

‘How Fragile Is her Future?’ Research Jordan

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

Research Methodology

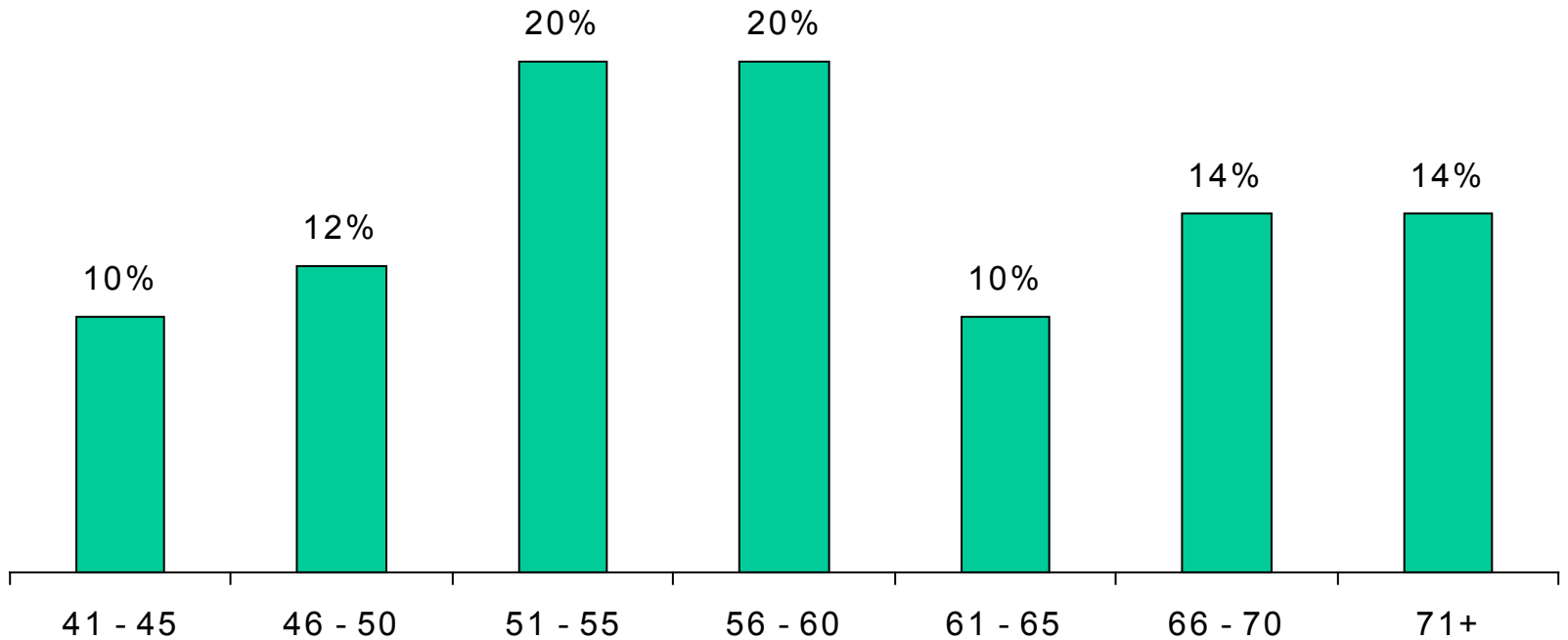
- v Computer-Aided-Telephone-Interviews conducted amongst GPs and postmenopausal women in each of the following countries:
 - v U.K., France, Germany, Italy, Spain, Canada, Australia, Jordan, Mexico, Brazil, Lebanon
 - v (Face to face interviews conducted in Middle East and Mexico)
- v 100 interviews conducted amongst GPs and 50 amongst postmenopausal women
- v Consumer sample via random digit dialling and identified through screening questions
- v In each country 5 pilot interviews conducted amongst GPs and necessary changes made to final questionnaire
- v GPs paid an incentive of £15. No incentives offered to consumers
- v Fieldwork dates for GPs: 3rd April - 28th April 2000
- v Fieldwork dates for consumers: 6th March - 4th April 2000

