

# ‘How Fragile Is her Future?’ Research Italy

*Prepared for the International Osteoporosis Foundation  
and*

*Sponsored by an educational grant from Lilly*

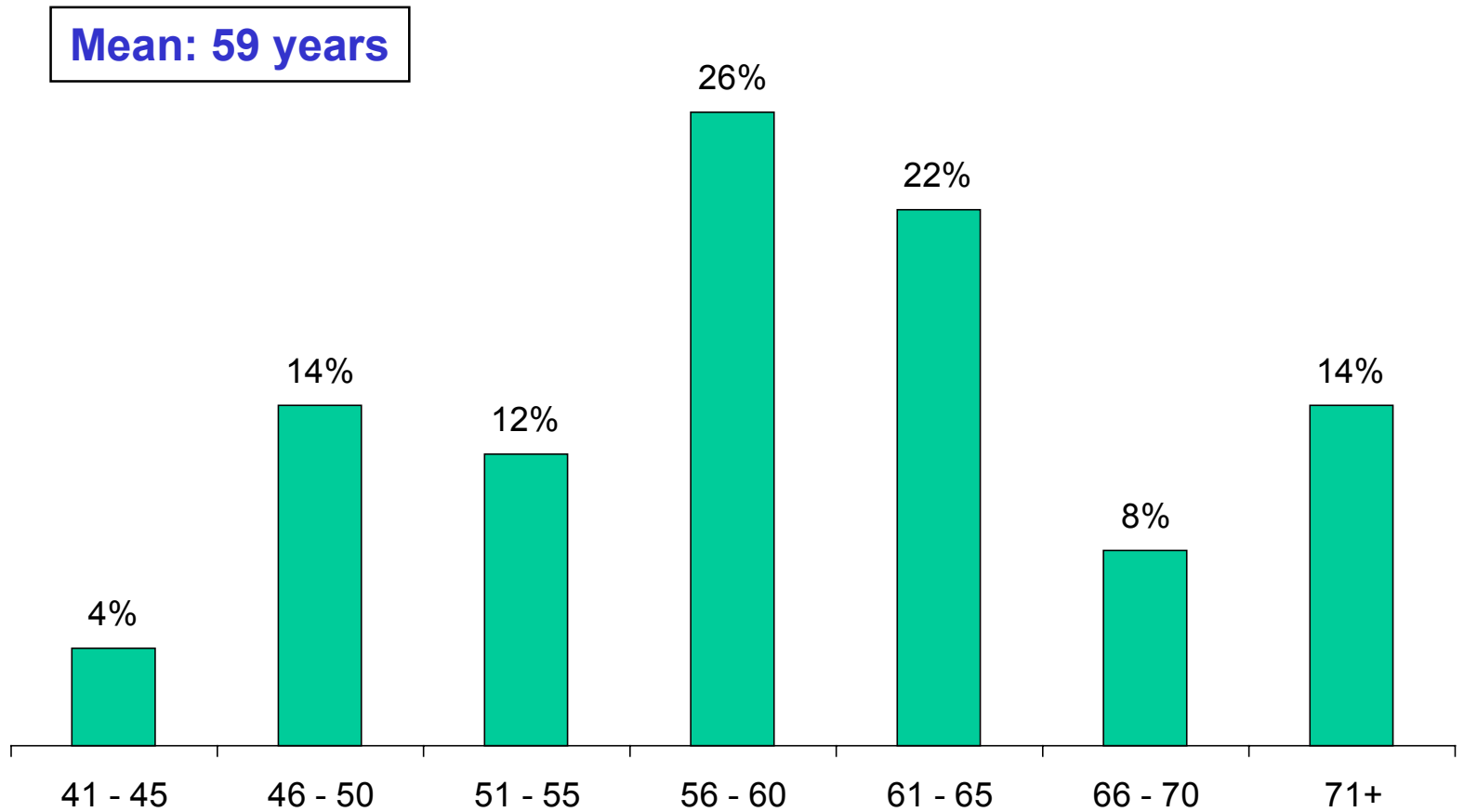
# Research Methodology

- 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

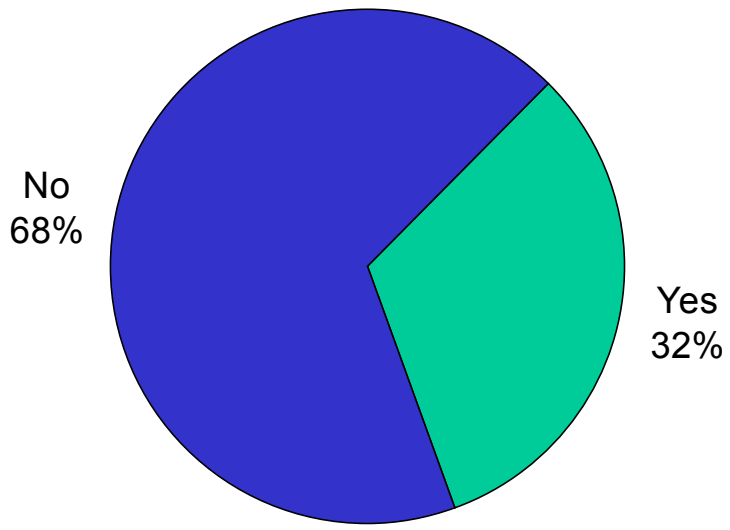
# Italian Consumers

## Q.2 Age of respondents



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

# Q.4 Whether suffering from osteoporosis

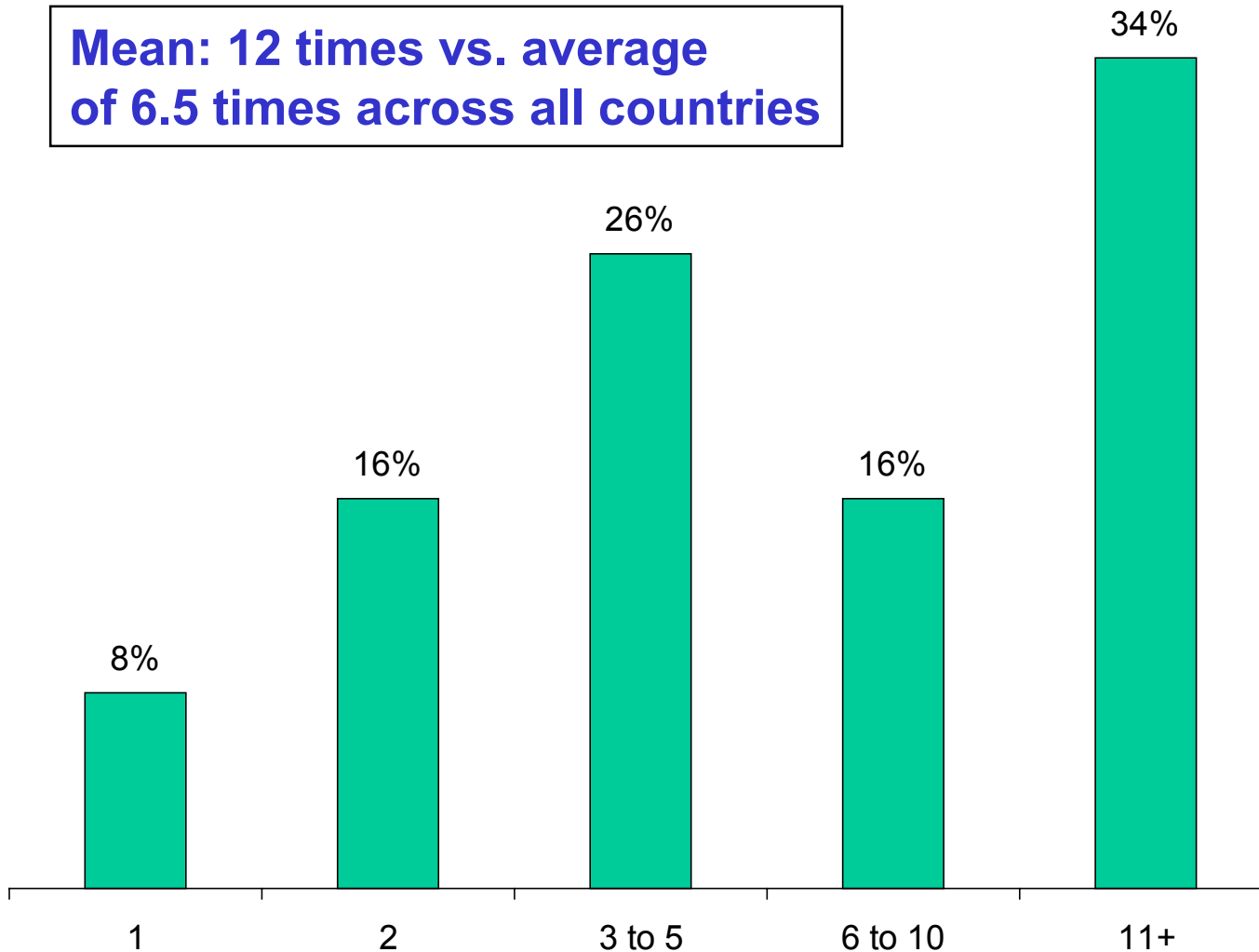


Across all countries in the survey an average of 25% said they were suffering from osteoporosis



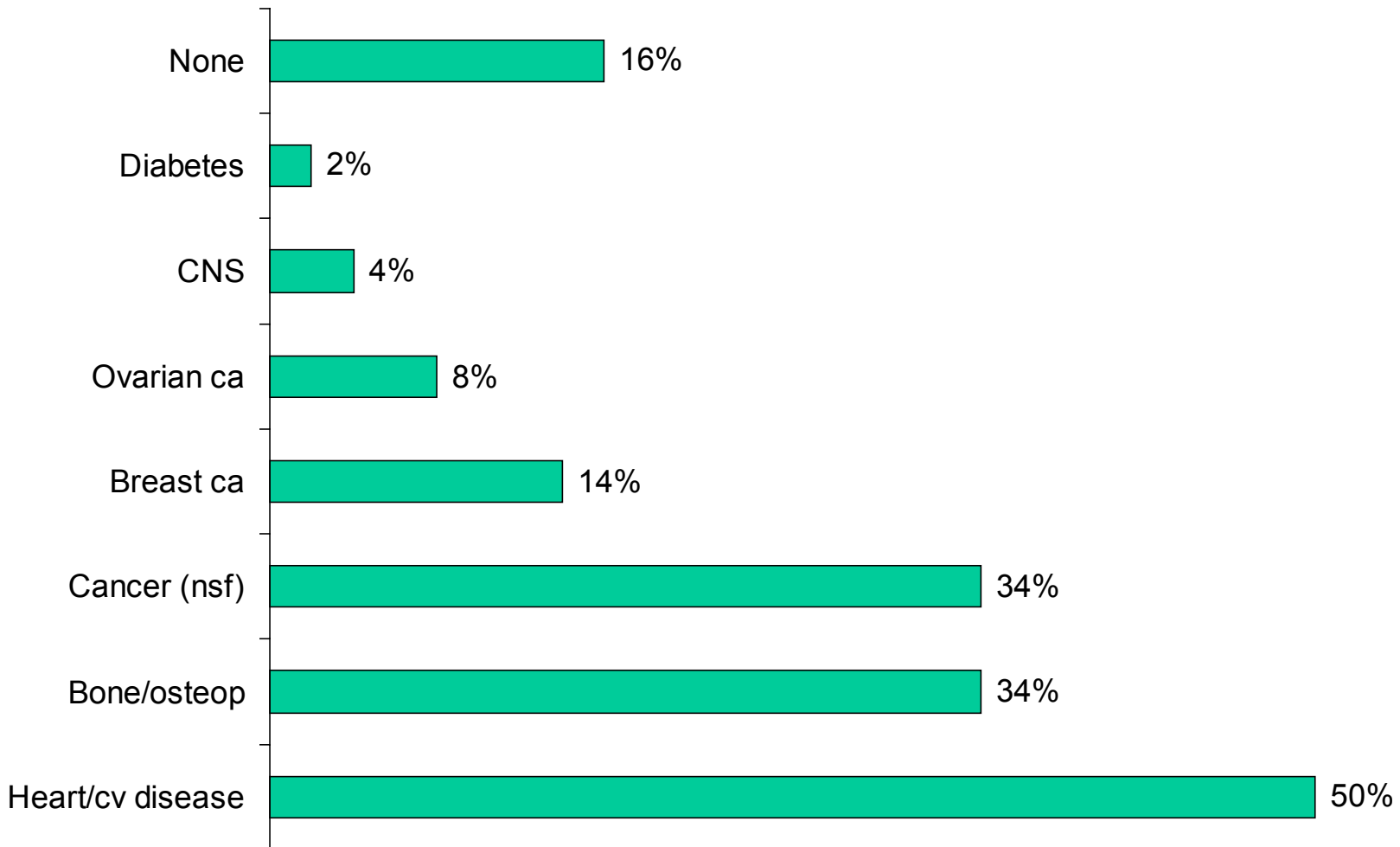
# Q.5 Number times visited GP in last 12 months

Mean: 12 times vs. average of 6.5 times across all countries



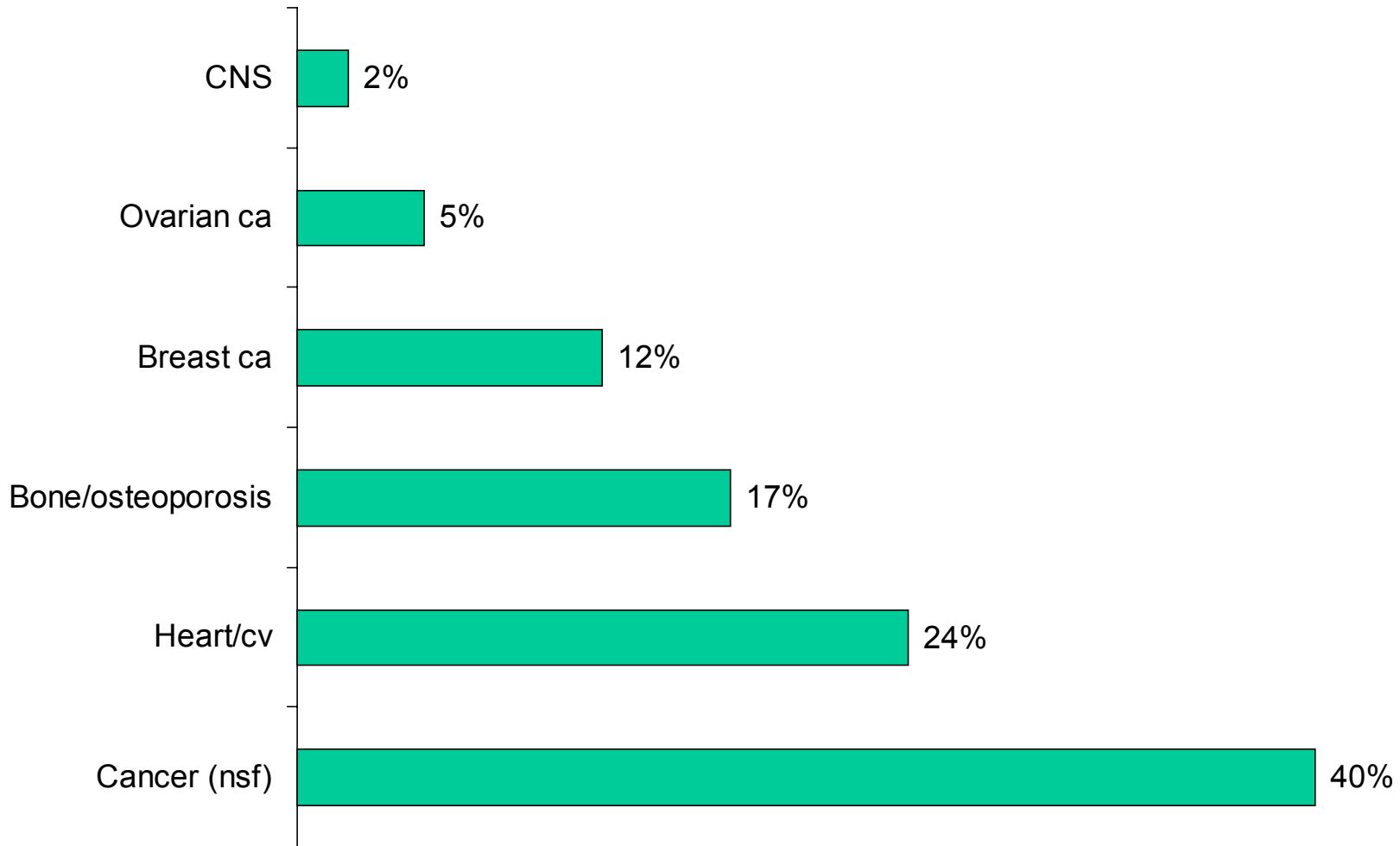
Base: All female respondents aged 41+ and been through menopause (n=50)

