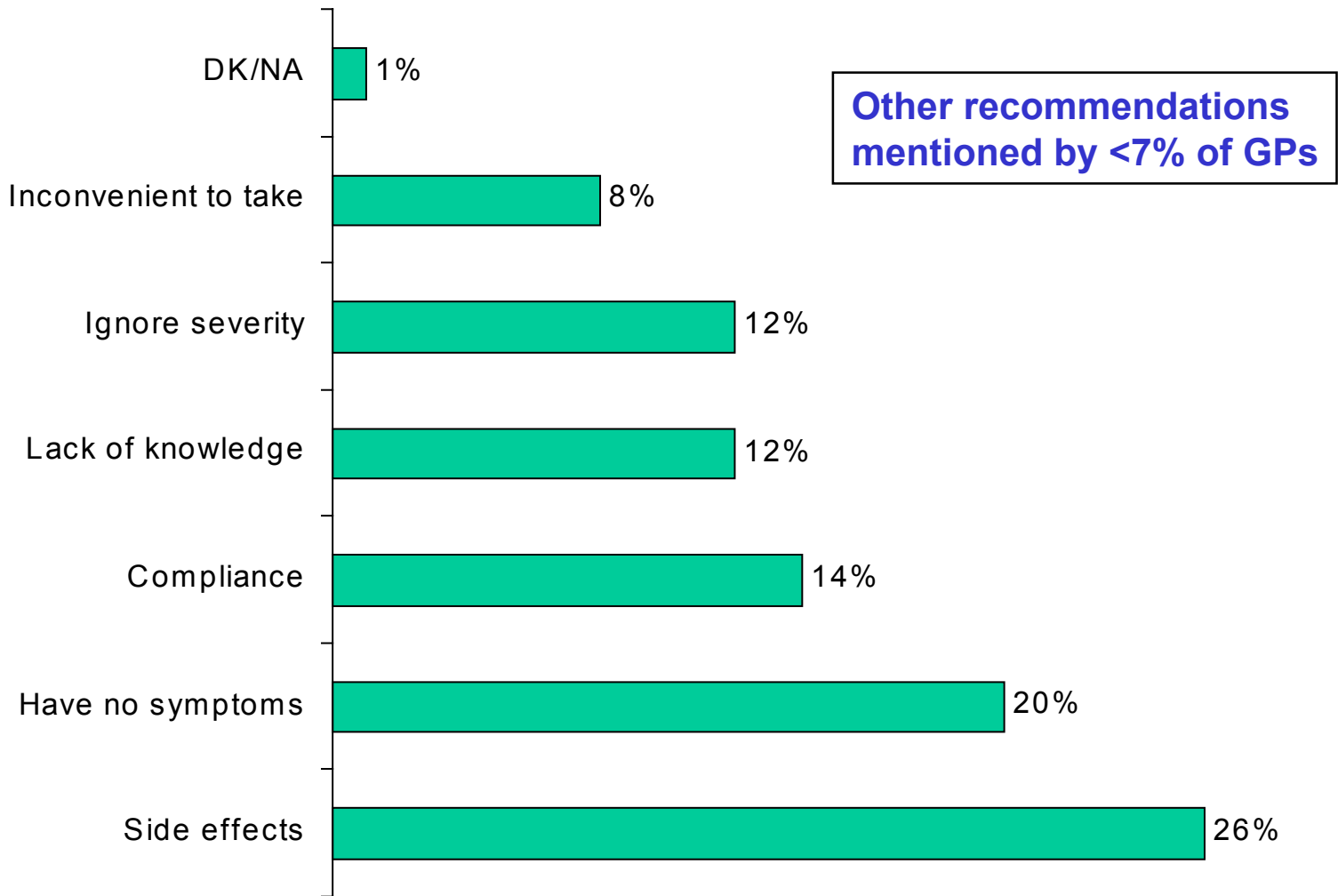
Base: All GPs (n=100)