Main Findings

Jordanian Consumers

Q.2 Age of respondents

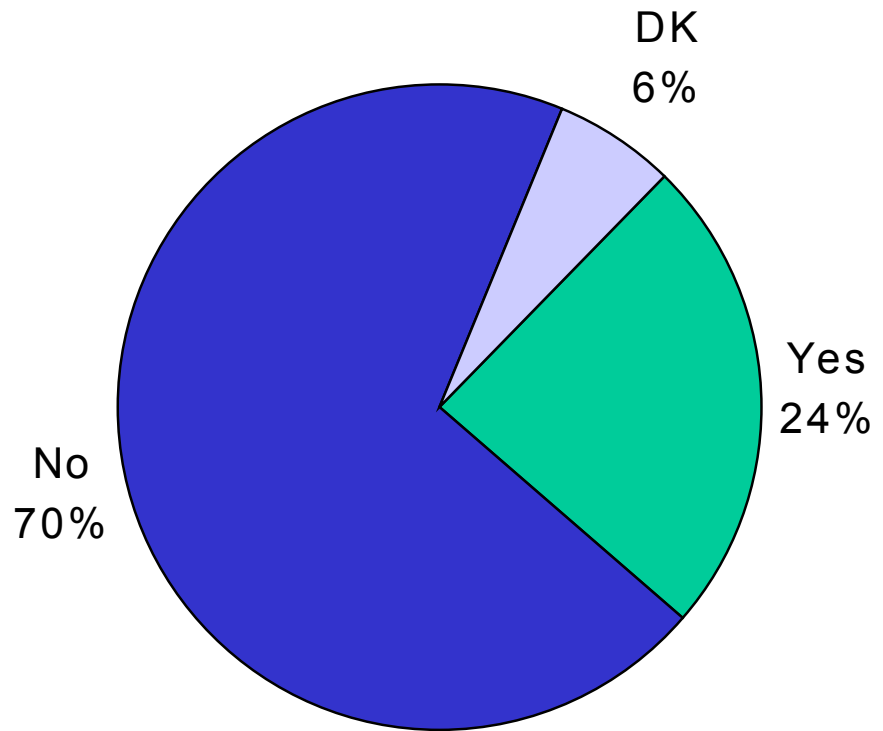
Mean: 58 years



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



Q.4 Whether suffering from osteoporosis

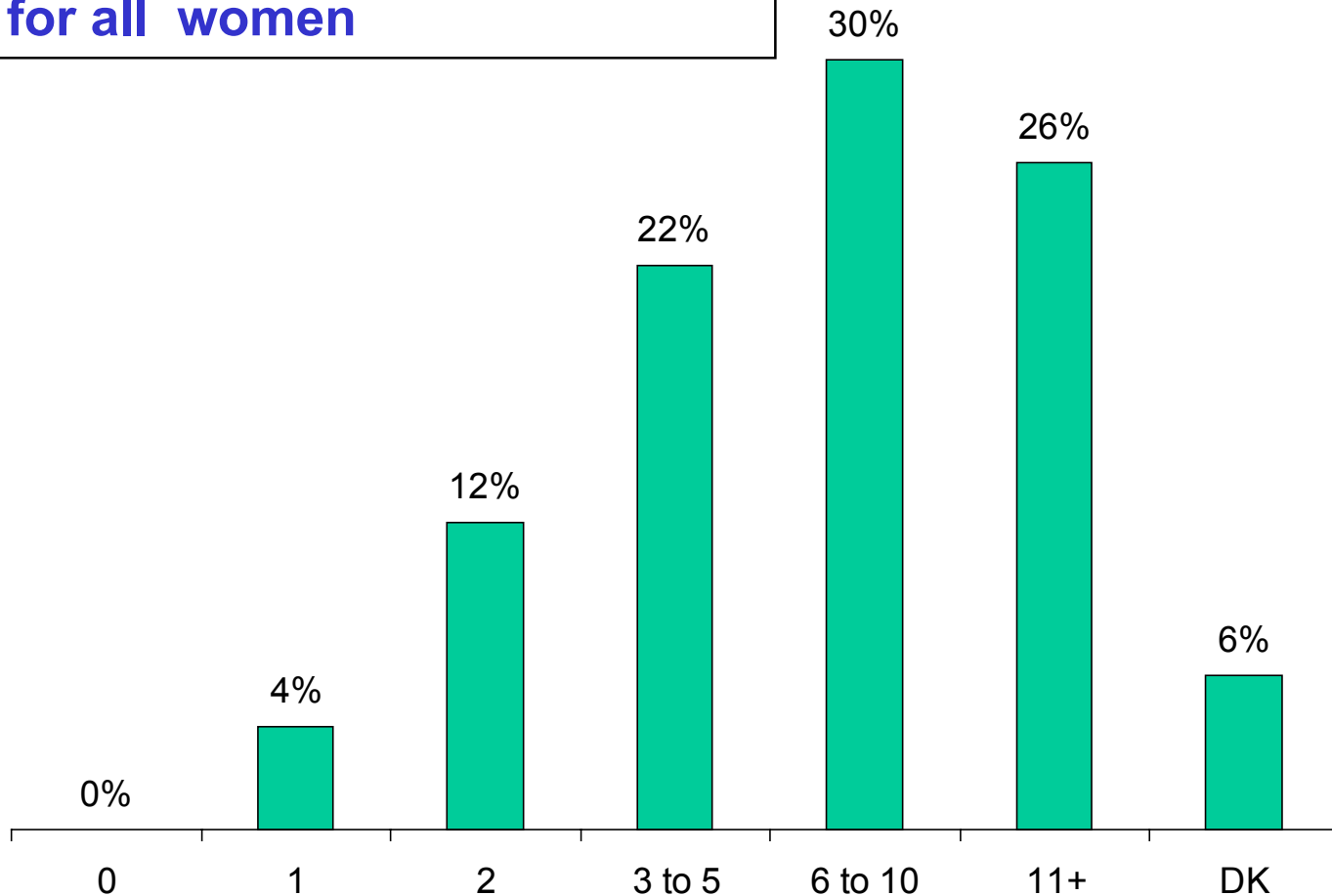


None of the sufferers suspected they had osteoporosis prior to diagnosis



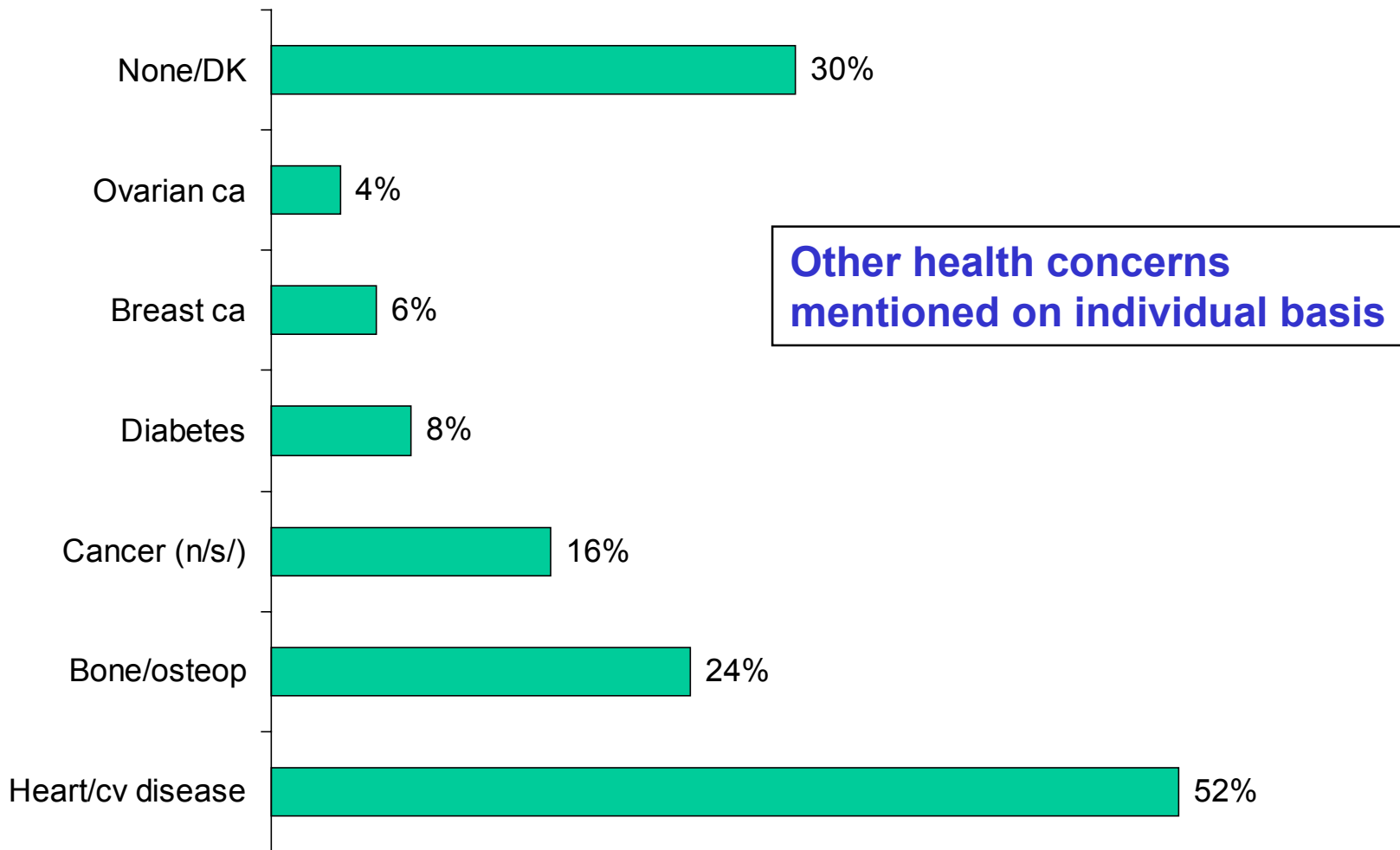
Q.5 Number times visited GP in last 12 months

Mean: 8.8 times vs. 6.5 times for all women



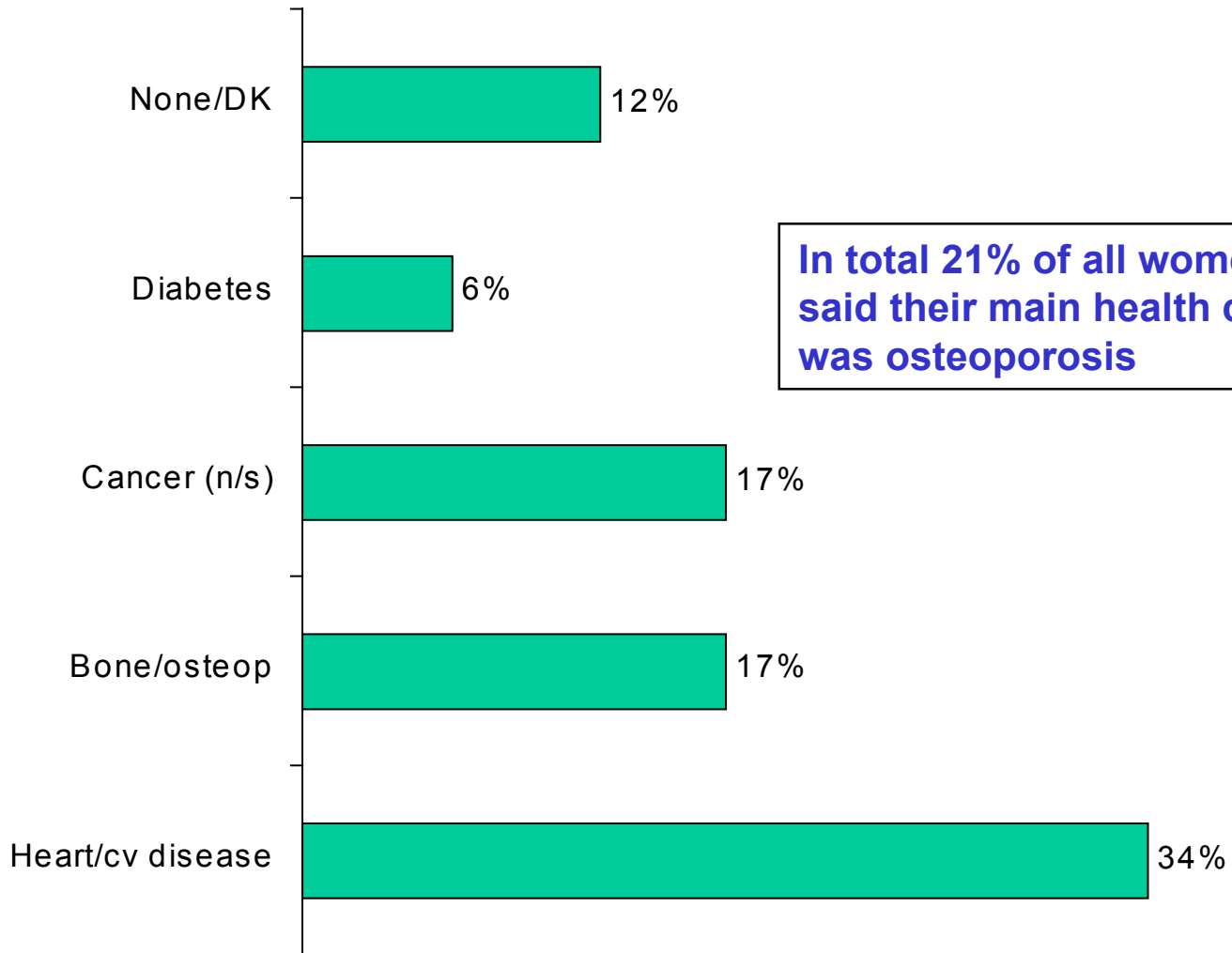
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.6 Key health concerns (spont)