## Q.6 Key health concerns (spont)



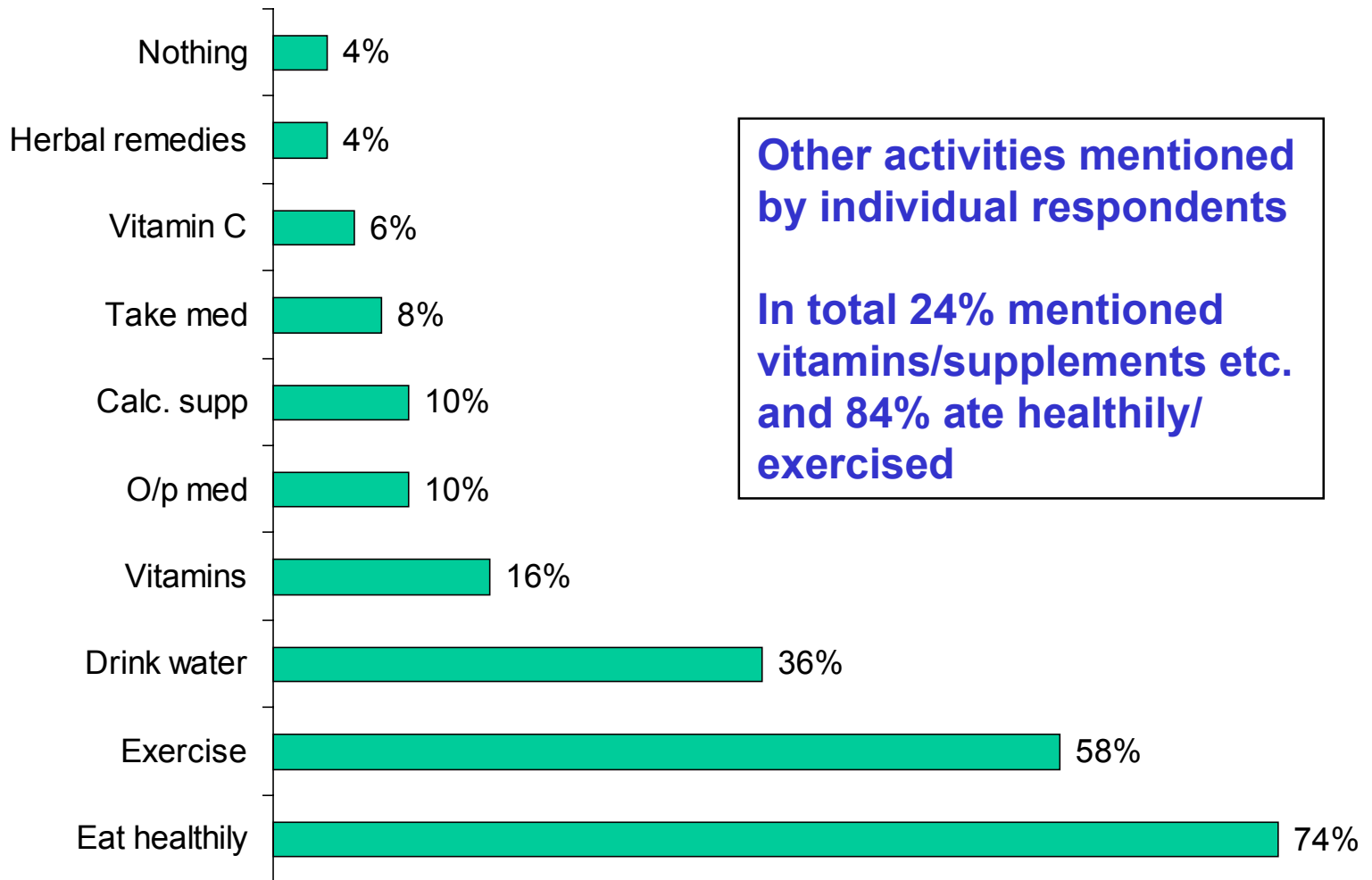
Base: All female respondents aged 41+ and been through menopause (n=50)

# Q.7 Main health concern



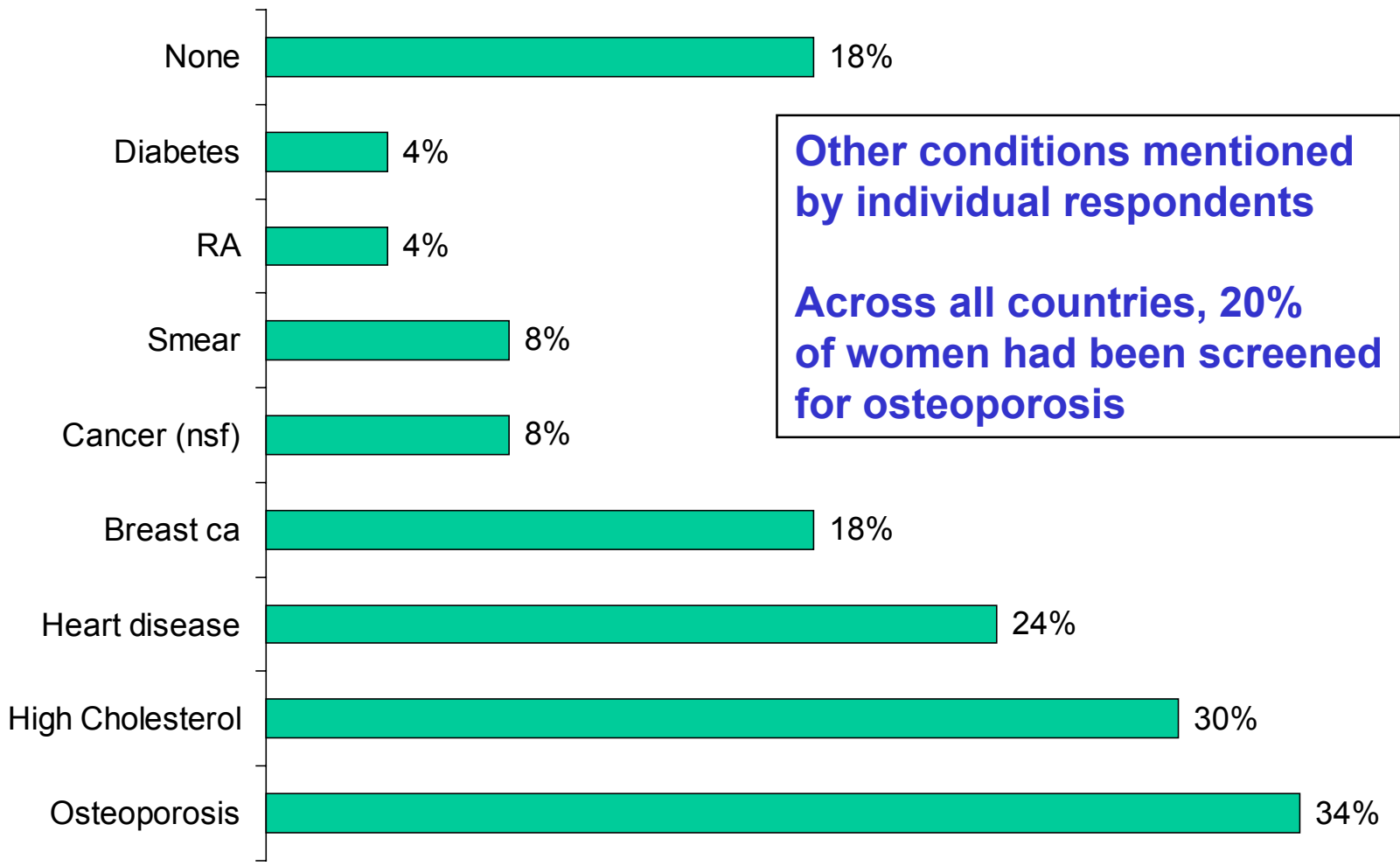
Base: All female respondents who currently have health concerns (n=42)

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



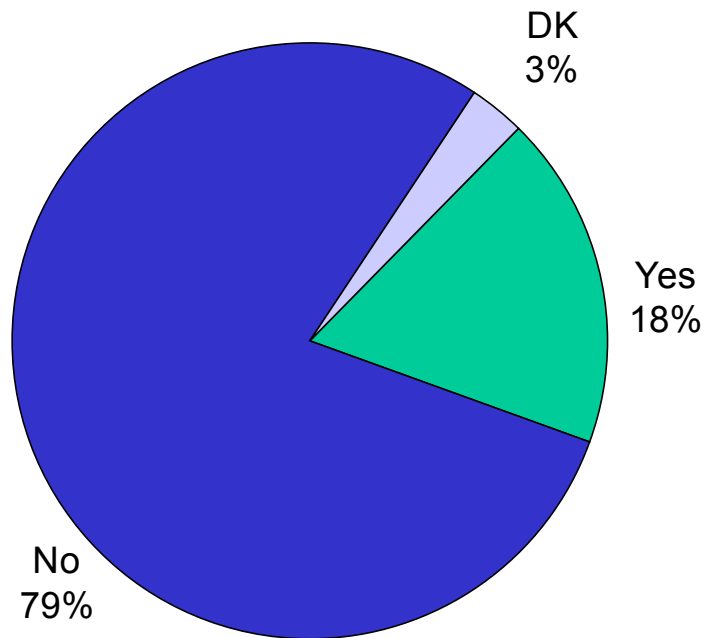
Base: All female respondents aged 41+ and been through menopause (n=50)

# Q.9 Diseases screened for over last 5 years



# Osteoporosis Screening

## Q.10 Whether been screened for osteoporosis



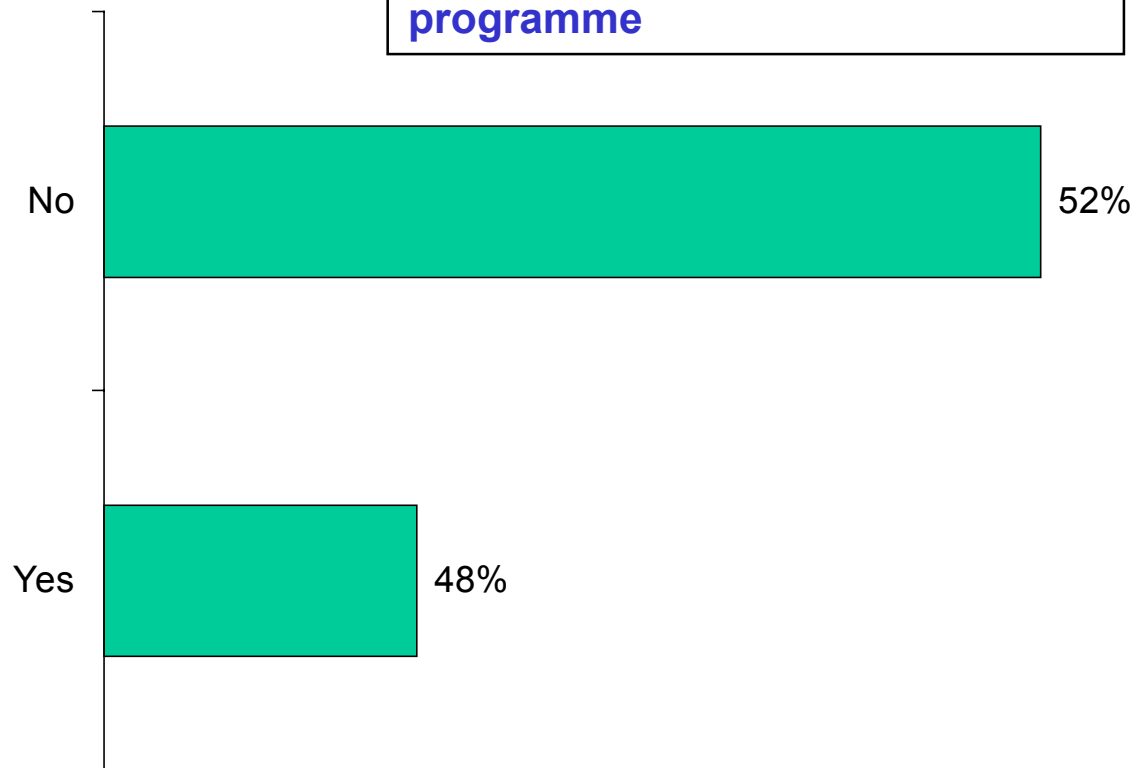
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=33)

## Q.11 Reasons for being screened for osteoporosis

Reason	Count
<b>Base:</b>	<b>23</b>
At risk as post-menopausal	13
Asked to be screened	9
Suffered from fracture	1
Family history of o/p	1
Suffer pain in back	1
Regular check-up	1
Pain in legs	1
Hysterectomy	1

# Q.12 Awareness of Osteoporosis Screening Programme

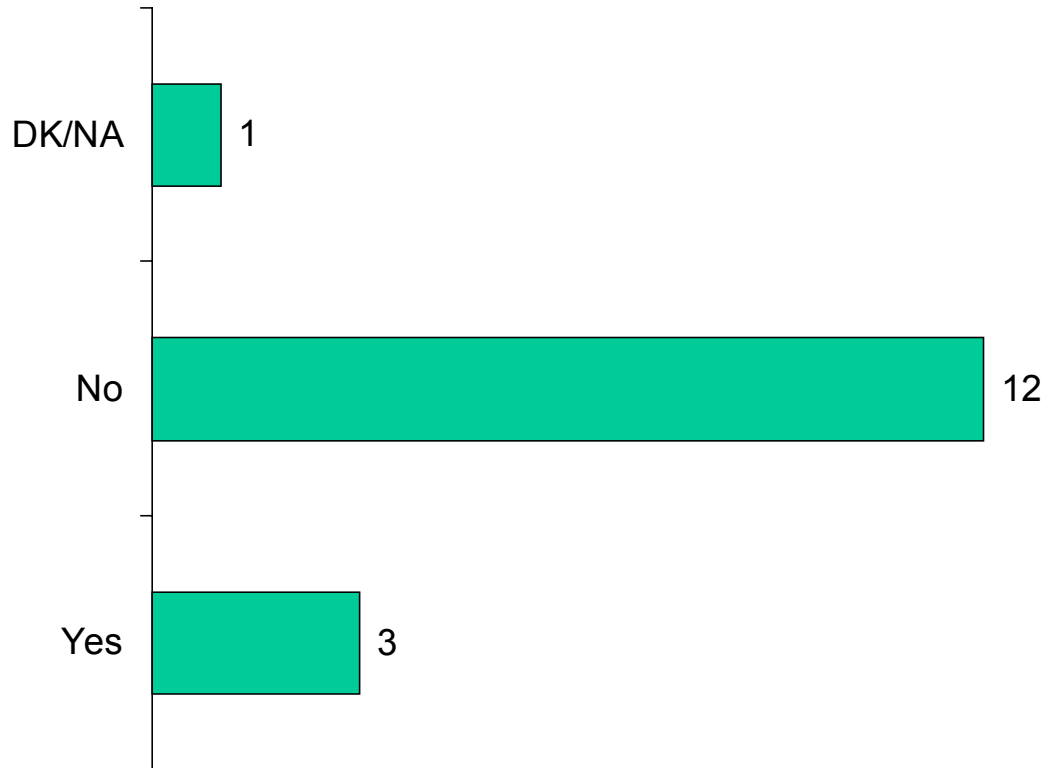
Across all countries a total of 35% of women were aware of the programme



## Q.13 Associations of long-term health risks associated with osteoporosis (prompted)

<b>Base: Postmenopausal women aged 41+</b>	<b>50</b>
Increased risk of further fractures	70%
Long term pain	44%
Reduced quality of life	30%
Fear of next fracture/fall	16%
Loss of height	10%
Inability to live independent life	8%
Loss of self esteem	4%
None of the above	10%

# Q.14 Proportion suspected osteoporosis prior to diagnosis



Base: Osteoporosis Sufferers (n=16)

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

<b>Base: Osteoporosis sufferers</b>	<b>16</b>
Cannot lift heavy weights	5
Back pain	4
I worry about the future	2
Live in fear of breaking bone	2
None	6
Don't know	1