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



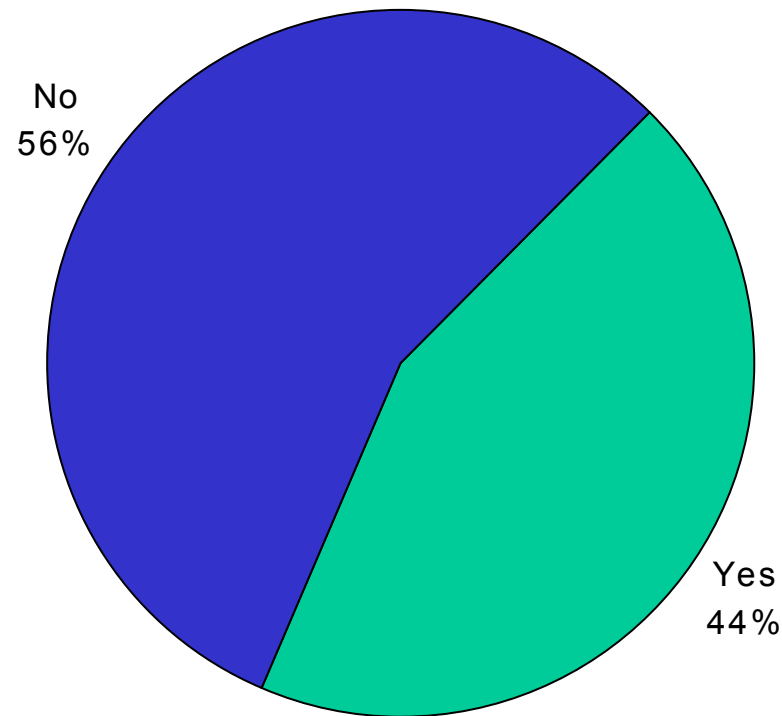
Base: All GPs (n=100)

Q.27 Reasons for non-compliance



Base: All GPs (n=100)

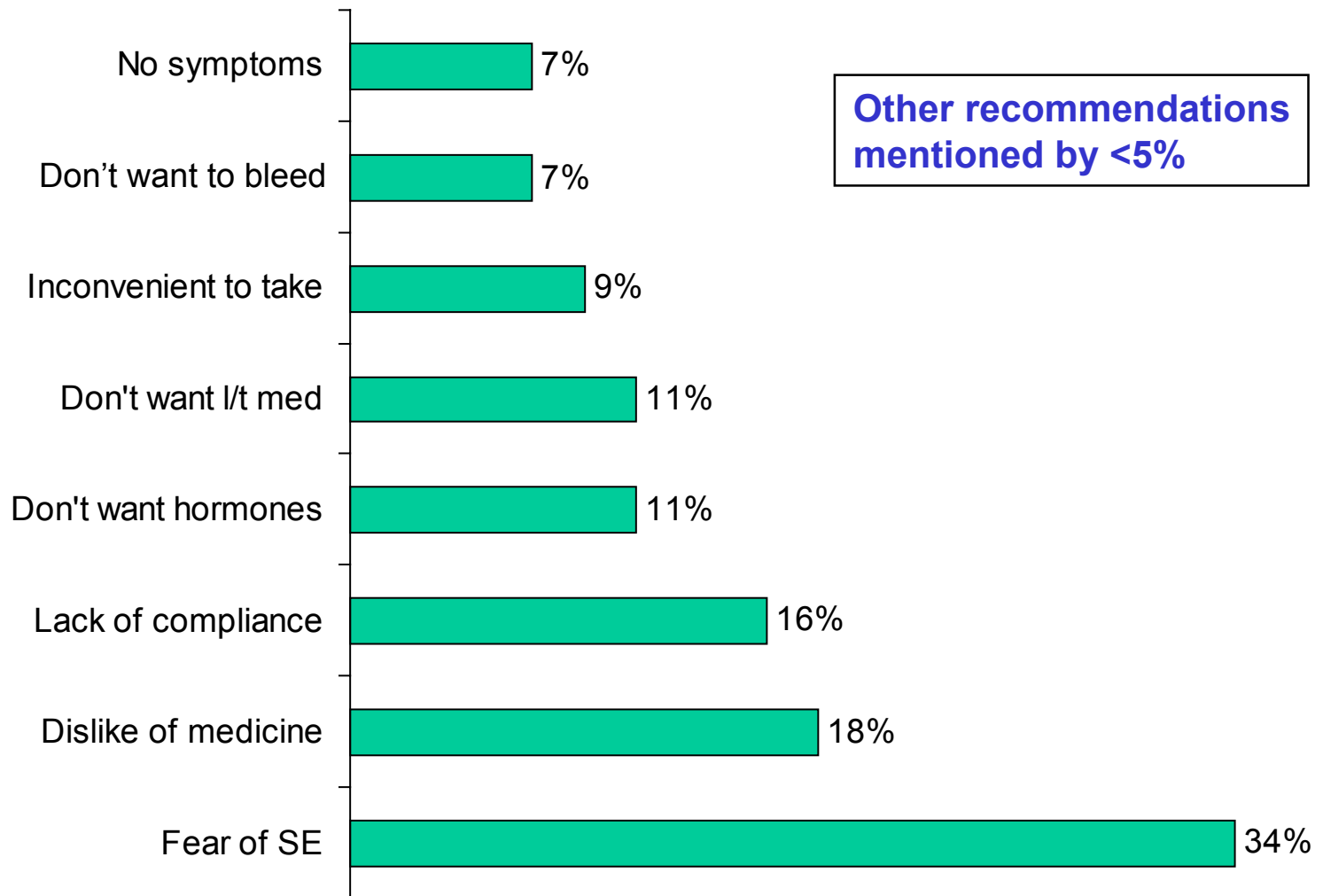
Q.28 Whether patient has refused recommended o/p treatment