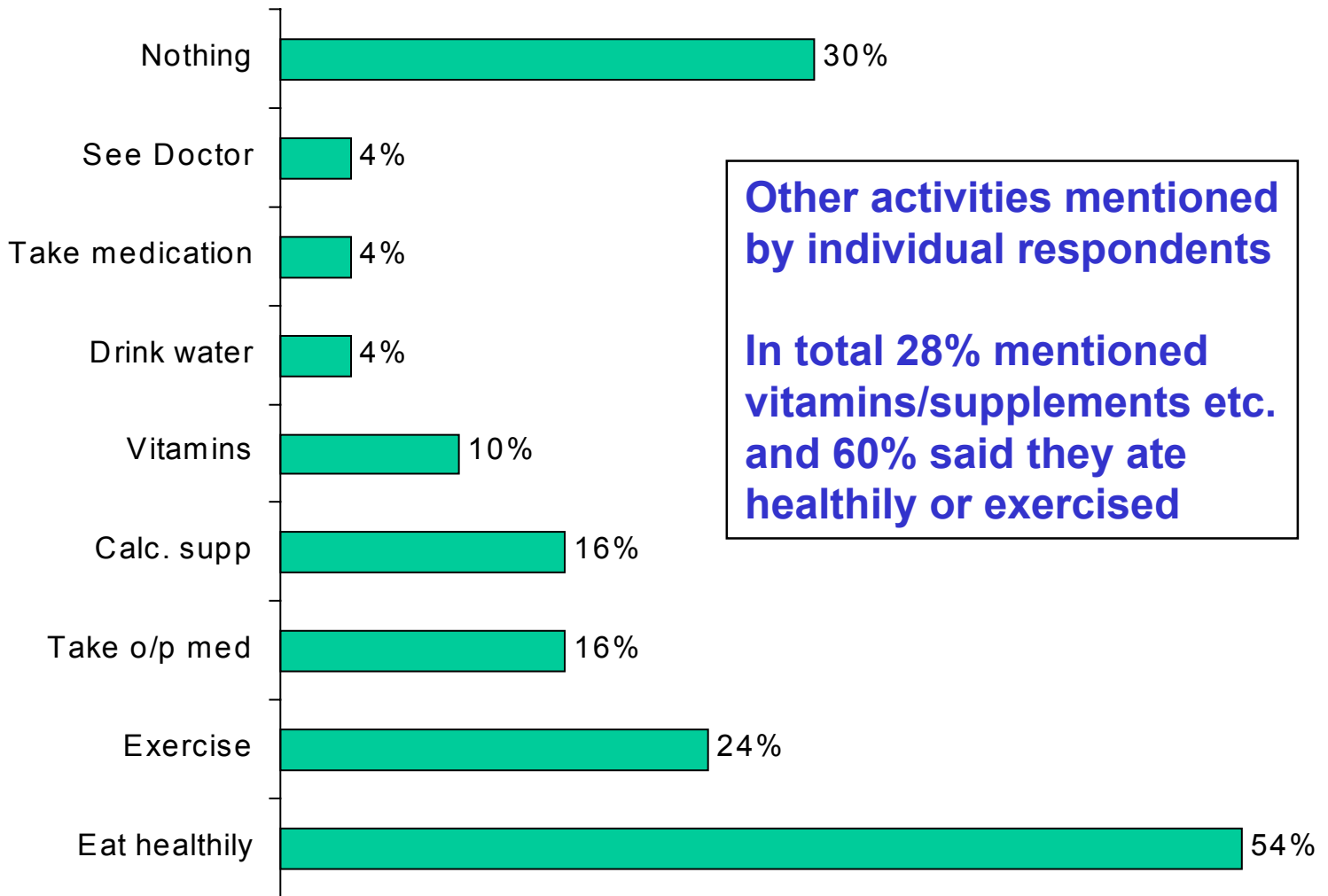
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.7 Main health concern



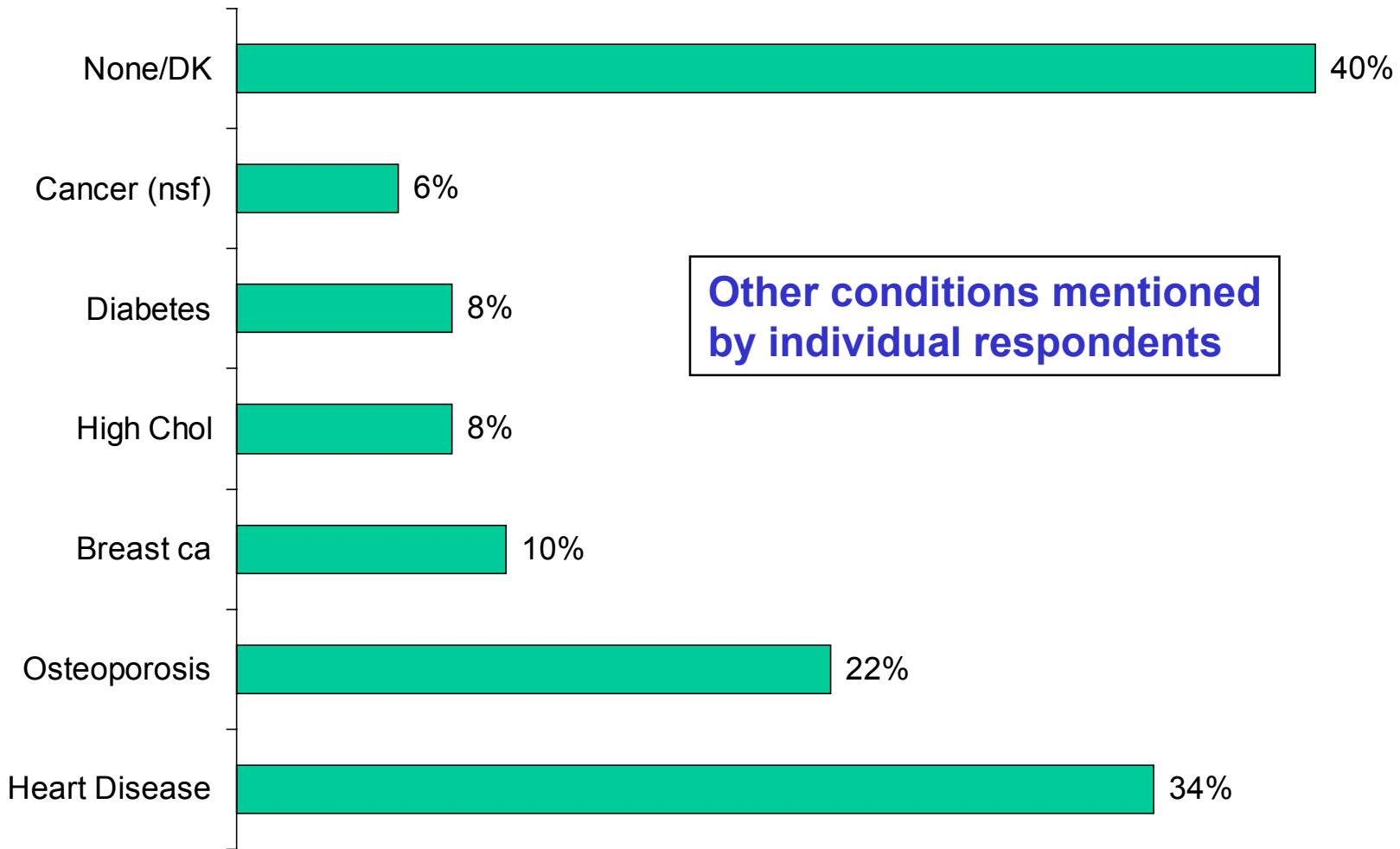
Base: All female respondents who currently have health concerns (n=35)