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



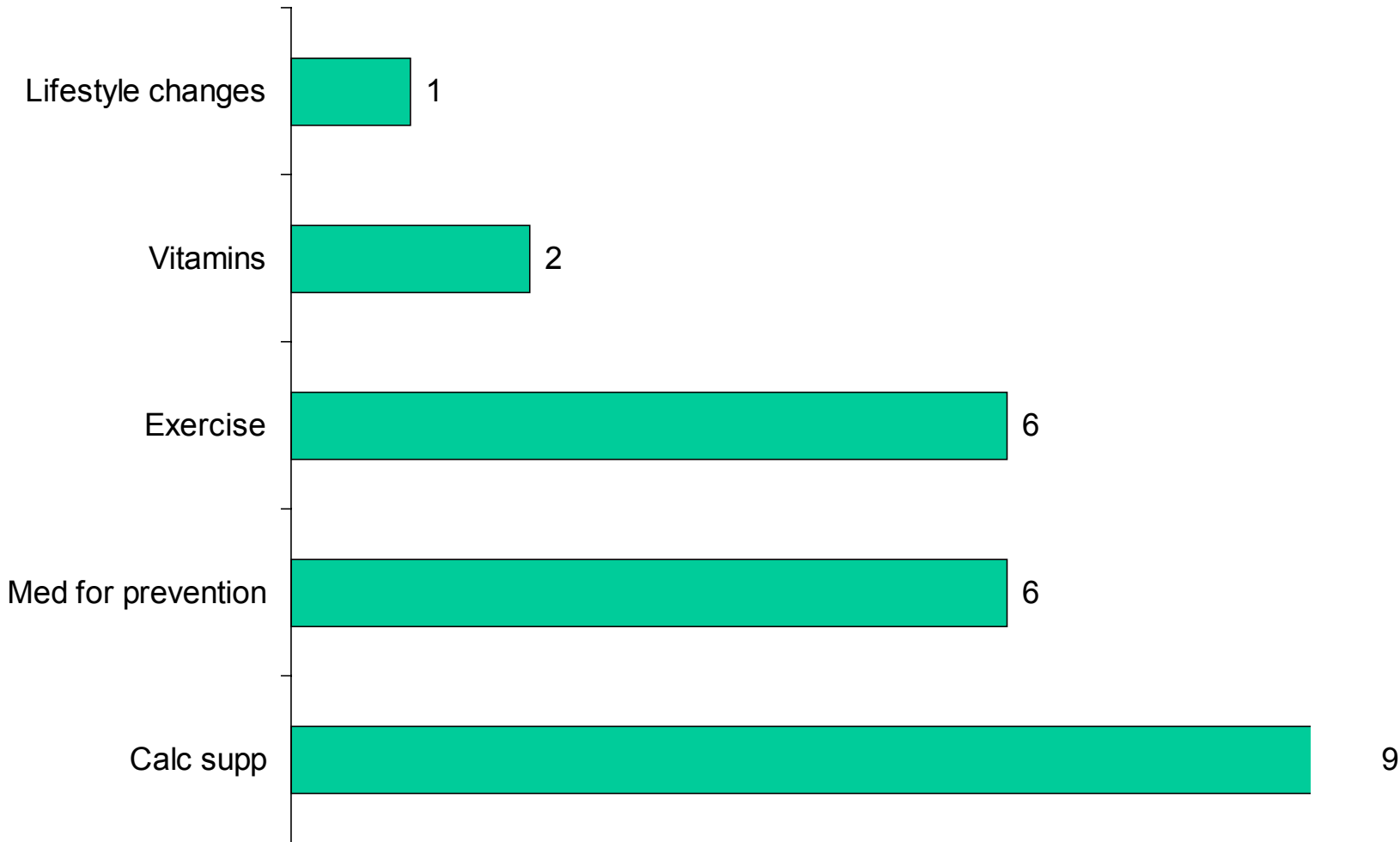
Base: Osteoporosis sufferers (n=16)

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



Base: Osteoporosis sufferers (n=16)

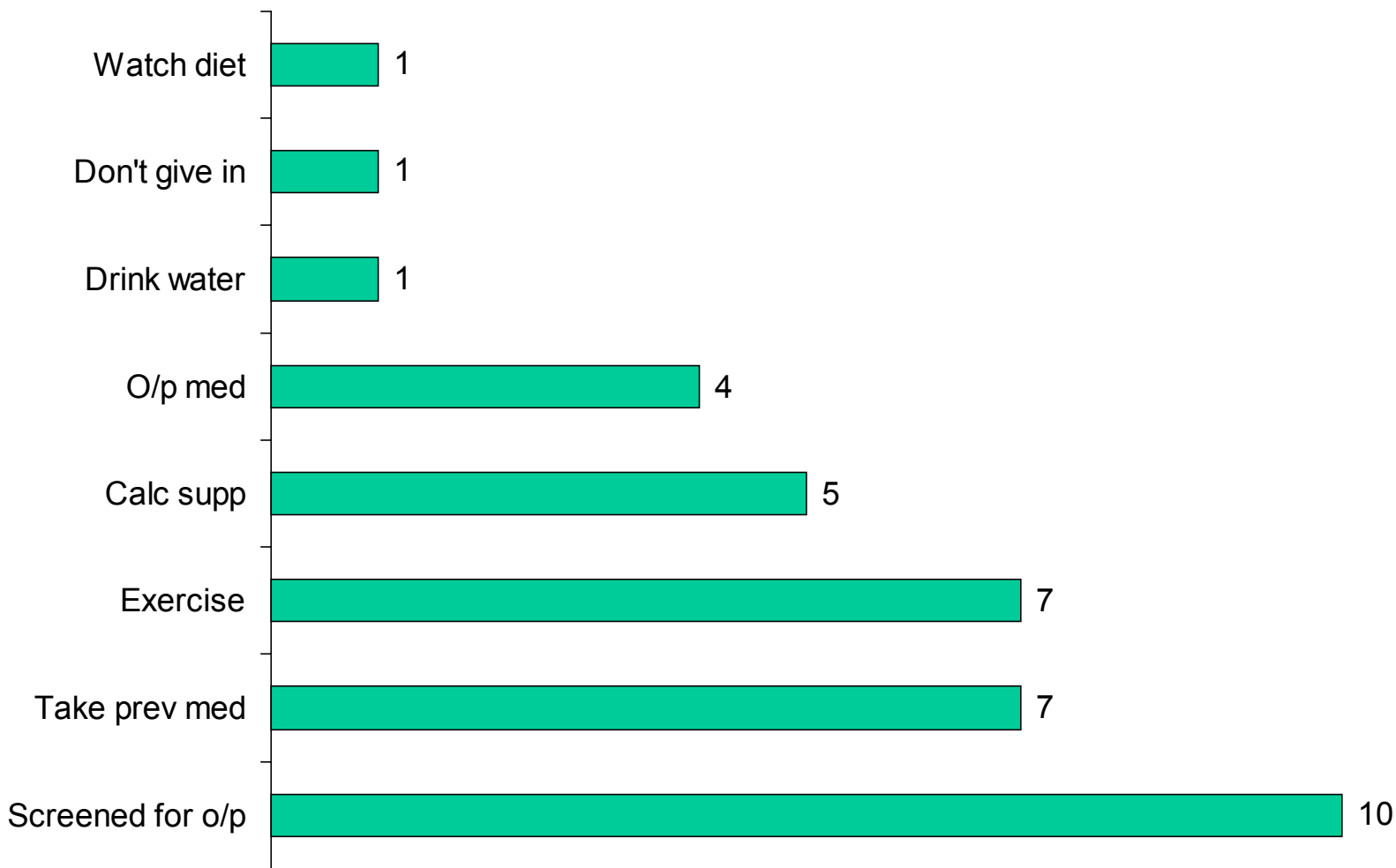
# Q.17a Precautions would have taken if knew were at risk



Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=13)

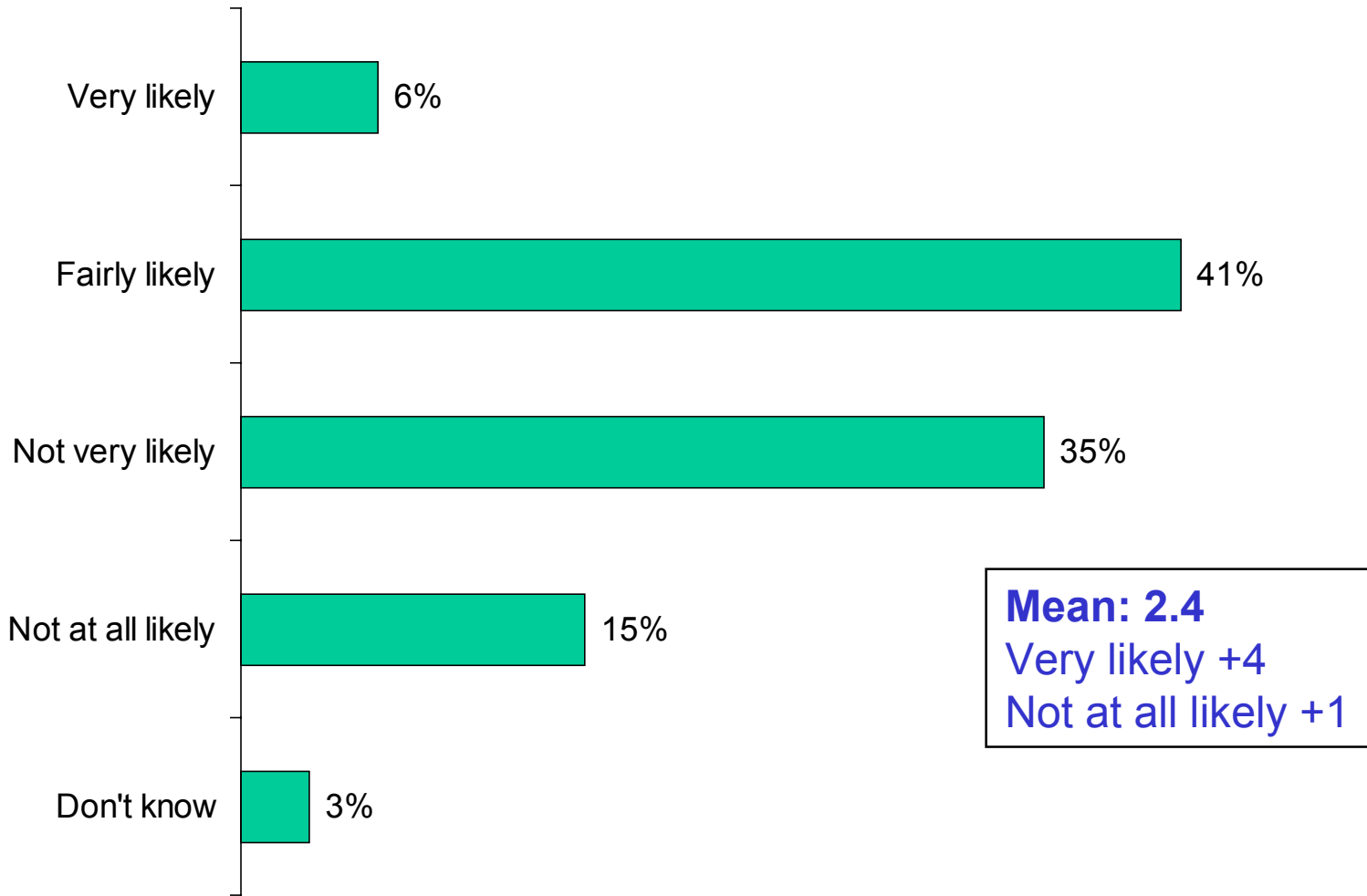


# Q.17b One thing sufferers would tell other women about osteoporosis



Base: Osteoporosis sufferers (n=16)

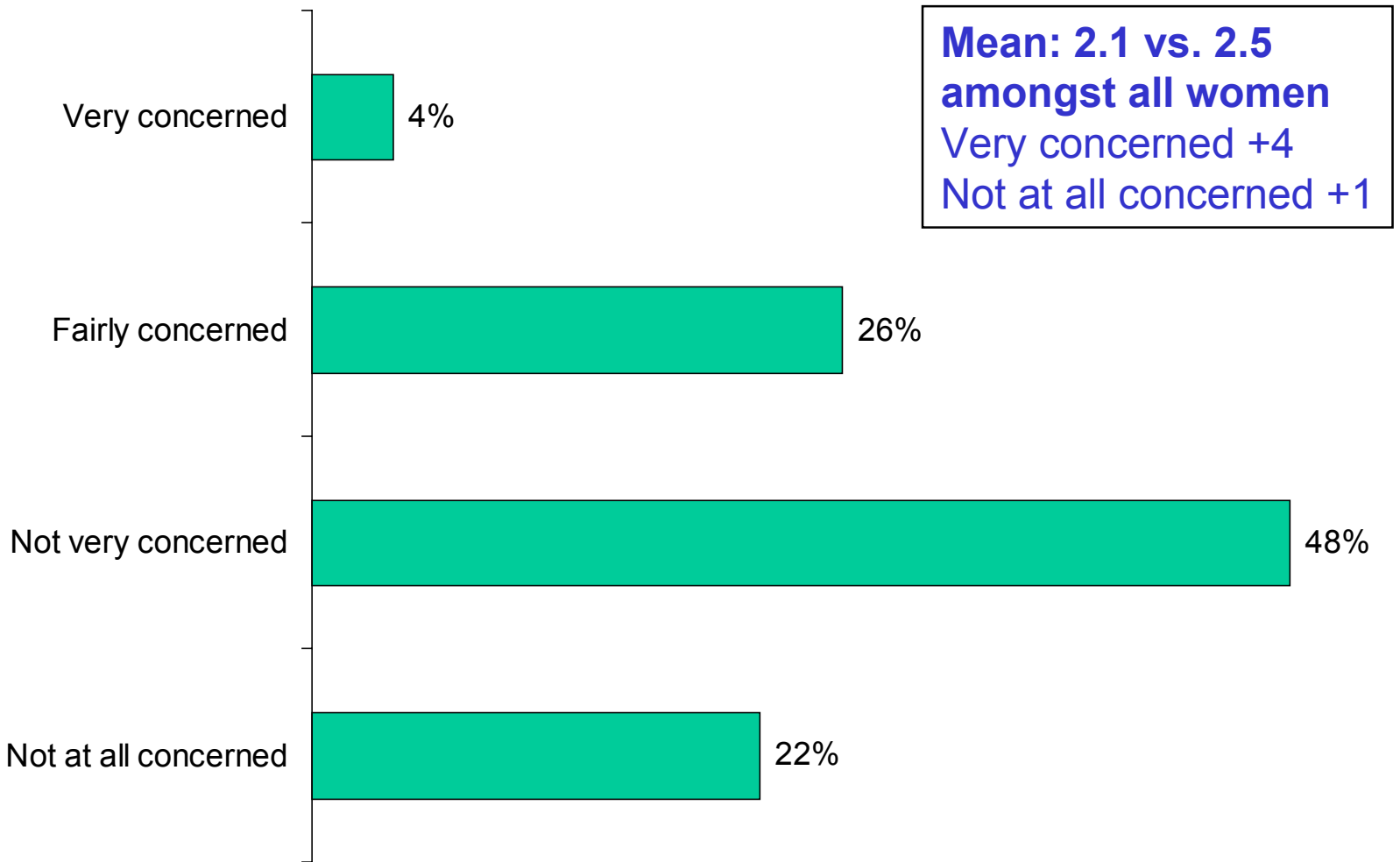
# Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=34)



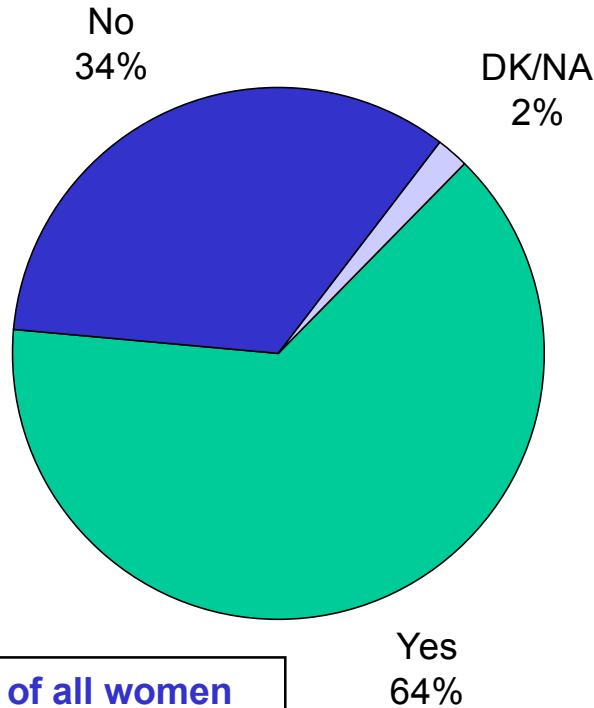
# Q.19 Degree of concern about long-term health risks of osteoporosis