Base: All GPs (n=100)

Across all countries 61% of doctors said patients had refused treatment

Q.29 Reasons why patients refuse treatment



Base: Doctors whose patients have refused recommended medication (n=44)

Q.30 Agreement with statements

Base: All GPs	100
Our goal should be preventing women suffering 1 st fracture	98%
Osteoporosis should be viewed as a serious condition	95%
Main aim of O/p management is to prev. occurrence of fractures	95%
The screening programme in this country could be improved	92%
Osteoporosis fractures are a major clinical problem	86%
If you prevent vertebral fractures you can stop secondary ones	81%
Often O/p is not diagnosed until a woman has a fracture	80%
A medicine that treats is >efficacious than a preventative	59%
Bone fragility is an inevitable factor of growing old	33%
The screening programme for o/p is sufficiently widespread	19%
The screening programme for o/p is sufficiently funded	4%

Summary

Summary

- v 5% of GPs run a menopause clinic (vs. average of 23%) and 8% run an osteoporosis clinic (vs. average of 20%)
- v On average the GPs estimated they had 488 postmenopausal women in their practice vs. average of 903 across all countries in the research
- v >quarter of GPs said their key health concern with the postmenopausal women in their practice was osteoporosis, followed by just >tenth saying hot flushes or heart disease
- v Looking at all health concerns GPs have, in total two-thirds mentioned osteoporosis, followed by heart disease and/or hot flushes (third)

Summary

- v >half the GPs claimed to either proactively or routinely conduct health risk assessments amongst their postmenopausal women (cf two-thirds across all countries), although >tenth claimed to proactively conduct them
- v >third of GPs said the main limitation on the number of health status reviews conducted was reimbursement/lack of funding issues. >fifth said lack of time was the reason why they were limited in conducting reviews
- v >third of GPs defined treatment as starting medication when a woman has already developed osteoporosis whilst <third defined it as starting treatment when a woman is at **risk** of developing the disease. A fifth defined it as suggesting lifestyle changes which the women can make

Summary

- v Two-thirds of GPs defined **prevention** as advising women on lifestyle changes (vs. 45% across all countries), whilst <fifth defined it as starting medication before the woman is at risk of developing the disease
- v therefore GPs in Germany haven't really bought into prevention through medication
- v Three-quarters of the GPs felt that the most negative effect of osteoporosis was fractures that the women can experience. <half felt it was the pain the women experience.
- v On average a third of postmenopausal patients are currently receiving medication for treatment of osteoporosis and a fifth are on medication for prevention
- v low cf other countries (average of 45% on prevention)

Summary

- v The main thing which inhibits GPs from rxing medication for prevention is the cost (>half cf third of all doctors). A fifth of GPs said they didn't think anything inhibited their rxing of prevention medicine - clearly not the case as relatively low proportion of patients receiving this type of medication

Summary

- v There are 3 key physician types in the area of osteoporosis - Orthopaedists, Gynaecologists and GPs
 - v In German orthopaedists are much more likely to rx in this disease area compared to other countries surveyed
- v A third of GPs said that cost of treatment was a factor which affected their decision when rxing long term medication. A quarter said the seriousness of the condition was a factor and <fifth compliance and or tolerability