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



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

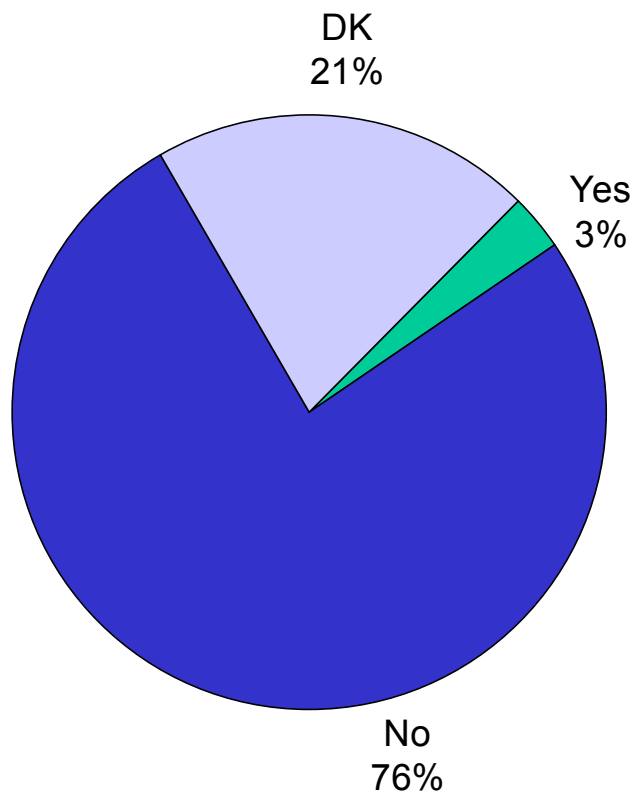
Q.9 Diseases screened for over last 5 years



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

Osteoporosis Screening

Q.10 Whether been screened for osteoporosis

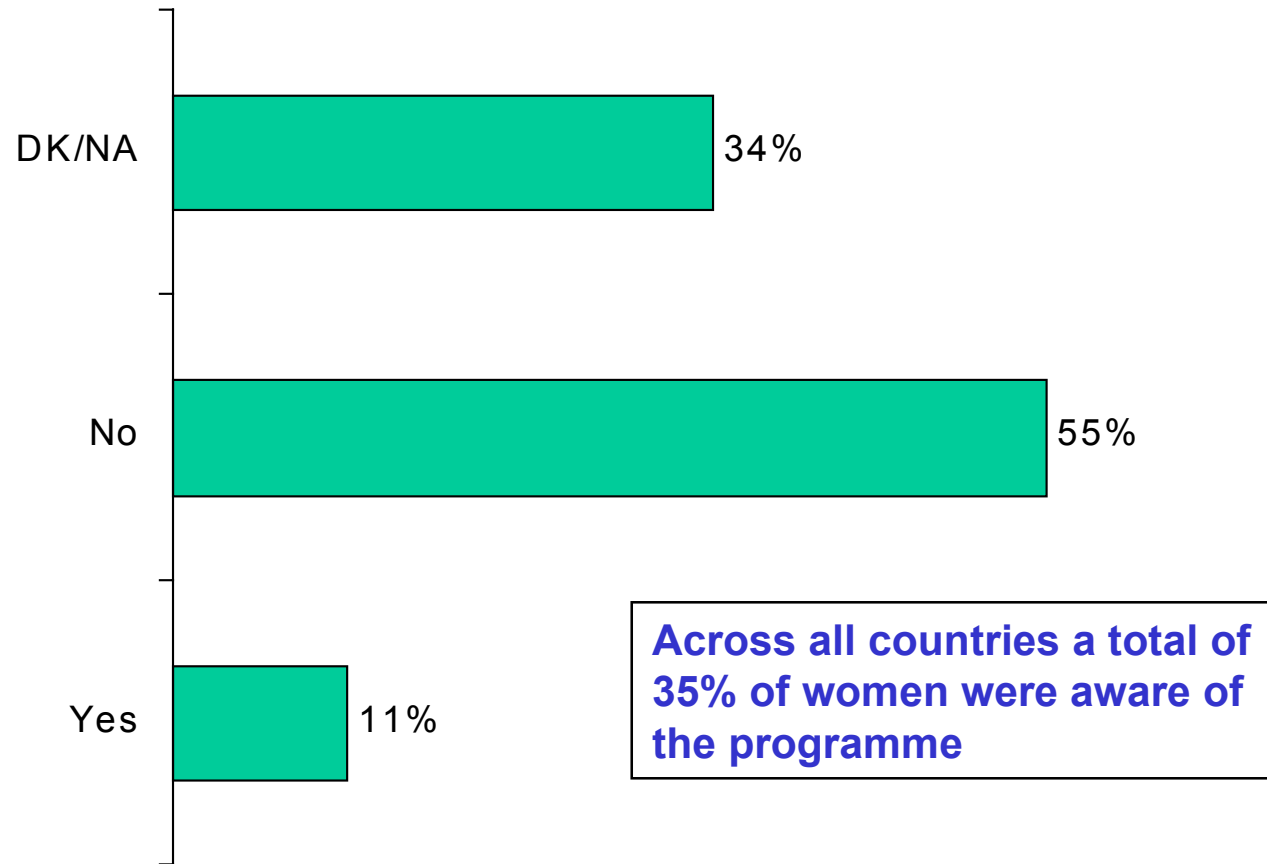


Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=39)

Q.11 Reasons for being screened for osteoporosis

Reason	Count
Base:	12
Suffered fracture	5
Suffered hip fracture	3
Suffered vertebral fracture	3
Recommended by Dr.	2
Asked to be screened	1
Suffered loss of height	1
Family history of o/p	1
Suffered wrist fracture	1
Don't know	1

Q.12 Awareness of Osteoporosis Screening Programme



Base: Respondents who have not been screened for osteoporosis (n=38)

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

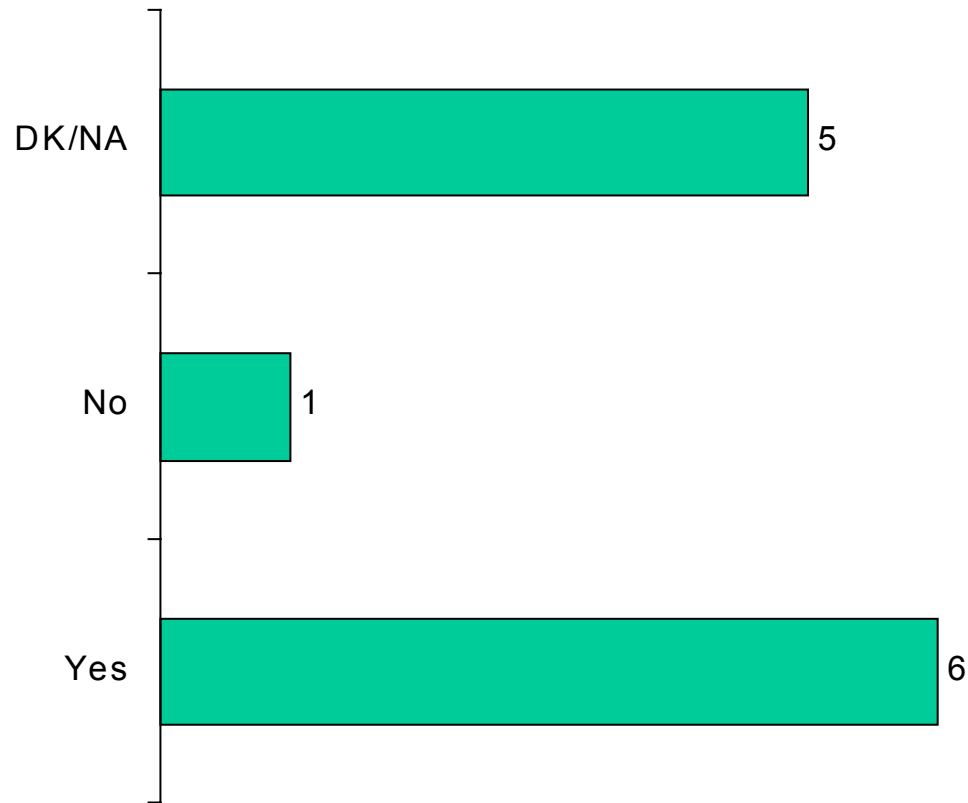
Base: Postmenopausal women aged 41+ 50

	<u>Jord</u>	<u>All Count</u>
Long term pain	36%	53%
Fear of next fracture/fall	20%	50%
Increased risk of further fractures	16%	69%
Loss of height	10%	46%
Reduced quality of life	8%	48%
Inability to live independent life	4%	32%
Loss of self esteem	4%	27%
None of the above/DK	54%	14%