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

# Whether discussed osteoporosis with doctor

## Q.20 Whether discussed osteoporosis with doctor



**44% of all women in survey said 'yes'**

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

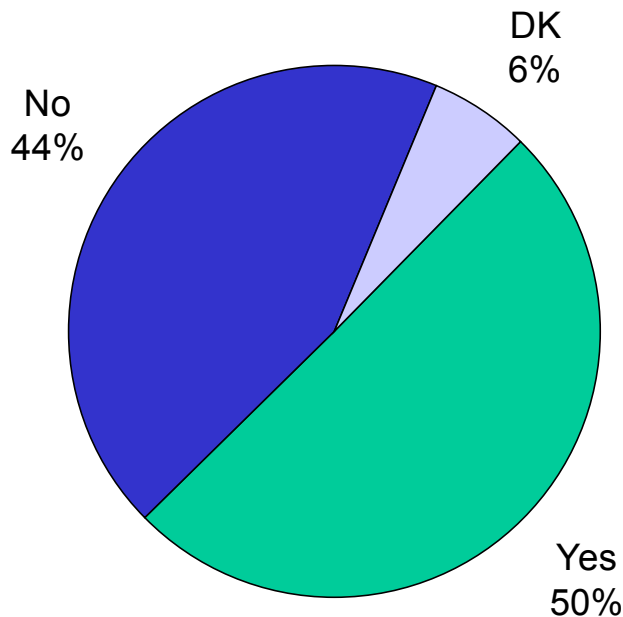
Reason	Percentage
Base	32
Read/heard about o/p	47%
Doctor initiated discussion	28%
Dr. init as post-menopausal	22%
Thought was at risk	19%
General check-up	6%
Already had fracture	3%
Felt was at risk of hip fracture	3%
Suffer from osteoporosis	3%
Don't know	3%

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



# Whether discussed long-term health risks of osteoporosis with doctor

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

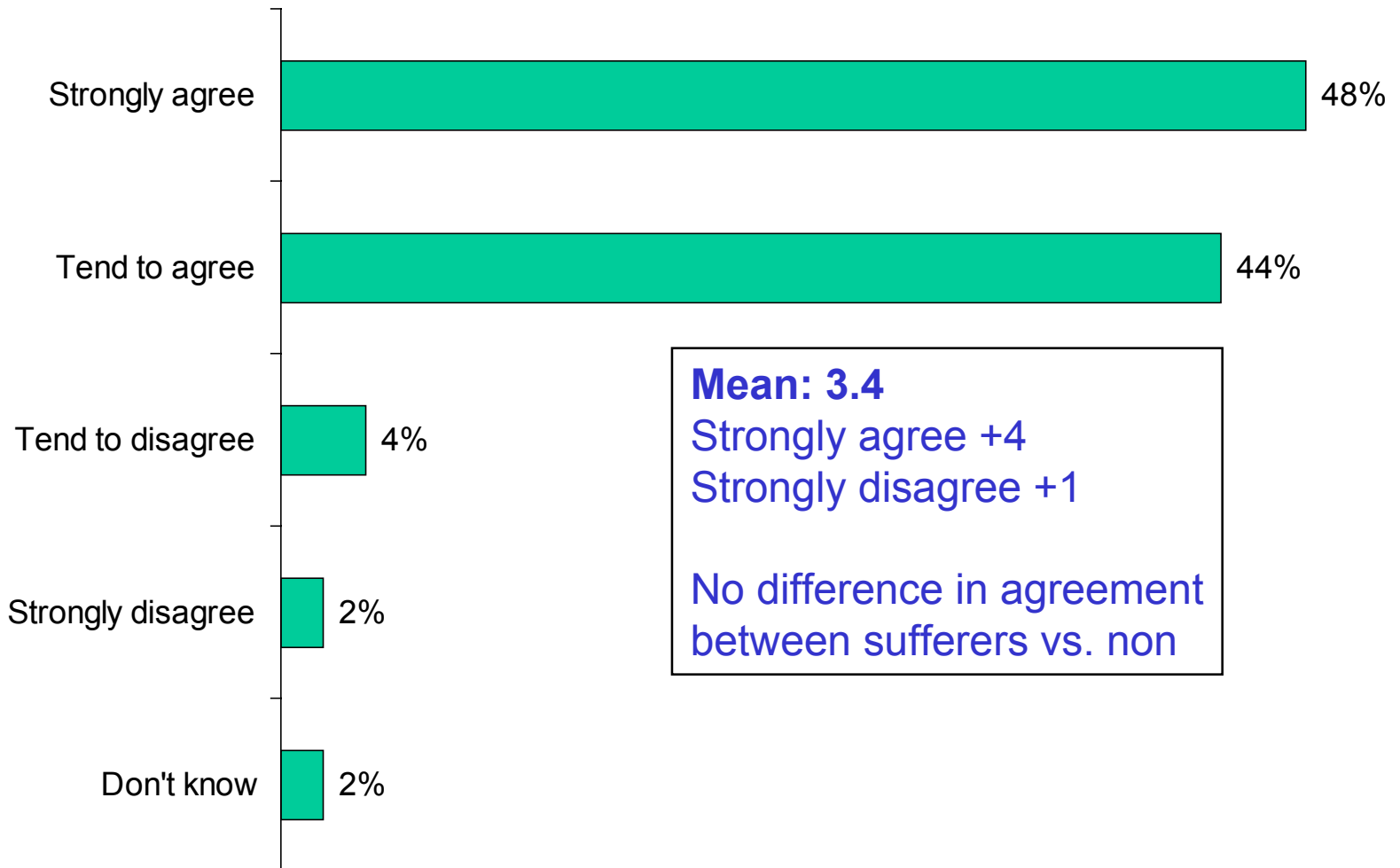


Base: Respondents who have discussed osteoporosis with their doctor (n=32)

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

<b>Base</b>	<b>16</b>
Doctor didn't raise it	8
Not really aware of o/p	4
Don't want to think about risks	2
Lack of time with doctor	1
Got too many other problems	1
Inevitable sign of ageing	1

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



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

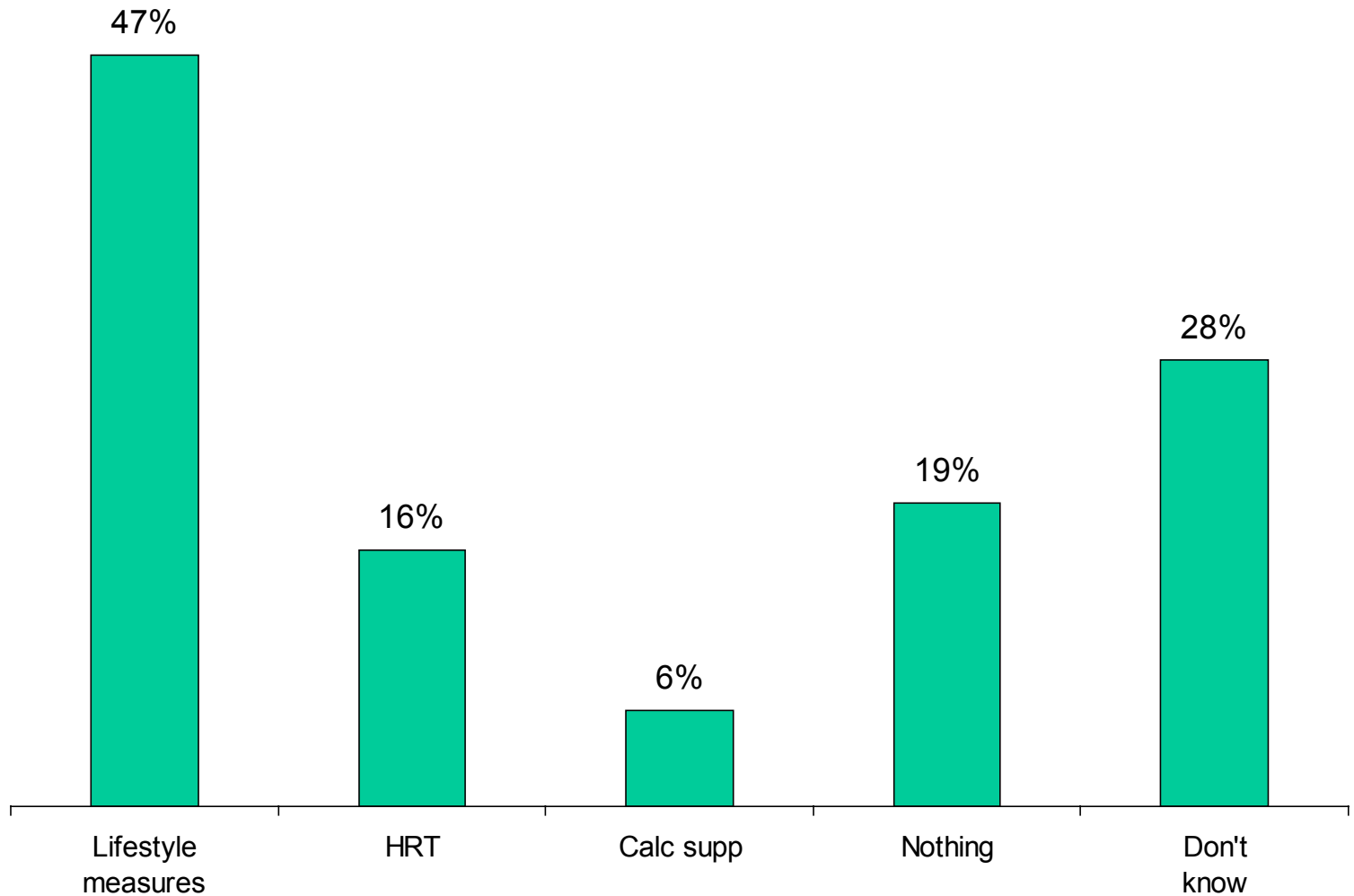
## Q.25 Best ways of preventing osteoporosis

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

	<b>46</b>
Vitamin D	65%
Healthy diet *	65%
Calcium supplements *	50%
Using specific osteoporosis treatment	11%
HRT	9%
Use phytoestrogens	7%
Reduce activity	7%
Don't know	11%

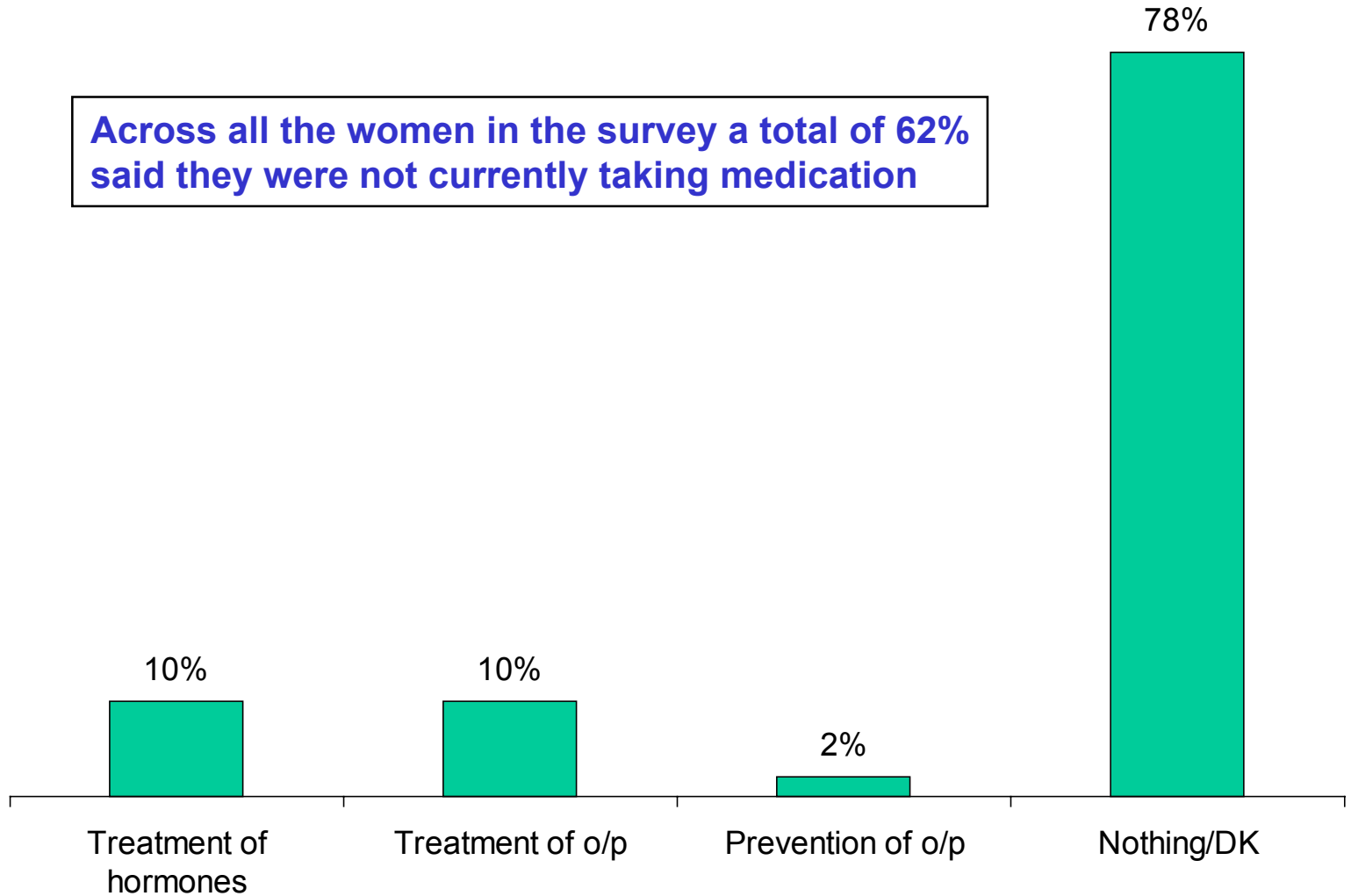
**\* Mentioned by 80% of women vs. average of 67% across all countries**

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



Base: Respondents who have discussed osteoporosis with their doctor (n=32)

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



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

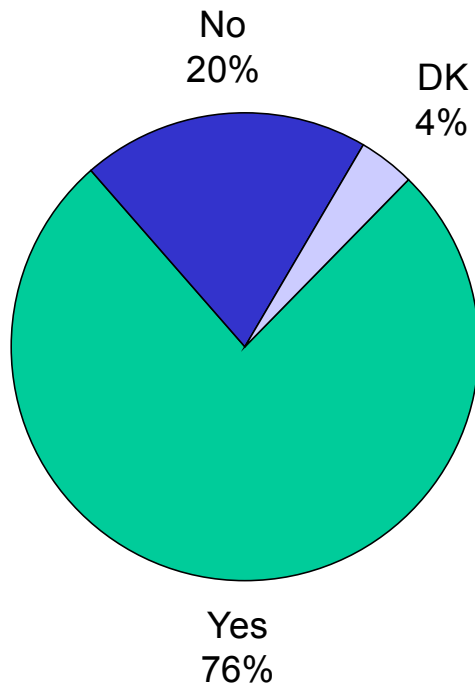
## Q.28 Why sufferers are currently not on medication



Base: All osteoporosis sufferers not currently on medication (n=11)

# Attitude towards long-term preventative therapy for osteoporosis

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



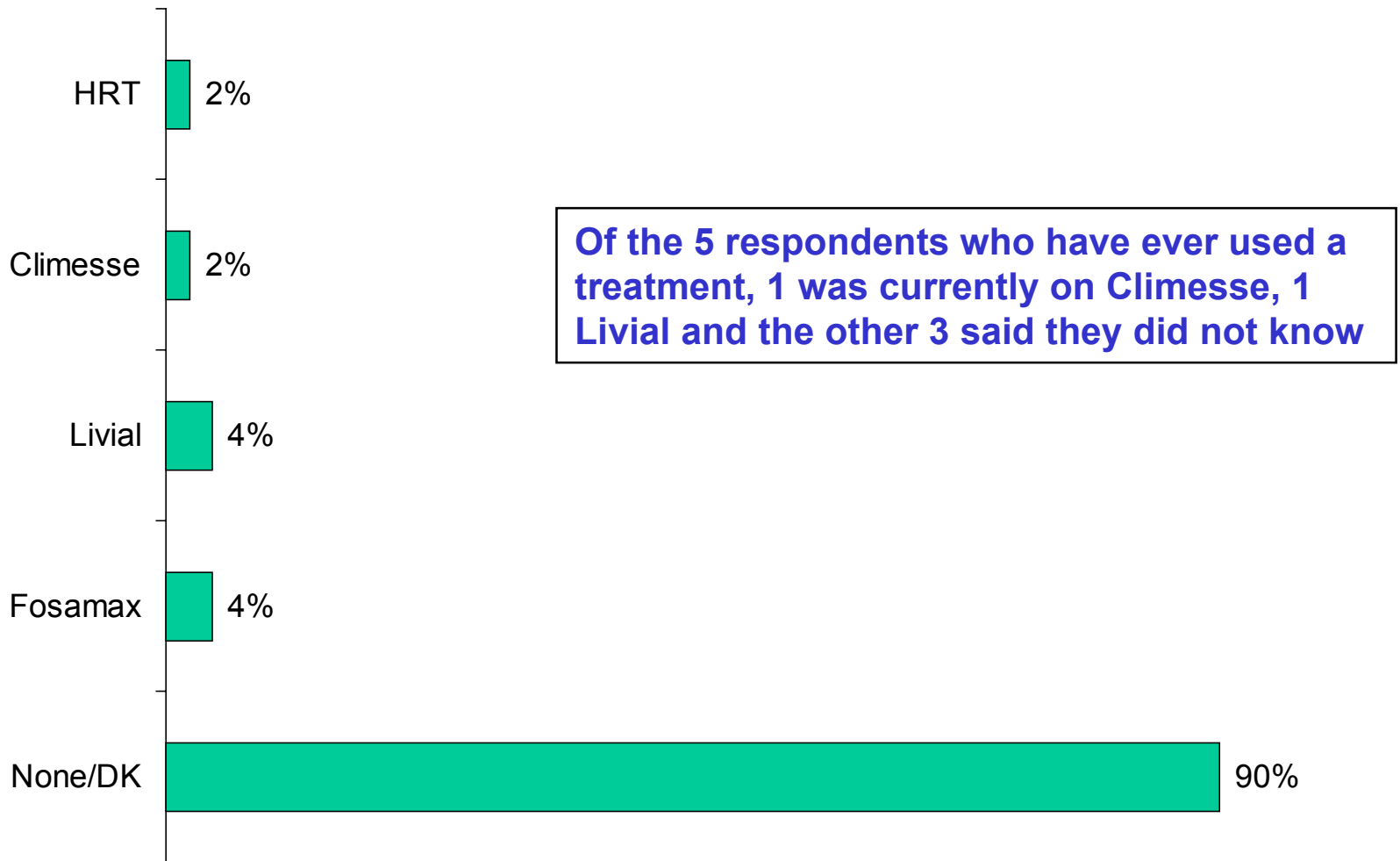
Base: Respondents not taking long-term prevention of osteoporosis (n=49)