Summary

- v >two-thirds of GPs said that they do not think women consult at an early enough stage
- v The two most important features of an osteoporosis product were felt to be efficacy and the impact on increasing BMD (fifth)
- v In total three-quarters of doctors felt that an important feature of osteoporosis product was efficacy and/or tolerability
- v In terms of ideal patient types for preventative medicine, there was low agreement that they would be asymptomatic of postmenopausal women, women at risk from developing cardiac problems, women at risk of developing breast problems and peri-menopausal women

Summary

- v 9 out of 10 GPs recommend that women increase their exercise intake and 5 out of 10 adopt the right diet. 4 out of 10 suggest to women that they increase their calcium intake
- v Almost all the GPs (95%) agreed that compliance is an important factor in a drug's efficacy, with the main reason for non-compliance being side effects (quarter) or the fact the patient is not experiencing any symptoms (fifth)
- v 4 out of 10 GPs said they had experienced women who had refused recommended treatment mainly because of a fear of side effects (third)

Summary

- v Almost all the GPs agreed that their goal should be to prevent women from suffering a first fracture, that the disease should be viewed as a serious condition and the main aim is to prevent the occurrence of fractures
- v 8 out of 10 GPs agree that osteoporosis fractures are a major clinical problem, that if you prevent vertebral fractures you can stop secondary ones and often osteoporosis is not diagnosed until a woman has a fracture
- v A third of GPs agree that bone fragility is an inevitable factor of growing old

Summary

- v 9 out of 10 GPs believe that the screening programme could be improved
- v Only 4% of GPs felt that the screening programme was sufficiently funded

Conclusions and Recommendations



Awareness

Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 80% of all women suffering from osteoporosis were not aware they were at risk
- v Three-quarters of sufferers were not aware that they had the disease prior to diagnosis
- v 95% of doctors think that osteoporosis should be viewed as a serious condition
- v 86% 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 a third of postmenopausal women stated they were concerned about the disease

Awareness

- v Just over half the women had discussed osteoporosis with a doctor and of these, 38% said their doctor initiated the discussion
- v Two-fifths 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 or they never thought about it
- v 1 in 3 women will develop osteoporosis
 - v none of the women stated that they feel they are very likely to develop the condition and only a 6% 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 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 Three-quarters of doctors stated that the most negative effect of osteoporosis was fractures/breaking a bone, followed by pain
- v Three-quarters of women associate osteoporosis with an increased risk of fracture, two-thirds with a reduced quality of life, long term pain, loss of height or fear of the next fracture/fall
- v Of the women with osteoporosis, all stated that it had impacted on their quality of life (leaving in fear of breaking a bone, back pain, cannot lift heavy weights)
- v Two-thirds of women who have suffered a fracture as a result of osteoporosis said it took over two months to recover from the fracture
- v 80% 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 37% 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 only just over half of women have been screened for osteoporosis and on screening, 92% of women were identified as suffering from the disease
- v If screening identifies the disease - why have none of the patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 96% of 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 Just over half the doctors think they either proactively or routinely conduct health risk assessments, in reality when asked for their definition of prevention, only 5% said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v Three-quarters of women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 15% 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 81% 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 8 out of 10 doctors believe that osteoporosis fractures are a major clinical concern but only 22% of postmenopausal women are on preventative medicine
- v Two-thirds of doctors defined prevention as giving lifestyle advice rather than rxing medication
- v Over a third 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 Two-fifths of doctors have experienced patients refusing to take long term preventative medicine, mainly because they have a fear of side effects

Effective prevention and treatment

- v 81% 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 14% of women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 22% of their postmenopausal women patients are on preventative medication and 37% are rxd treatment

Effective prevention and treatment

- v 5 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 just over a quarter indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors

Prescribing inhibitors

- v A third of doctors say cost/lack of funding is the greatest factor affecting their decision to rx a medication
- v A quarter of doctors think that the biggest challenge they face is lack of compliance
- v A fifth of doctors said a compliance or tolerability affects their decision as to rxing long term medication, followed by side effects (>tenth)
- v This in turn leads to an average of 63% of patients NOT being rxd medication for the treatment of osteoporosis and 78% NOT being prescribed preventative medicine
- v Two-fifths of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v >quarter of doctors cite side effects as the main reason for non-compliance and a fifth claim that the women don't comply because they are not experiencing symptoms
- 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