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

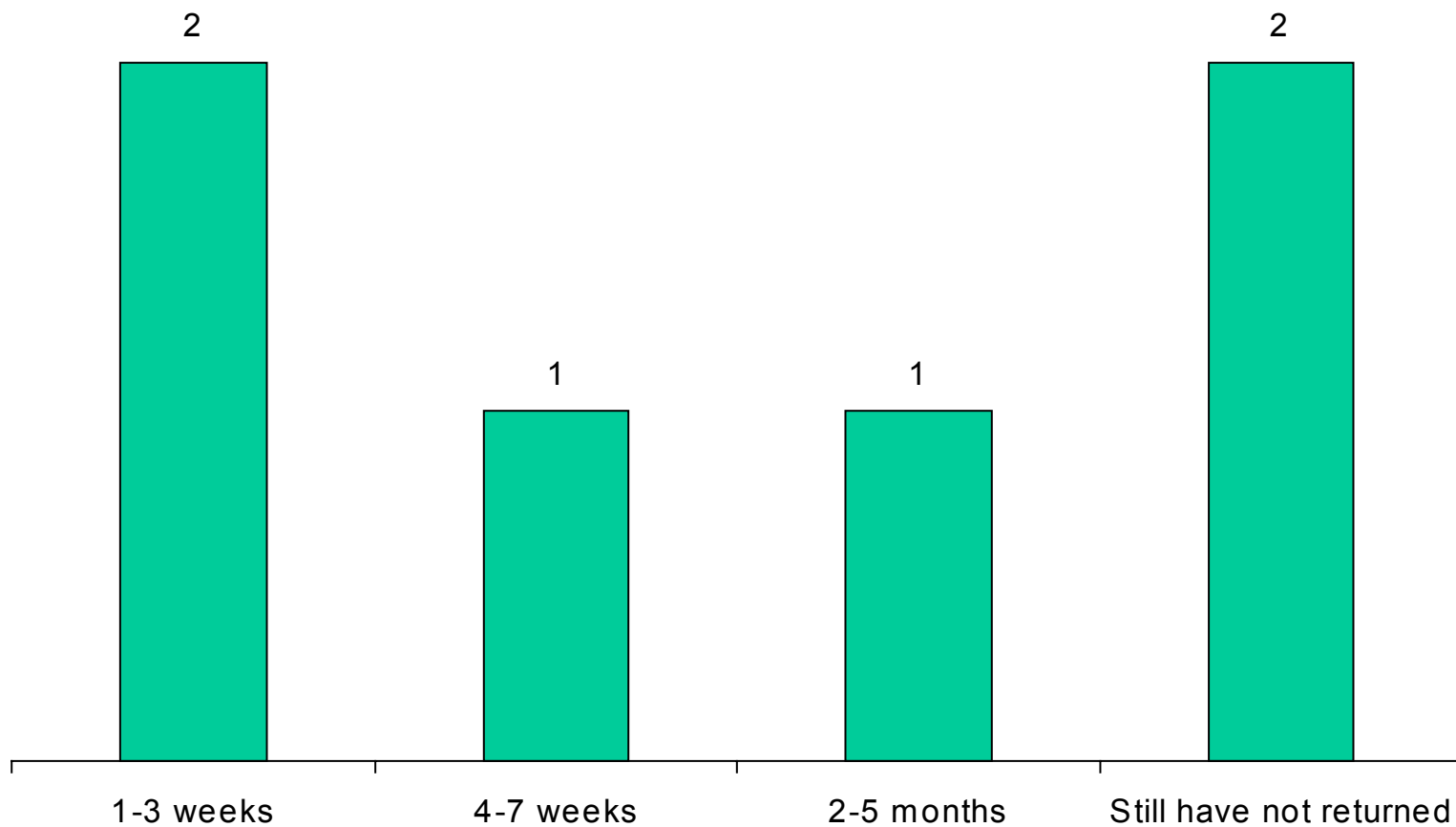
Base: Osteoporosis sufferers	12
Can't go for long walks	9
Live in fear of breaking a bone	8
Back pain	7
Less able to get from place to place	7
Cannot lift heavy weights	6
Worry about the future	4
Cannot participate in Sports	1

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



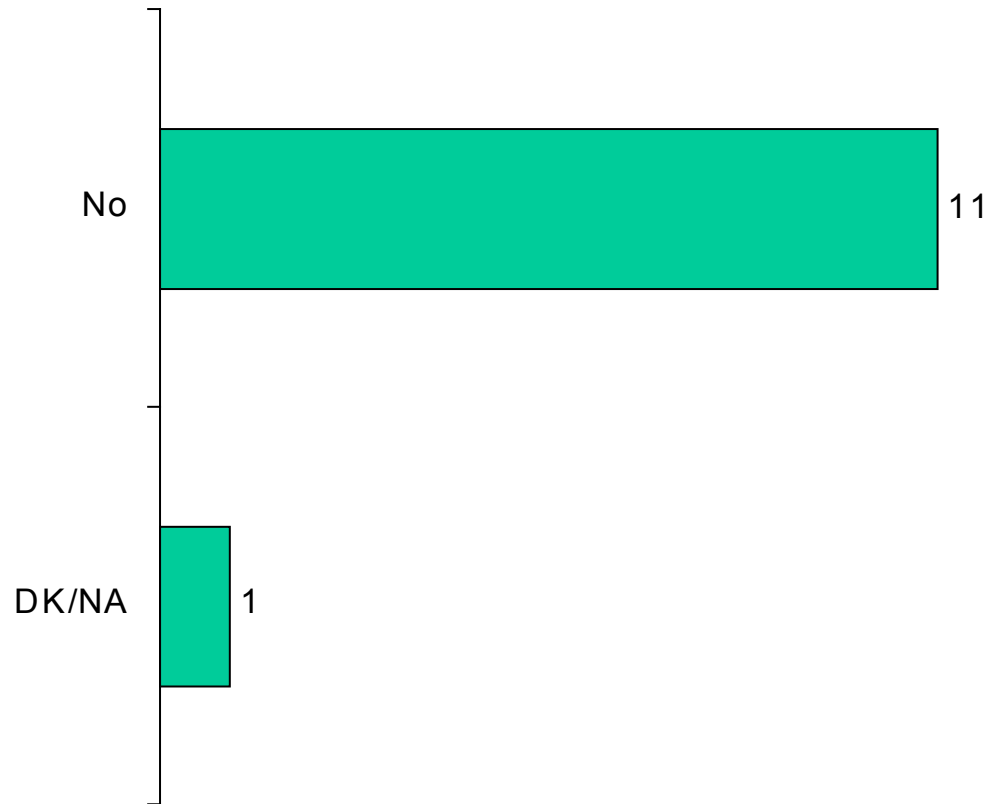
Base: Osteoporosis sufferers (n=12)