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

**Base: Respondents on long-term prevention**

	<b>49</b>
Side effects	61%
If they didn't work	35%
Don't want to take l/t med	20%
Inconvenient to take	4%
Concerns over breast ca	4%
Concerns over risk of ca (nsf)	4%
Previous bad experience	2%
Nothing	6%

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



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

## Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	50
It is very important to effectively prevent osteoporosis	94%
Osteoporosis should be viewed as a serious condition	90%
It is very important to effectively prevent spinal fractures	90%
I would like to be/wish I had been screened for osteoporosis	82%
Getting fragile bones is part of the ageing process	76%
If I had a vertebral fracture I am sure I would know about it	68%
I am concerned about the l/t risk to my health of taking HRT	64%
Osteoporosis is not a life-threatening condition	64%
Drs generally have enough resources to effectively manage o./p	60%
If you can prevent/treat vertebral fracture you can prevent hip	58%
I feel I have enough information/knowledge on o/p	56%
A medicine that can treat a disease is generally more effective than one that can just prevent it	52%
I wish I had taken medication earlier to prevent o/p	46%
Drs in this country do not seem to take o/p seriously enough	42%

## Summary

## Summary

- v The average age of the women taking part in the survey was 59 of whom 32% were suffering from osteoporosis. This compares with an overall incidence of osteoporosis across all countries surveyed of 25%
- v On average the women had visited their GP 12 times in the last year, compared with an average of 6.5 visits across all countries
- v The women's main health concern was heart disease, mentioned by half of the respondents. A third of women said they were concerned about osteoporosis or cancer
- v In terms of the one main health concern women have, 4 out of 10 women cited this to be cancer, a quarter heart disease and <fifth osteoporosis

## Summary

- v Three-quarters of women said that they ate healthily to improve or maintain long term health. >half said they exercised and a third said drink lots of water
  - v In total a quarter of women said they used vitamins/supplements/medication to improve or maintain long term health
- v <half the women said they had been screened for osteoporosis – much higher than that reported across all countries (third)
- v The majority of women said they asked the doctor to be screened because they were at risk as post-menopausal, with no mentions of being recommended to by their doctor

## Summary

- v Of those who had not been screened <half were aware that there was a screening programme – higher than the average across all countries at a third
- v The key things women associate with osteoporosis are increased risk of further fractures (70%), long term pain (44%) and a third mentioning reduced quality of life.
- v A fifth of women suspected they were suffering from osteoporosis prior to diagnosis.
- v Two-thirds of sufferers said that the disease had a major impact on the quality of their life, with the main impact being the fact that they cannot lift heavy weights or suffer back pain

## Summary

- v A fifth of the osteoporosis sufferers said they knew they were at risk of the disease prior to diagnosis
- v 9 of the 13 women said they would have taken calcium supplements if they had known they were at risk of osteoporosis, with a further 6 women saying they would have taken medication for prevention
- v 10 of the 16 women sufferers said they would suggest to other women that they should be screened and 7 of the 16 said they would recommend that they went on preventative medication or exercise. Only 4 women said they would recommend they take specific osteoporosis medication
- v <half the women said they felt they were likely to develop osteoporosis in the future and <third of women were concerned about the long term health risks of the disease

## Summary

- v Two thirds of the women had discussed osteoporosis with a doctor (cf average of 44% across all countries)
- v Of those that had discussed osteoporosis with a doctor, <half had read/heard about it and <third said the doctor had initiated the discussion and >one fifth the Dr had initiated the discussion as they were post menopausal
- v Half the women who had discussed the disease with a doctor went on to discuss the long term health risks
- v 92% of the women believed that osteoporosis can be prevented, with the best way of preventing being Vitamin D or a healthy diet (both two thirds) In total 80% mentioned some form of dietary improvement/calcium supplement compared with an average of 67% across all countries

## Summary

- v Of the women who have discussed osteoporosis with a doctor <half could not remember discussing therapy options.
- v In total three quarters of postmenopausal women were not currently taking medication for osteoporosis/hormonal problems, with only 10% on treatment and 2% on prevention of
- v 76% of women would consider taking long term preventative therapy if recommended by their doctor, with side effects being the main concern that they would have (<two thirds)

# Summary

- v 9 out of 10 women believed it was important to effectively prevent osteoporosis, that osteoporosis should be viewed as a serious decision and it is important to prevent spinal fractures
- v 8 out of 10 wish they had been/would like to be screened for osteoporosis
- v Three-quarters agreed that fragile bones are an inevitable part of the ageing process
- v 7 out of 10 felt they would know if they had a vertebral fracture
- v Two-thirds of women said they were concerned about the long term health risks of taking HRT
- v 3 out of 10 women said that osteoporosis was a life-threatening condition
- v 4 out of 10 women did not feel that doctors have enough resources to effectively manage osteoporosis

## Summary

- v 4 out of 10 women do not feel they have enough information on the disease
- v 5 out of 10 women wished they had taken medication earlier to prevent osteoporosis
- v 6 out of 10 women do not feel that doctors take osteoporosis seriously enough

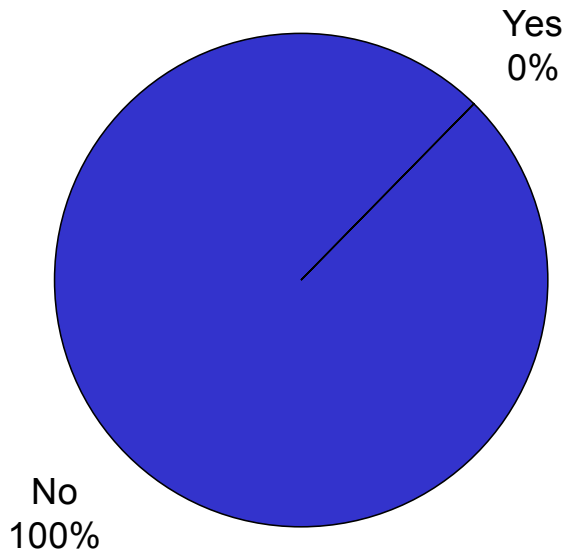
# “PR” Research Italy GPs

*Prepared for:*

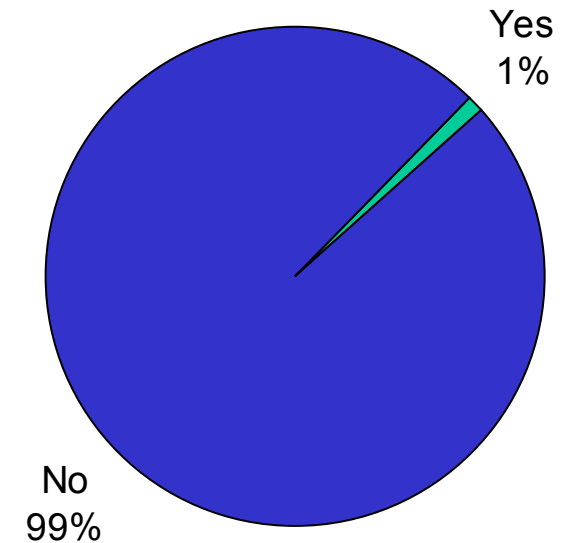
*Cohn & Wolfe*

# Clinics held in surgery

Menopause Clinic



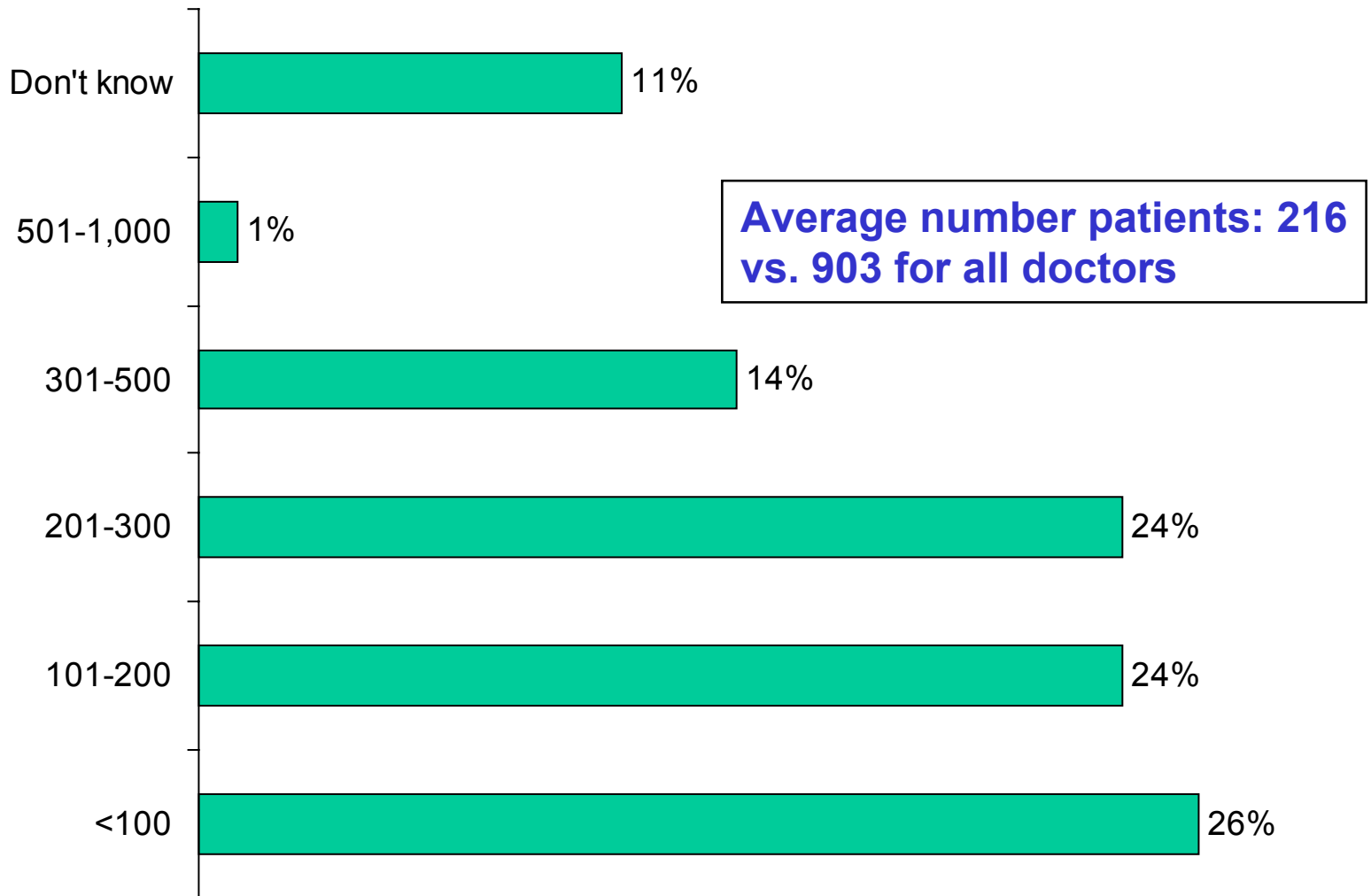
Osteoporosis Clinic



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

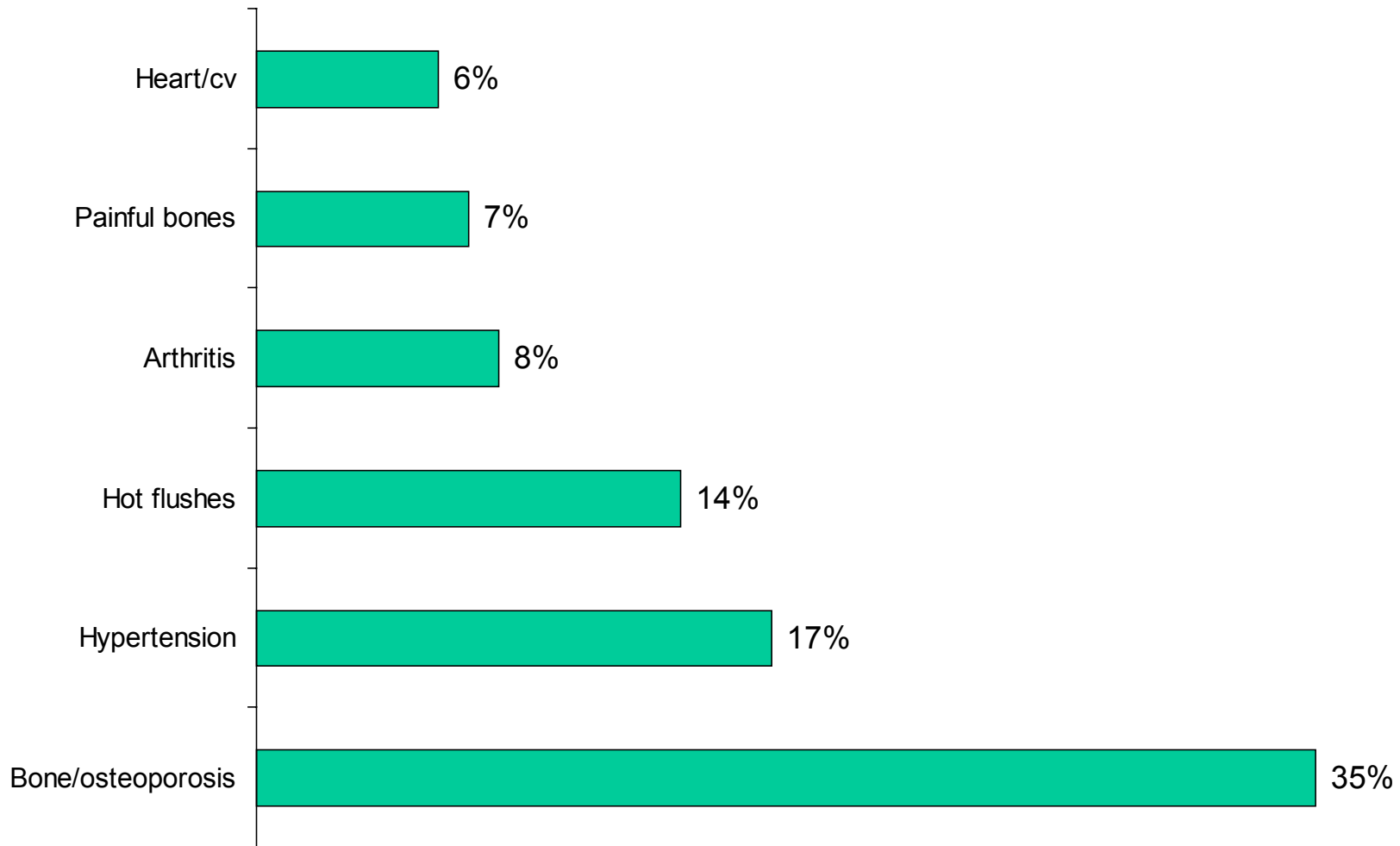
Base: GPs aged <65 (n=100)

# Q.3 Number post-menopausal women in practice



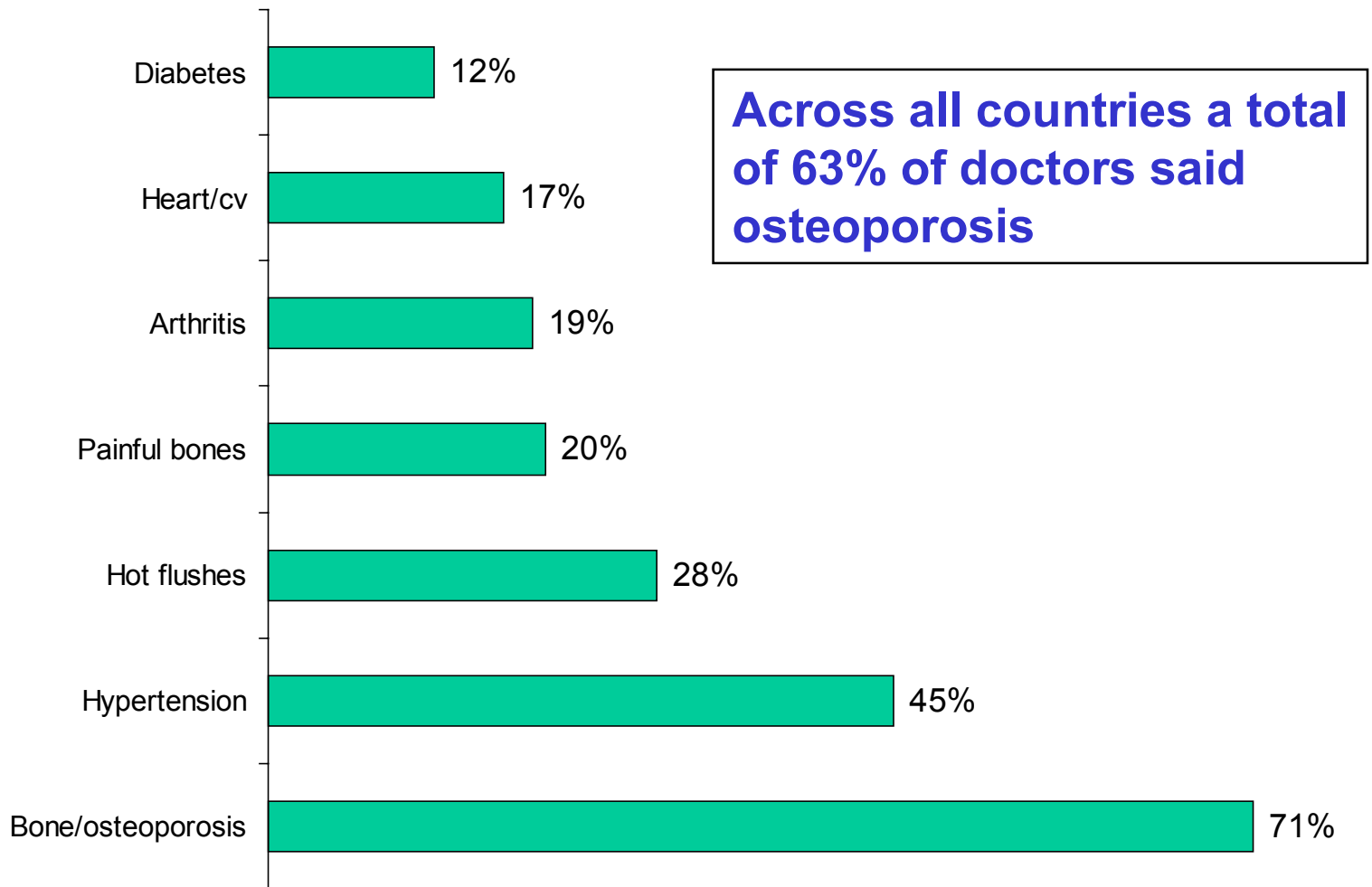
Base: GPs aged <65 (n=100)

# Q.4 Key health concern discussed

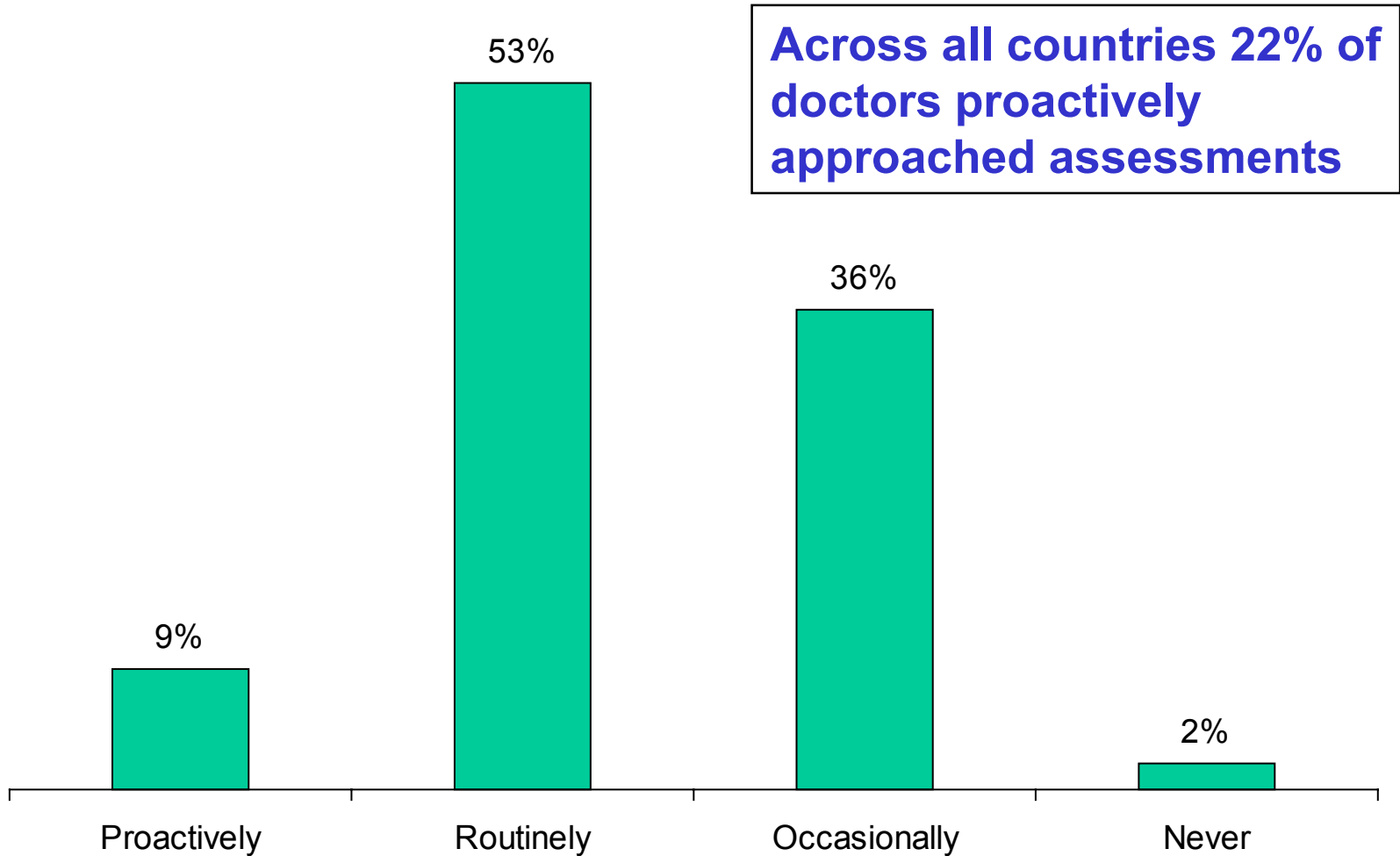


Base: GPs aged <65 (n=100)

# Q.4/5 Total mentions of health concern



# Q.6 Approach to health risk assessment



Base: GPs aged <65 (n=100)

## Q.7 Limiters on health status reviews

<b>Base: All GPs</b>	<b>100</b>
Patients don't request this	26%
Lack of time	18%
Lack of knowledge	11%
Reimbursement/lack of funding	10%
Don't have the facilities	9%
That's the role of the patient	9%
Not a priority	3%
Nothing	4%
Don't know	12%

Other specify responses to be added

# Q.8a Definition of treatment

<b>Base: All GPs</b>	<b>100</b>
Starting medication when woman is at risk	53%
Starting medication when woman has developed o/p	15%
Stopping bone loss	5%
Starting medication when woman has first fracture	2%
Radiological evidence	2%
Starting medication when a women has experienced 1st fracture	2%

## Q.8b Definition of prevention

<b>Base: All GPs</b>	<b>100</b>
Starting medication before the woman is at risk	42%
Advising women on how to make lifestyle adjustments	27%
Screening patients when they reach the menopause	10%
Starting medication when a woman is at risk but has not yet suffered from a fracture	9%
Don't know	1%

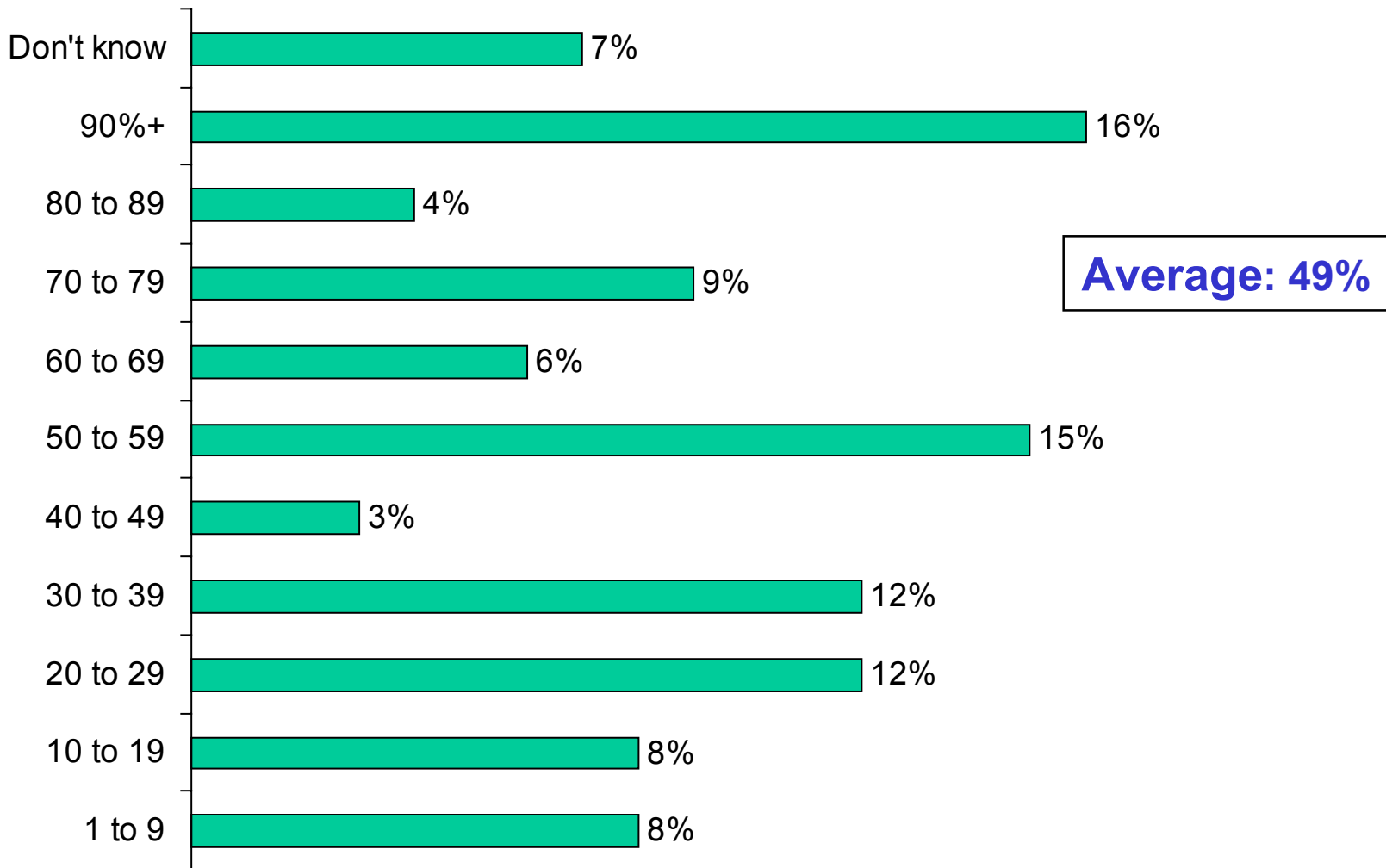
**Across all doctors surveyed 45% said lifestyle adjustments and 33% before the woman is at risk**

## Q.9 Most negative effects of osteoporosis

<b>Base: All GPs</b>	<b>100</b>
Fracture/breaking a bone	70%
Pain	37%
Debilitation	8%
Curvature of spine	5%
Lack of independence	2%
Effect on lifestyle	2%
Loss of bone mass	2%

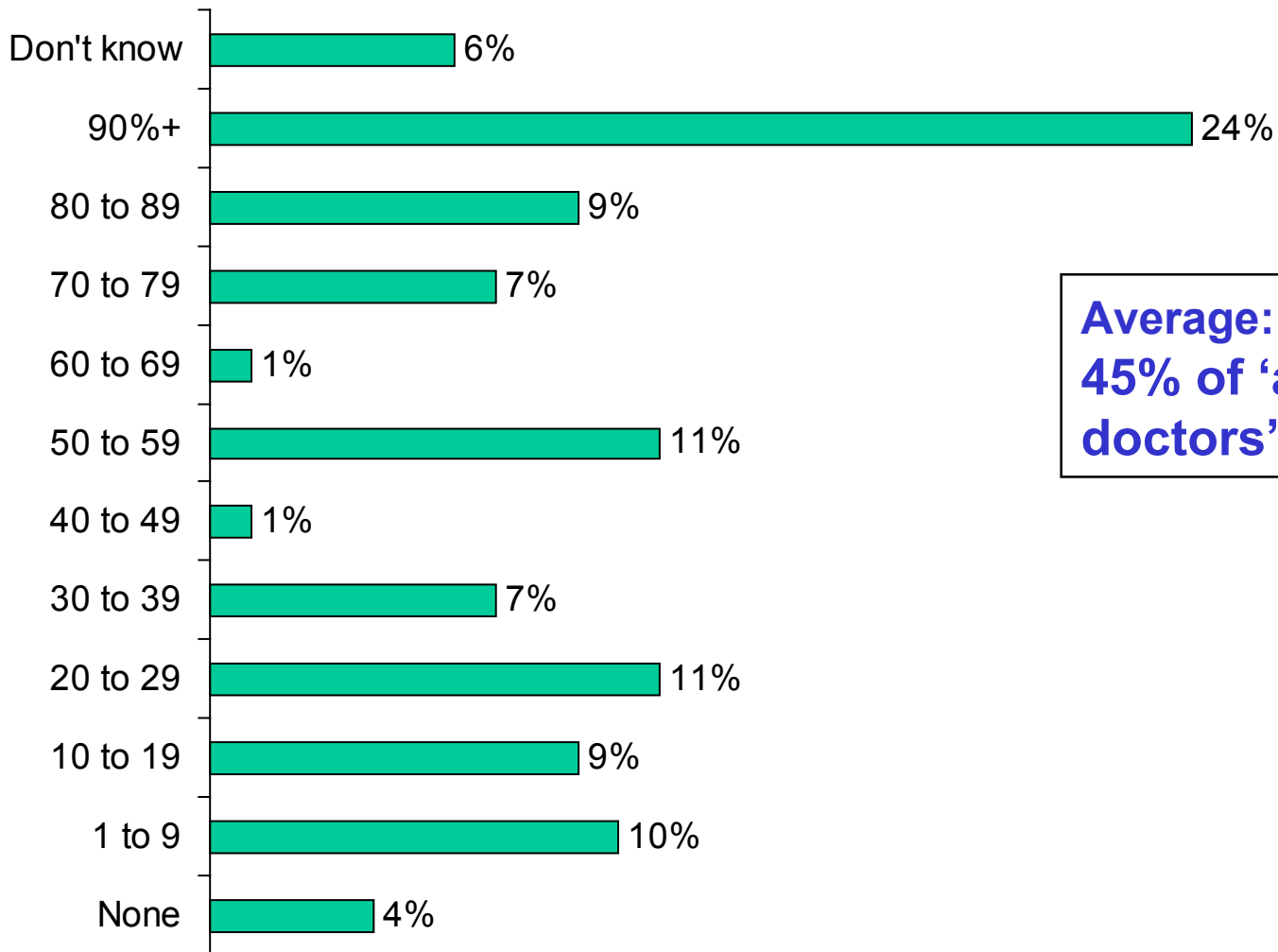
Other responses mentioned on individual basis