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



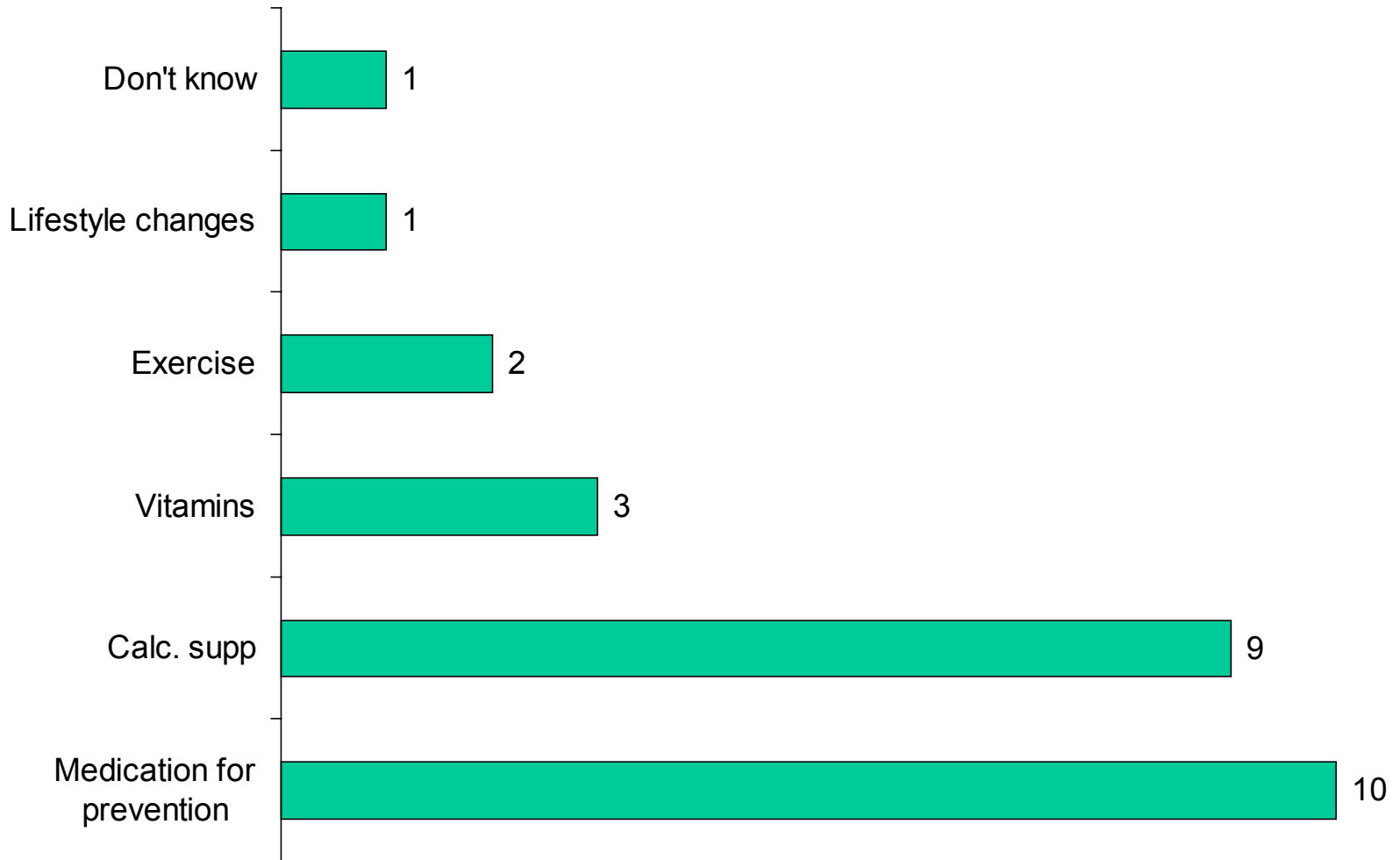
Base: Respondents suffered from fracture caused by osteoporosis (n=6)

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



Base: Osteoporosis sufferers (n=12)

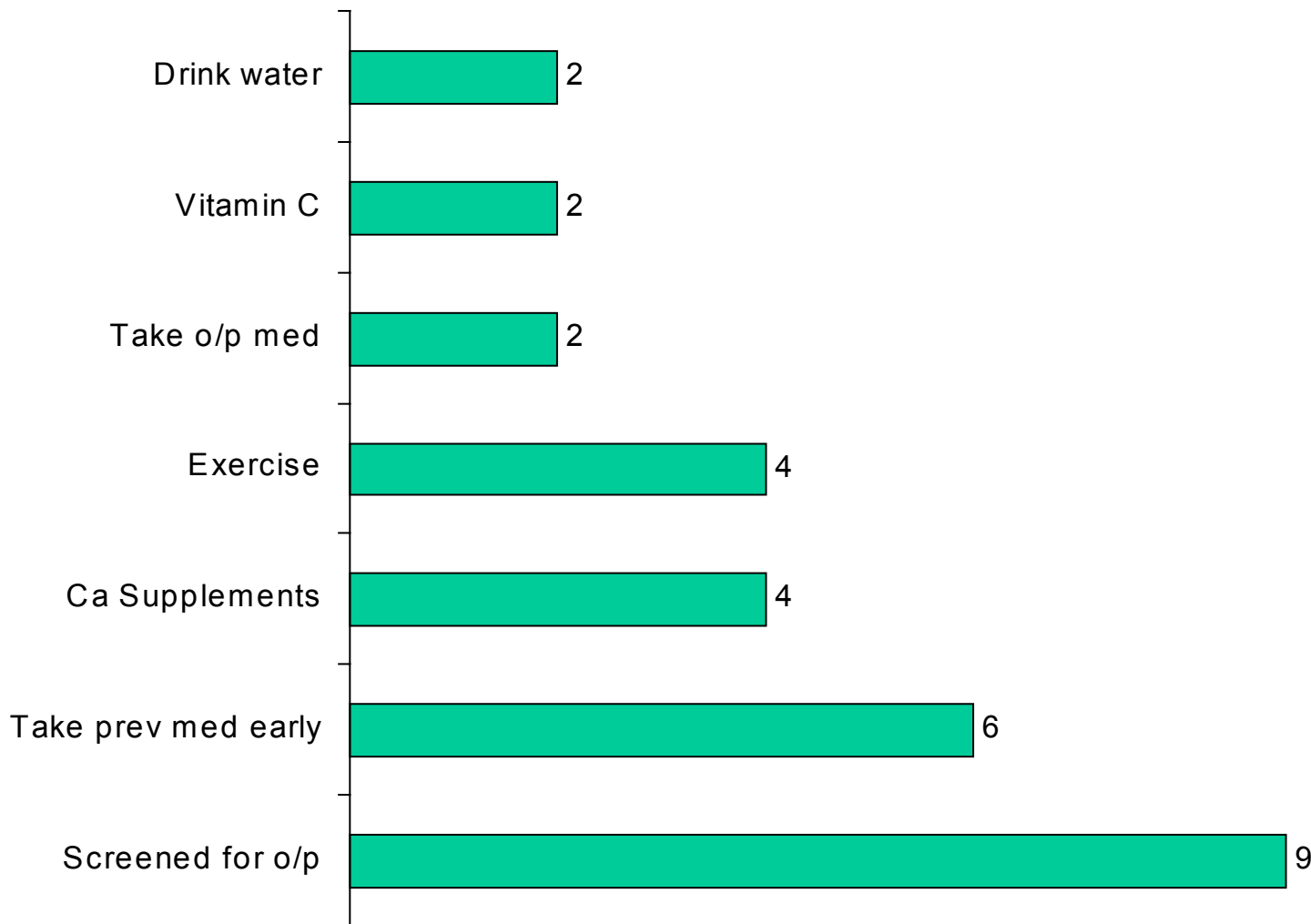
Q.17a Precautions would have taken if knew were at risk



Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=12)