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



Base: GPs aged <65 (n=100)

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



**Average: 52% vs. 45% of 'all doctors'**

Base: GPs aged <65 (n=100)

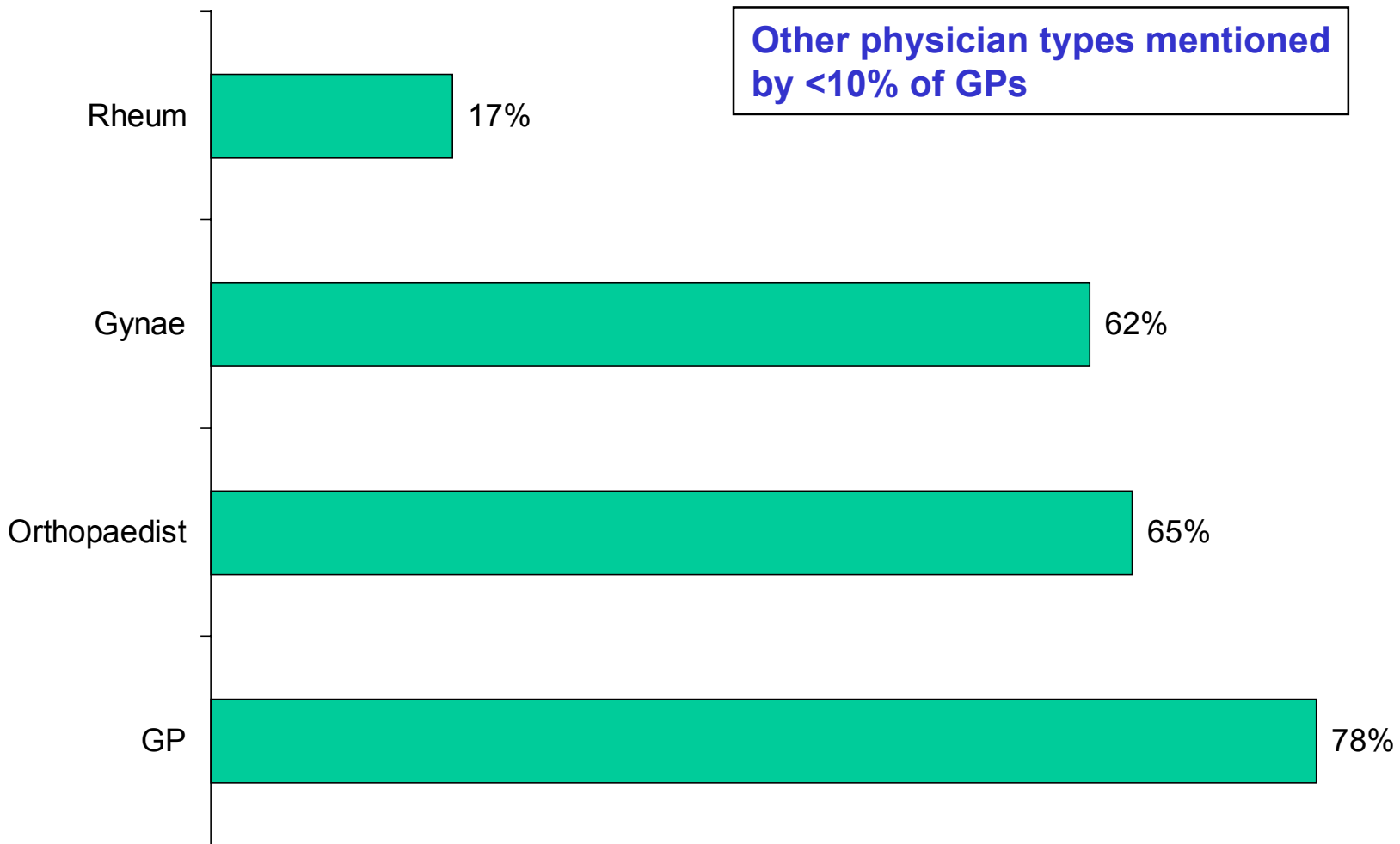
# Q.12a Inhibitors of rxing medication for prevention

<b>Base: All GPs</b>	<b>100</b>
None	36%
Cost	25%
Women are not good at complying with preventative medicine	18%
Side effects	10%
Other points mentioned by <5% of GPs	

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

Base: All GPs	100
Cost: Unable to prescribe unless patient suffers fracture	35%
Patients lack of understanding of l/t health risks	25%
Patients unwillingness to take l/t medication	9%
Patients concern about side effects	6%
Patients lack of knowledge of therapy options	6%
Patients lack of concern about l/t health risks	3%
Patient education	5%
Compliance	3%
Patients lack of concern about l/t health risks	3%
Shortage of time for discussions	3%
None	15%

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

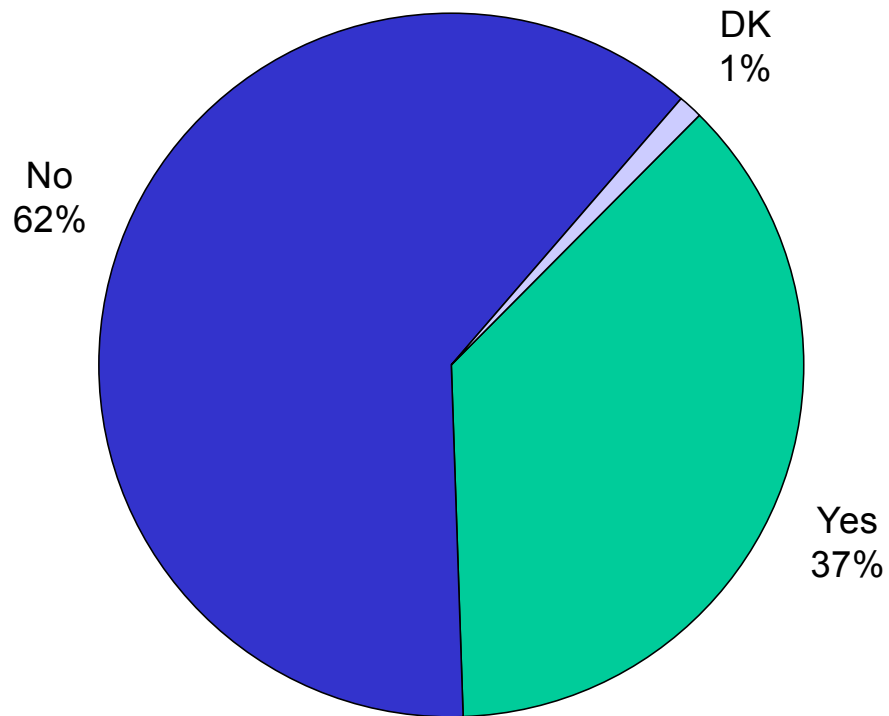


Base: All GPs (n=100)

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

<b>Base: All GPs</b>	<b>100</b>
Cost	41%
Seriousness of condition	21%
Compliance	20%
Side effects	10%
Effectiveness	9%
Well tolerated	8%
Patients Age	7%

# Q.21 Whether women consult at early enough stage



Base: All GPs (n=100)

# Q.22 Most important feature of osteoporosis product

<b>Base: All GPs</b>	<b>100</b>
Effective	33%
Increases BMD	20%
Tolerability	11%
Reduces bone turnover	7%
Stops fractures	6%
Cost effective	6%
Prevents Pain	5%
Prevention of further fractures	4%
Reduces calcium loss	4%
Convenient to take	2%
Has no long term safety risks	2%

# Q.22/23 Important feature of osteoporosis product

Base: All GPs	100
Efficacy *	44%
Tolerability ^	43%
Increases BMD *	32%
Cost effective	17%
Convenient to take ^	16%
Prevents Pain	13%
Reduces bone turnover *	8%
Stops fractures *	8%
Prevention of further fractures *	7%
Has no GI side effects ^	6%
Reduce Calcium loss *	5%

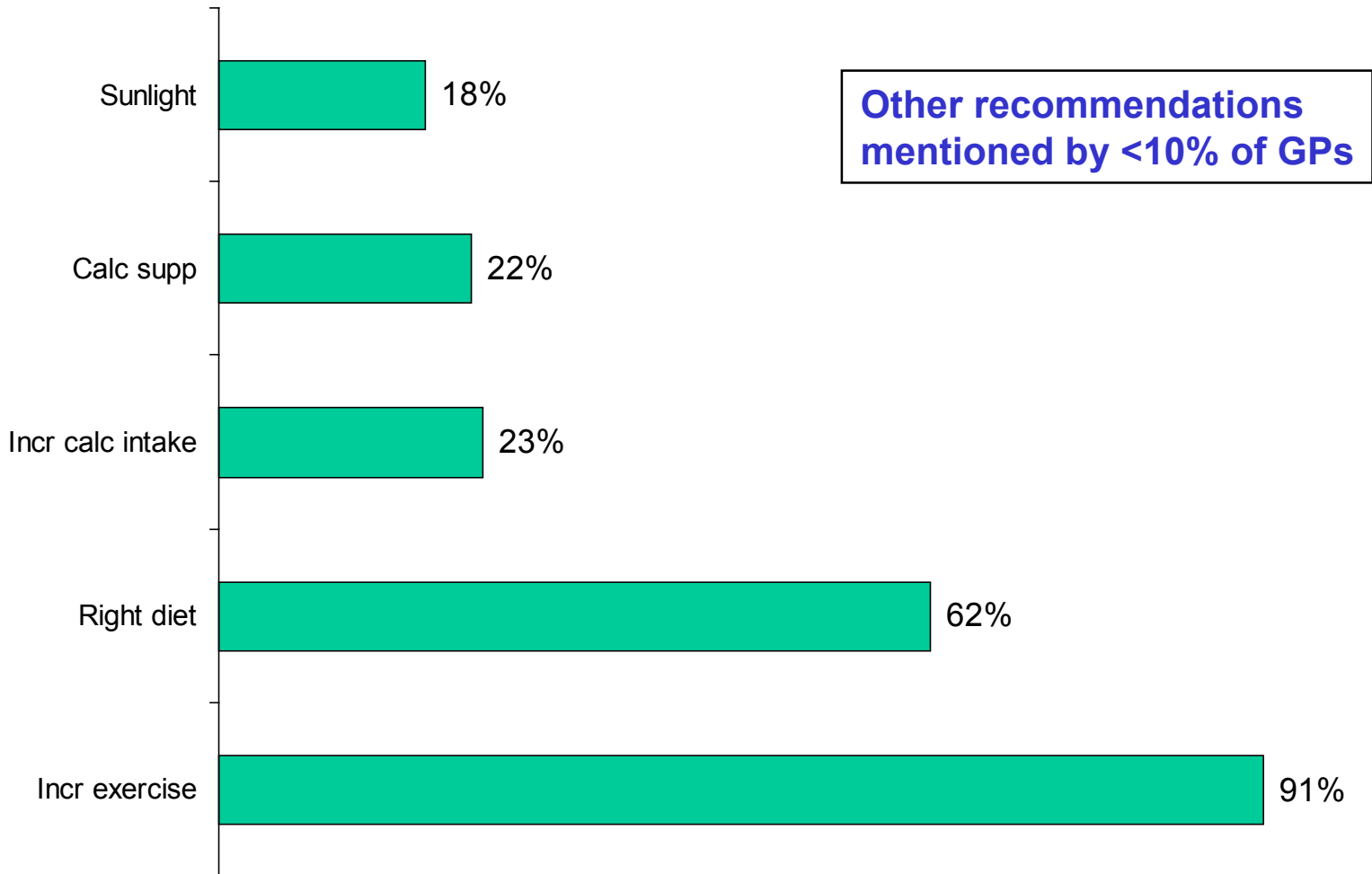
\* Mentioned by 86% of GPs vs. aver 78% across all countries

^ Mentioned by 54% of GPs

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

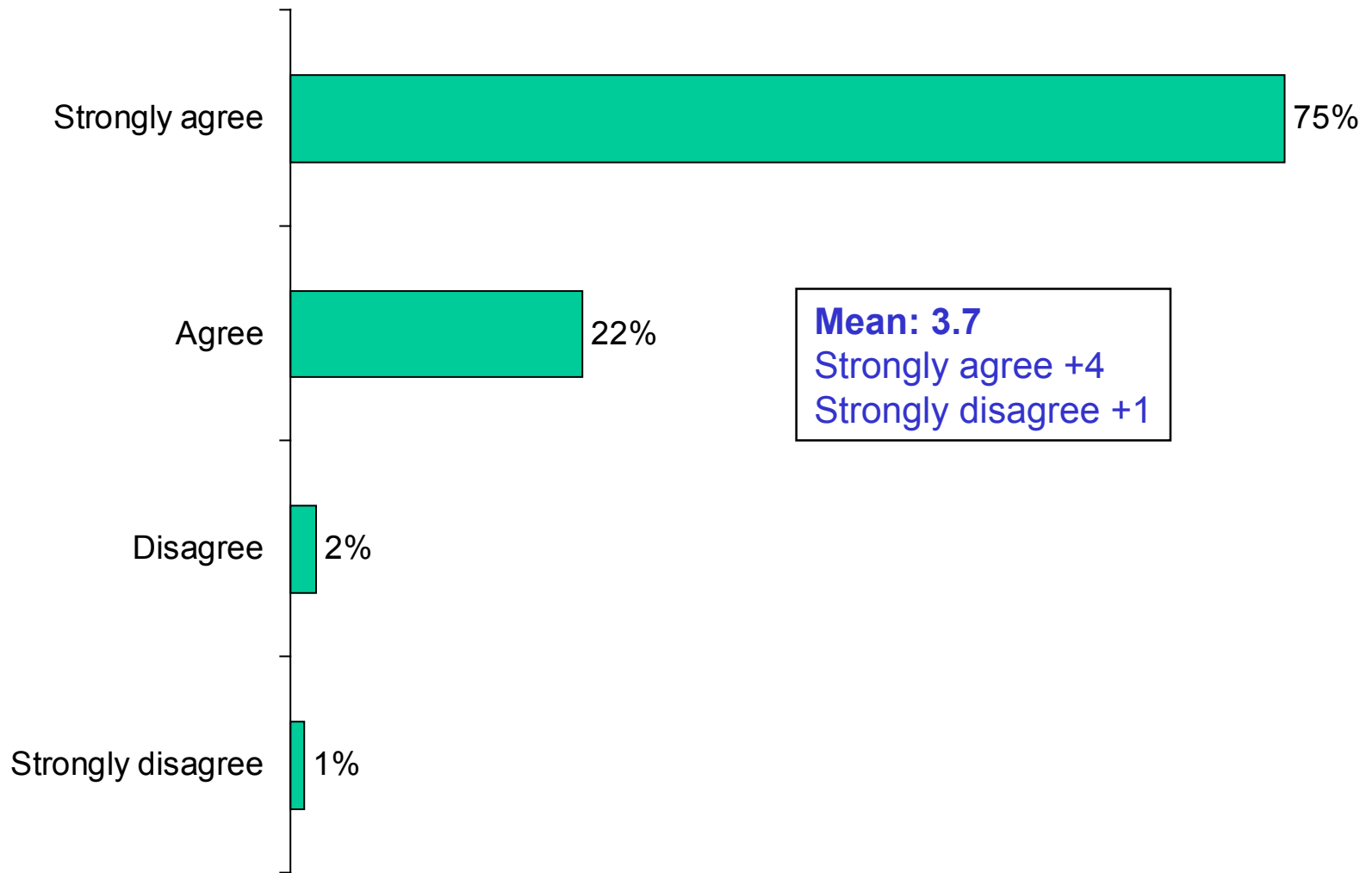
<b>Base: All GPs</b>	<b>100</b>
Women with vertebral fracture	98%
Women at high risk of vertebral fracture	95%
Women going through early menopause	92%
Women with family history of osteoporosis	91%
Women at high risk of hip fracture	90%
Women with history of hip fracture	89%
Asymptomatic postmenopausal women	71%
Peri-menopausal women	47%
Women at risk from developing cardiac problems	33%
Women at risk from developing breast problems	27%