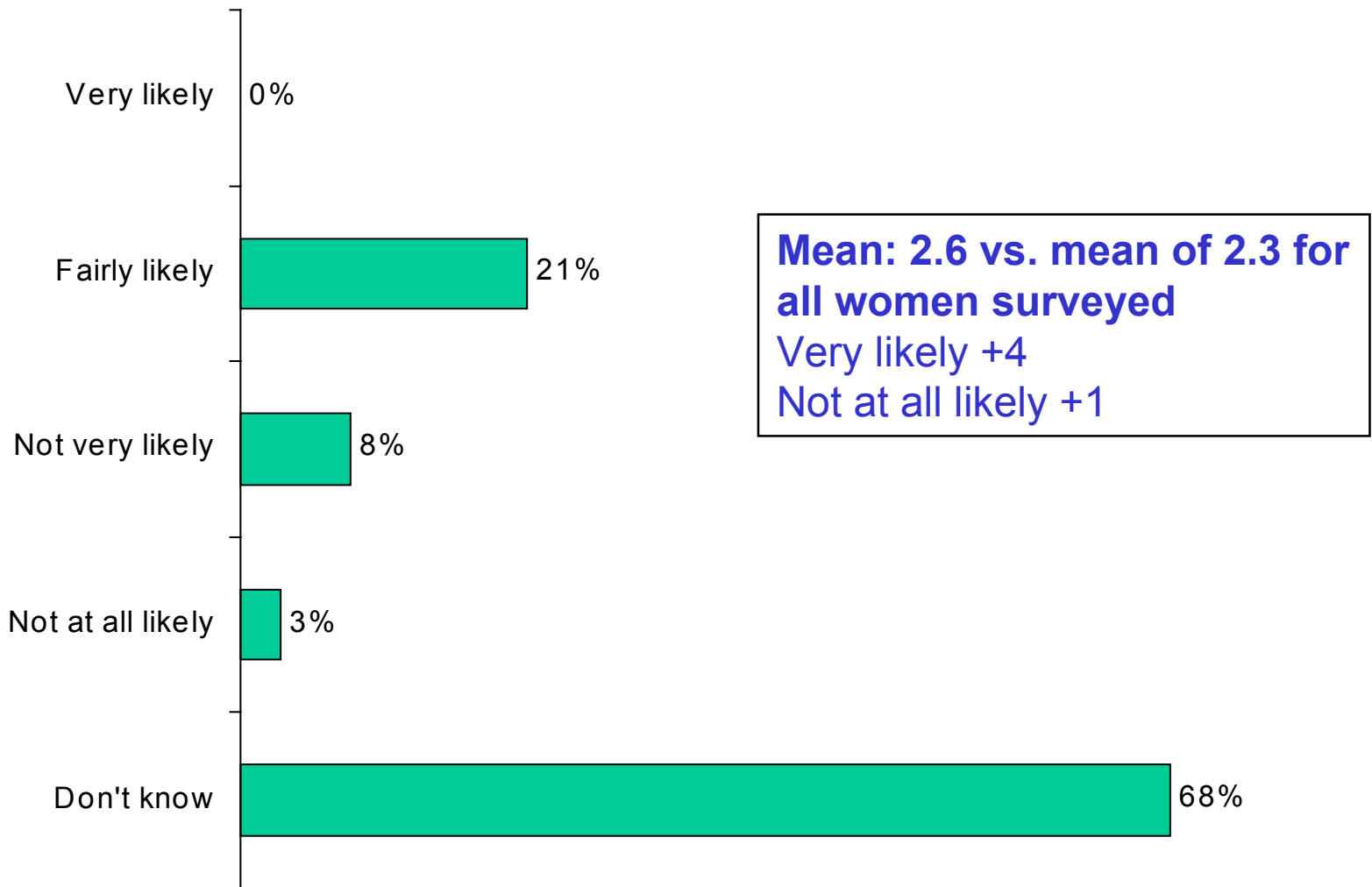


Q.17b One thing sufferers would tell other women about osteoporosis



Base: Osteoporosis sufferers (n=12)

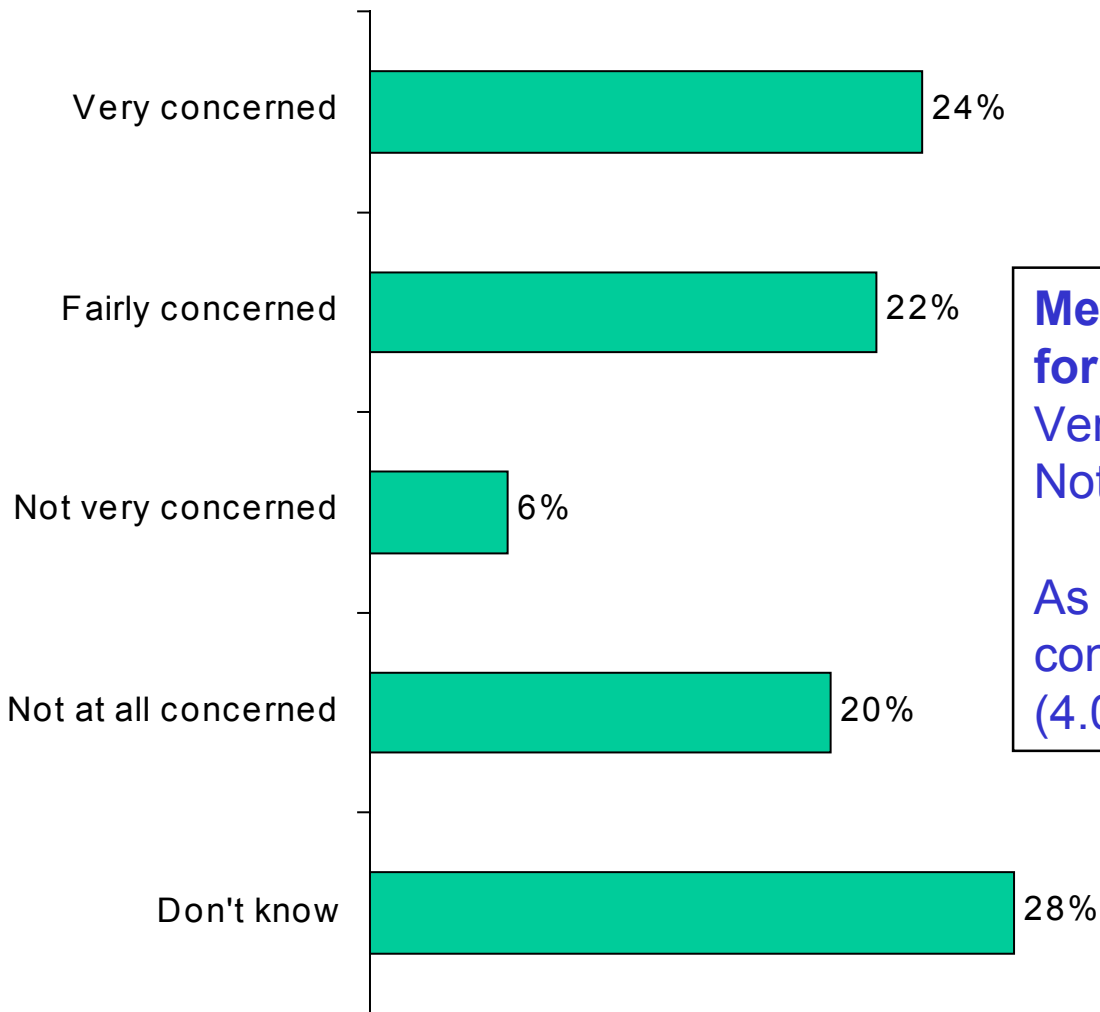
Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=38)



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



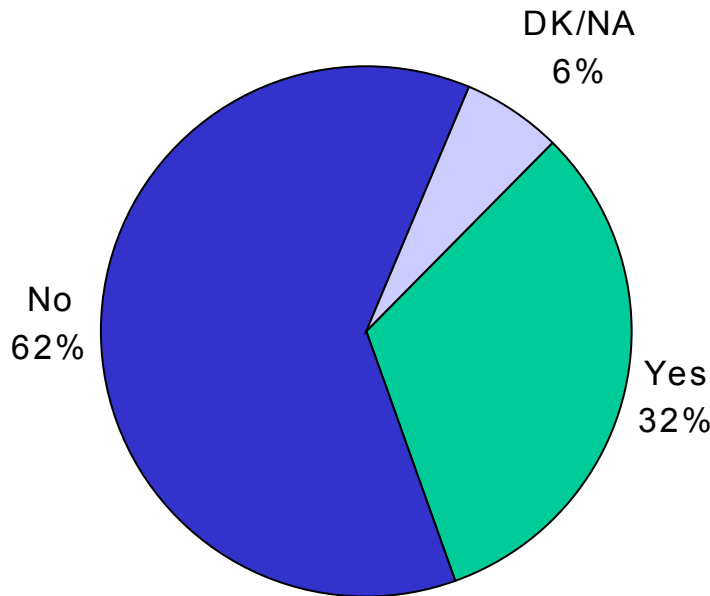
Mean: 2.7 vs. mean of 2.5 for all women surveyed
Very concerned +4
Not at all concerned +1

As one would expect higher concern amongst sufferers (4.0 vs. 2.1)

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

Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



A total of 44% of all women surveyed said 'yes'

Q.21 Reasons for discussing osteoporosis with a doctor

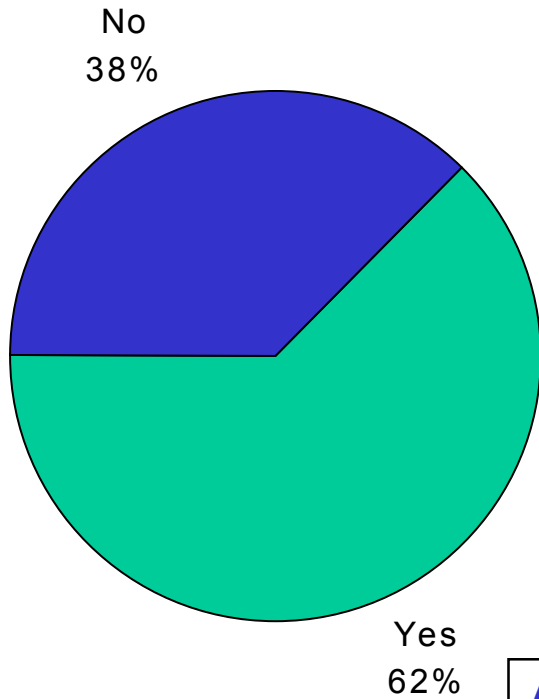
Reason	Count
Base	16
Doctor initiated discussion	10
Already had fracture	3
Read/heard about o/p	3
Felt at risk of hip fracture	2
Felt at risk of vertebral fracture	1
Doctor initiated discussion as finished menopause	1