# Q.25 Therapy/lifestyle recommendations suggest to women



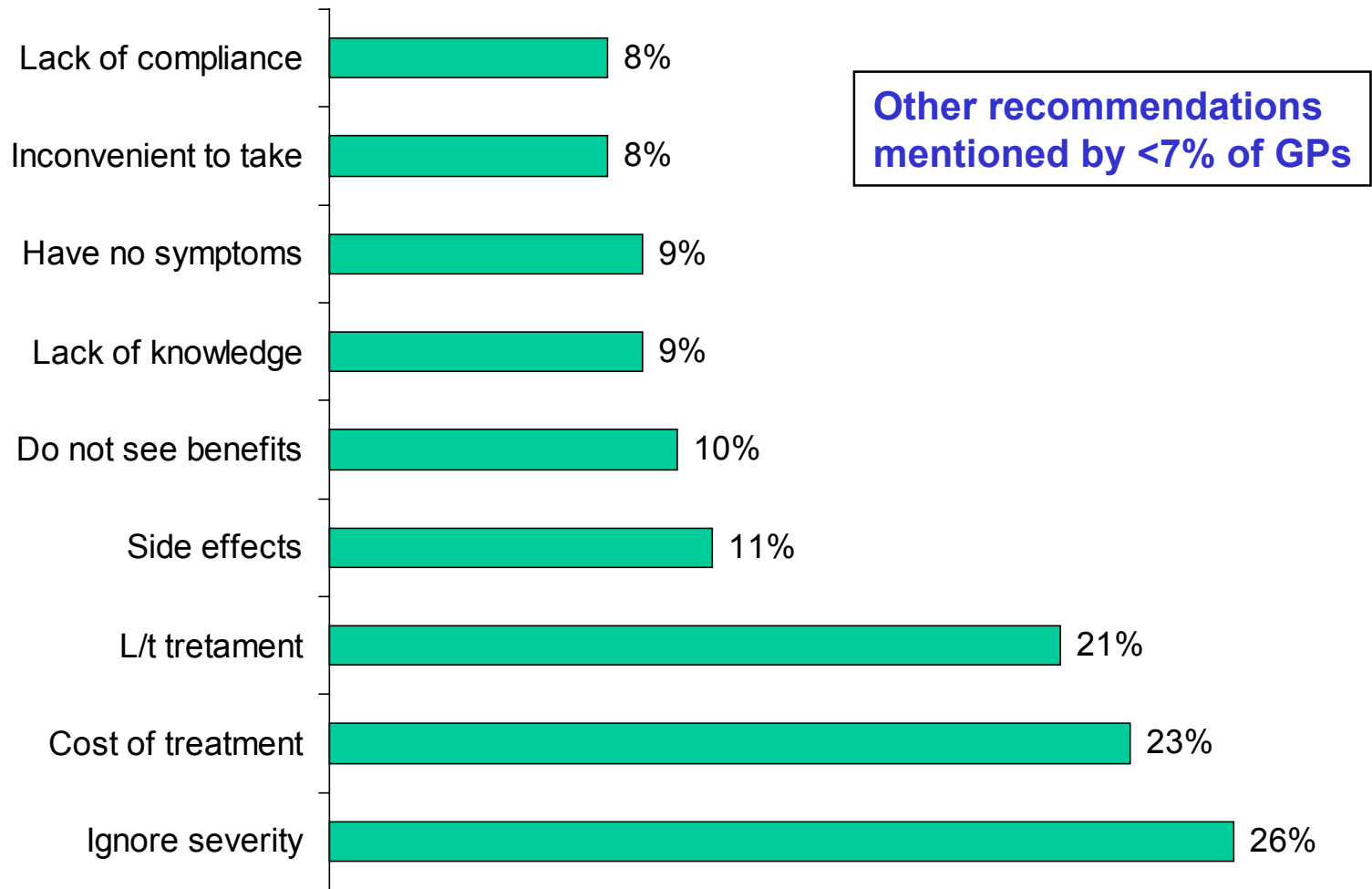
Base: All GPs (n=100)

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



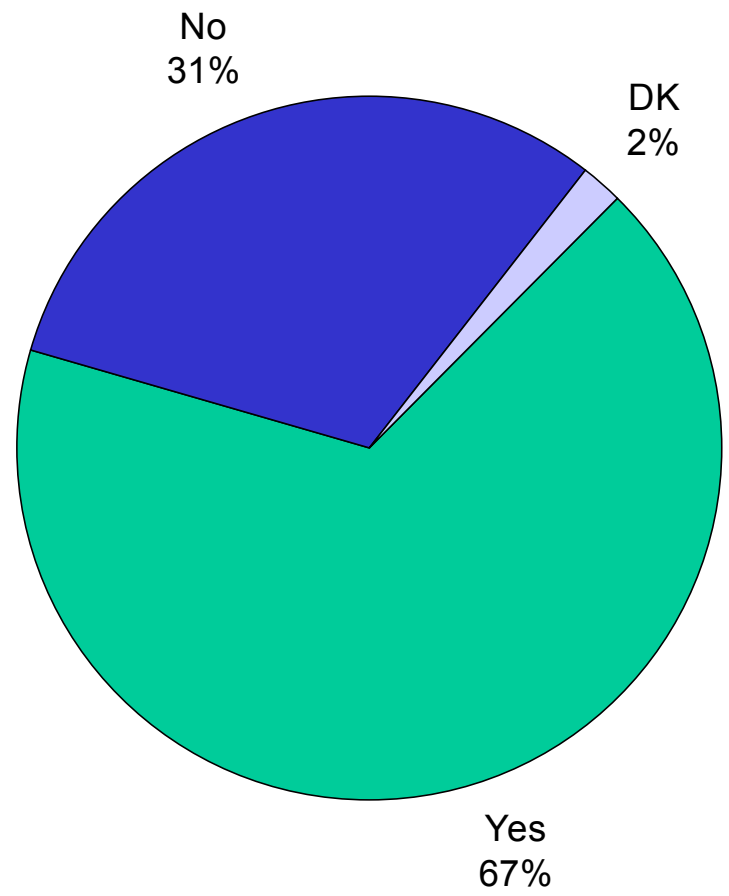
Base: All GPs (n=100)

## Q.27 Reasons for non-compliance



Base: All GPs (n=100)

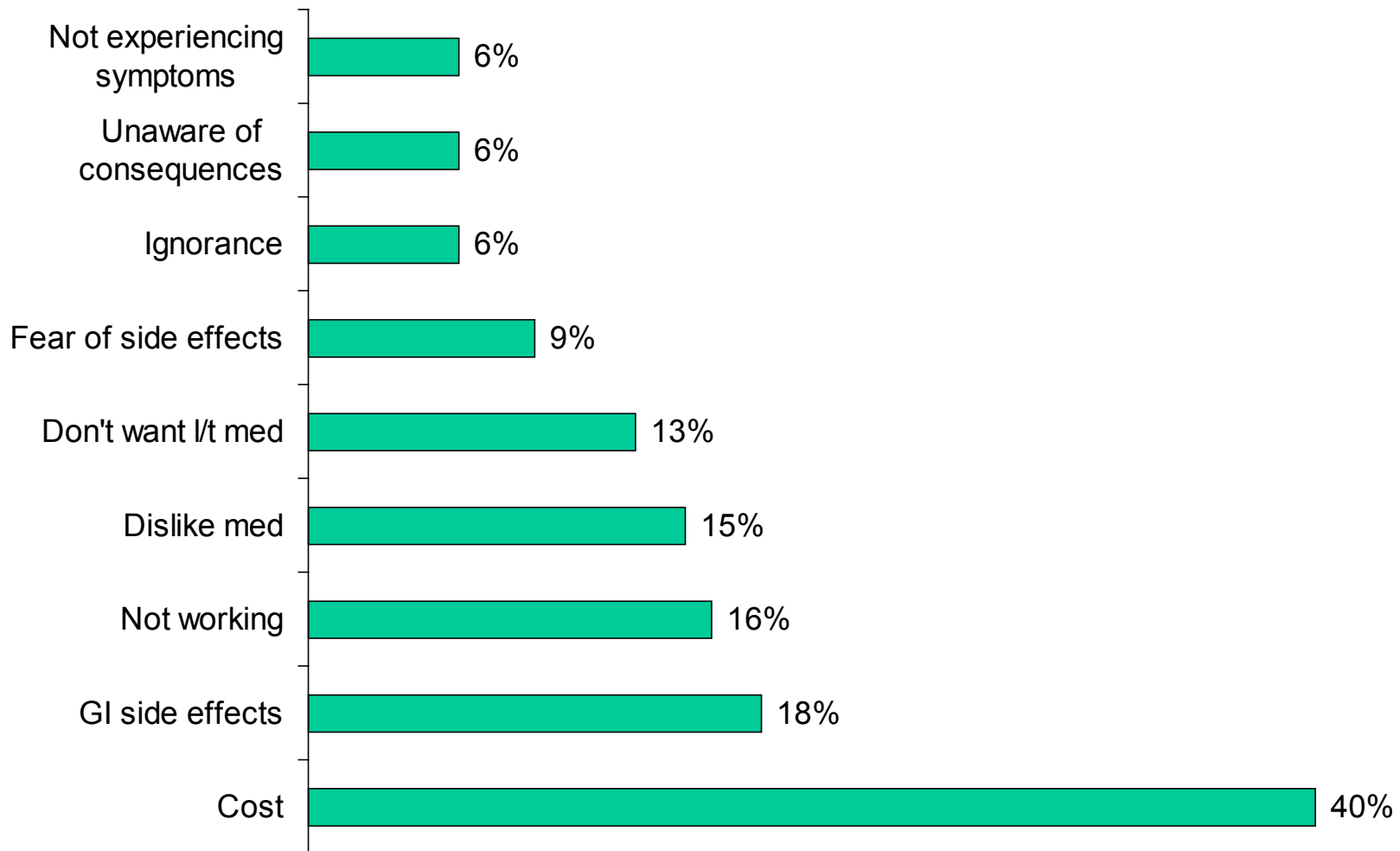
# Q.28 Whether patient has refused recommended o/p treatment



Base: All GPs (n=100)



# Q.29 Reasons why patients refuse treatment



Base: Doctors whose patients have refused recommended medication (n=67)

## Q.30 Agreement with statements

Base: All GPs	100
The main aim of o/p management is to prevent fractures	99%
Our goal should be to prevent women suffering first fracture	98%
Osteoporosis fractures are a maj. clinical problem	97%
The screening programme for osteoporosis could be improved	96%
Osteoporosis should be viewed as a serious condition	95%
If you can prevent vert. fractures you can stop secondary frac.	90%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	73%
Bone fragility is an inevitable factor in growing old	71%
A medicine that can treat a disease is generally more effective than one that can just prevent	45%
The screening programme for o/p is sufficiently w/spread	23%
The screening programme for o/p is sufficiently funded	5%

## Summary

- v None of the GPs held menopause clinics in their surgery (vs. average of 23% across all countries surveyed) and only one doctor ran an osteoporosis clinic (vs. average of 20%)
- v On average the GPs estimated they had 216 postmenopausal women in their practice. This compares to an average across all countries of 903
- v The one key health concern the doctors have for their postmenopausal women is osteoporosis (one third), with the next most frequently mentioned main concern being hypertension (<fifth)
- v When looking at all health concerns for postmenopausal women, almost three-quarters stated osteoporosis, <half hypertension and >quarter hot flushes

## Summary

- v Two-thirds of GPs said they either proactively or routinely conduct health risk assessments
- v Lack of patient request for health status reviews was mentioned by a quarter of doctors in terms of things which limit the number of reviews conducted. <fifth said lack of time limited them.
- v >half of GPs defined ‘treatment’ as starting medication when a woman is at risk
- v >two-fifths of GPs defined ‘prevention’ as starting medication before a woman is at risk. A quarter defined it as advising women on lifestyle changes. Only a tenth of GPs defined it as screening patients when they reach the menopause

## Summary

- v Over two-thirds of GPs felt that the most negative effect of osteoporosis was fractures, followed by pain (>third)
- v On average the GPs estimated that 49% of their postmenopausal women would be receiving medication for 'treatment' and 52% for 'prevention', slightly higher than the average across all countries at 45% of patients on prevention
- v A third of GPs felt that there was nothing inhibiting them from rxing medication for the prevention of osteoporosis, with a quarter stating cost of treatment inhibits them a fifth lack of compliance amongst women
- v A third of GPs felt that the biggest challenge they face when treating preventatively after the menopause was cost as they are unable to rx unless the patient suffers a fracture, with a

# Summary

- v The most likely physicians to rx medication for osteoporosis were GPs (>three-quarters), orthopaedists or gynaecologists (two-thirds)
- v The main factors affecting doctors decision to rx long term medication were cost (41%) followed by seriousness of condition and compliance (fifth)

## Summary

- 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 its efficacy with a fifth saying if it increases BMD and a tenth tolerability
- v Looking at all important features of an osteoporosis medication, 86% felt this was efficacy on bone, and >half convenience/lack of GI side effects
- v 98% of GPs felt that women with vertebral fractures were ideal candidates for preventative medication, with 95% stating women had high risk from vertebral fractures were ideal candidates

## Summary

- v >nine-tenths of GPs recommend to postmenopausal women that they increase their exercise, >three-fifths follow a correct diet and >one-fifth increase their calcium intake or take calcium supplements
- v Three-quarters of GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”
- v A quarter of GPs felt that the reason for patient non-compliance was because women ignore the severity of the condition; over a fifth said length and/or cost of treatment were reasons
- v Two-thirds of GPs have had the situation where women have refused recommended osteoporosis treatment. Two-fifths of these GPs felt this was because of cost with <fifth saying GI side effects and/or the product does not work

## Summary

- v Almost all the GPs agreed that the main aim of management is to prevent fractures, that their goal should be prevent women suffering a first fracture and that osteoporosis fractures are a major clinical concern
- v 9 out of 10 GPs agreed that the screening programme in Italy could be improved, that the condition should be viewed as serious one and that if you can prevent vertebral fractures you can stop secondary ones/
- v 7 out of 10 GPs agreed that osteoporosis was often not diagnosed until a woman presents with a first fracture and that bone fragility was an inevitable part of the ageing process
- v 77% of GPs did not feel that the screening programme in Italy was sufficiently widespread and 95% said it wasn't

# Conclusions and Recommendations



# Awareness

# Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 81% of all women suffering from osteoporosis were not aware they were at risk
- v 81% 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 97% of doctors feel that osteoporosis fractures are a major clinical problem
- v Three-quarters 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, 50% said their doctor initiated the discussion
- v Half of the women who have discussed the disease with a doctor have NOT discussed long term risks, mainly because the doctor didn't raise them
- v 1 in 3 women will develop osteoporosis
  - v only 6% of women feel they are very likely to develop the condition and only 4% are very concerned about the long term health risks of osteoporosis

# Awareness

- v **Greater education is required amongst postmenopausal women**
  - v the biggest challenge doctors face is the fact that they cannot rx unless the women has suffered from a fracture, followed by patients 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 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 and half pain or fear followed by a reduced quality of life (third)
- v Of the women with osteoporosis, over half stated that it had impacted on their quality of life (cannot lift heavy weights, back pain)
- v Just under half of osteoporotics said they would have taken preventative medicine if they had known they were at risk
- v Given the impact of these effects, why are only 49% 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 two-fifths of women have been screened for osteoporosis and on screening, over four-fifths of women were identified as suffering from the disease
- v If screening identifies the disease - why have none of the respondents been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 95% of doctors believe that the screening programme is NOT sufficiently funded
- v 7 out of 10 doctors believe the screening programme is NOT sufficiently widespread

# Screening

- v Two-thirds of doctors think they either proactively or routinely conduct health risk assessments, in reality when asked for their definition of prevention, only 10% 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 of women not screened were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 48% of women strongly agree that osteoporosis can be prevented
- v Two-thirds of doctors feel that women do NOT consult at an early enough stage

# Screening

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

# Effective Prevention and Treatment



## Effective prevention and treatment

- v 9 out of 10 doctors believe that osteoporosis fractures are a major clinical concern but only 52% of postmenopausal women are on preventative medicine
- v Four-fifths of osteoporosis sufferers are NOT on medication
- v However two-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-thirds of doctors have experienced patients refusing to take long term preventative medicine, mainly because of the cost of treatment, followed by GI side effects

# Effective prevention and treatment

- v 95% of doctors believe that ideal candidates for prevention are women at high risk of a vertebral fracture
- v **Women need to understand why they should be on long term medication**
  - v this should lead to an increase in the number of women being placed on medication and, more importantly, staying on medication
- v None of the women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 52% of their postmenopausal women patients are on preventative medication and 49% 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, over half said convenience / tolerability / GI side effects
- v **In turn women need to have a greater awareness that there are specific treatments** as only a fifth indicated that osteoporosis can be prevented by the use of specific osteoporosis medications

# Prescribing Inhibitors



# Prescribing inhibitors

- v Two-fifths of doctors say that cost affects their decision on rxing long term medication, followed by seriousness of condition and compliance
- v A third of doctors think that the biggest challenge they face is the cost in that they are unable to rx unless the patient has suffered a fracture, followed by the patients lack of understanding of the long term health risks
- v A tenth of doctors said a drug's side effect profile affects their rxing decisions
- 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

# Prescribing inhibitors

- v Two-thirds of doctors have experienced patients refusing to take long term medication
- v Over a quarter of doctors cite the fact that women ignore the severity of the disease as the reason 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