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



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

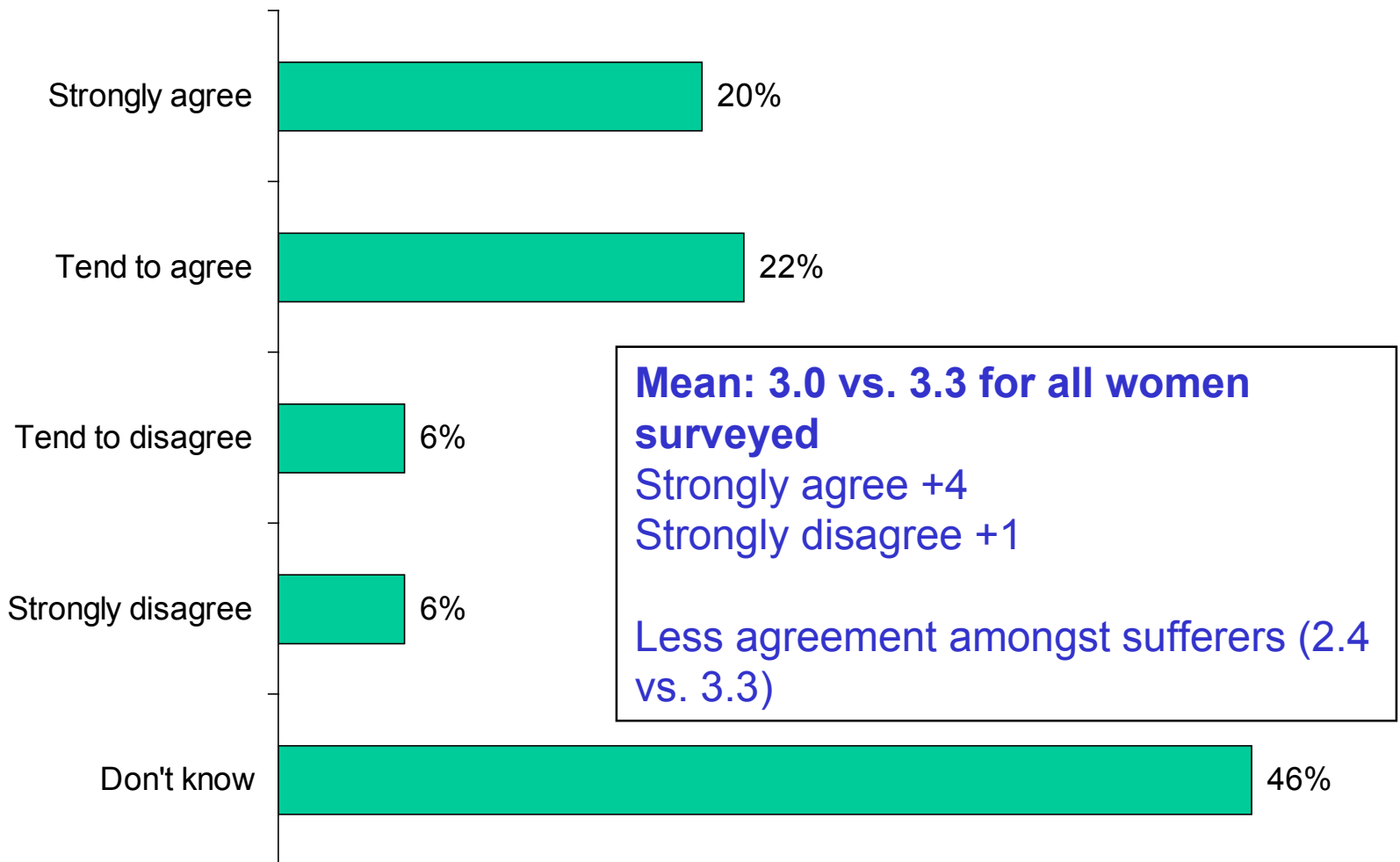
Base	6
Doctor didn't raise it	3
Lack of time with doctor	3
Too many other problems	1
Too scared	1
Don't want to think about health risks	1

A total of 51% of all women surveyed said 'yes'

Base: Respondents who have discussed osteoporosis with their doctor (n=16)



Q.24 Extent of agreement that osteoporosis can be prevented



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

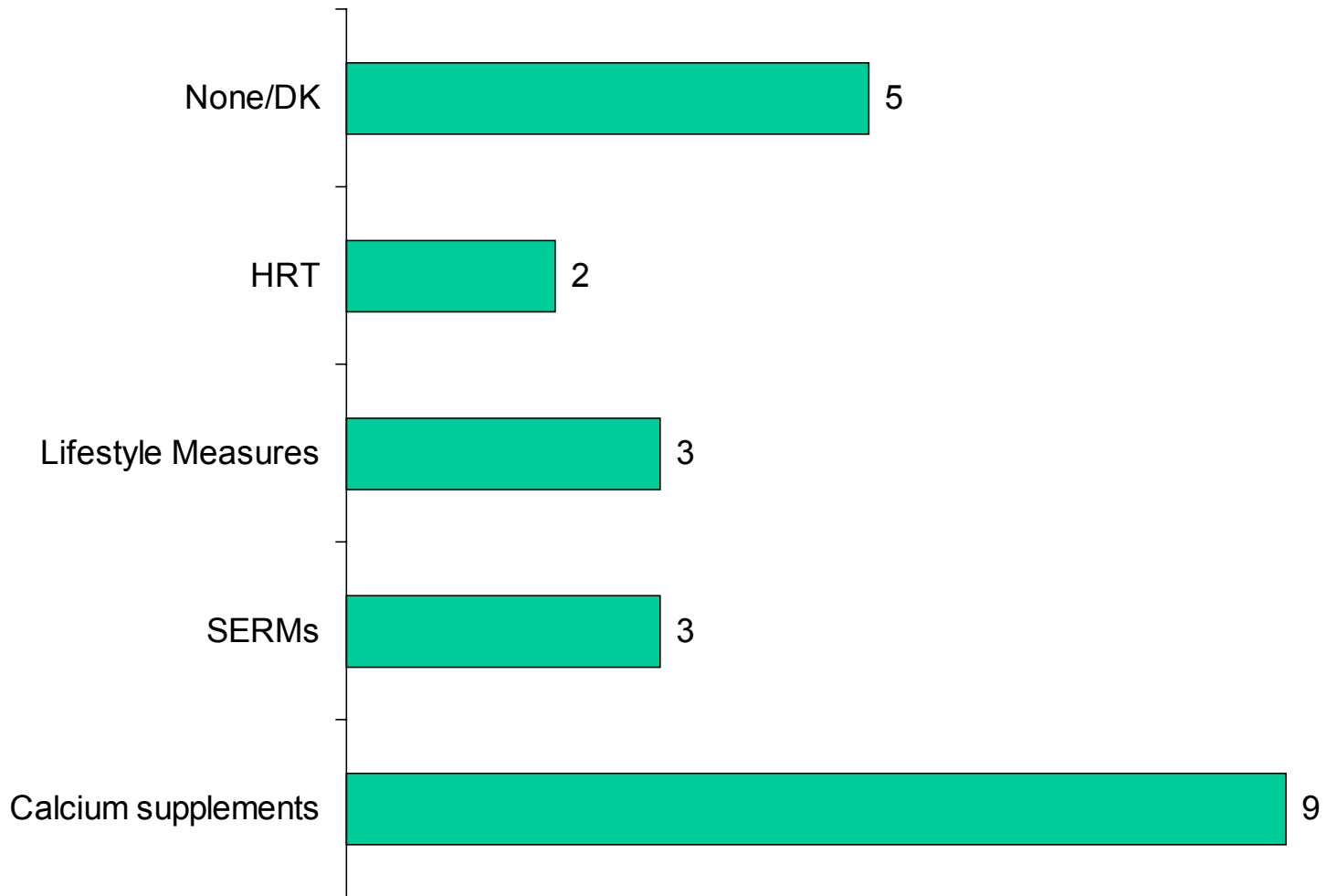
Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented **21**

Healthy diet *	62%
Calcium supplements *	48%
Exercise	38%
Using specific osteoporosis treatment	10%
Using SERMs	10%
Vitamins	5%
Don't know	19%

*** Mentioned by a total of 71% of women**

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

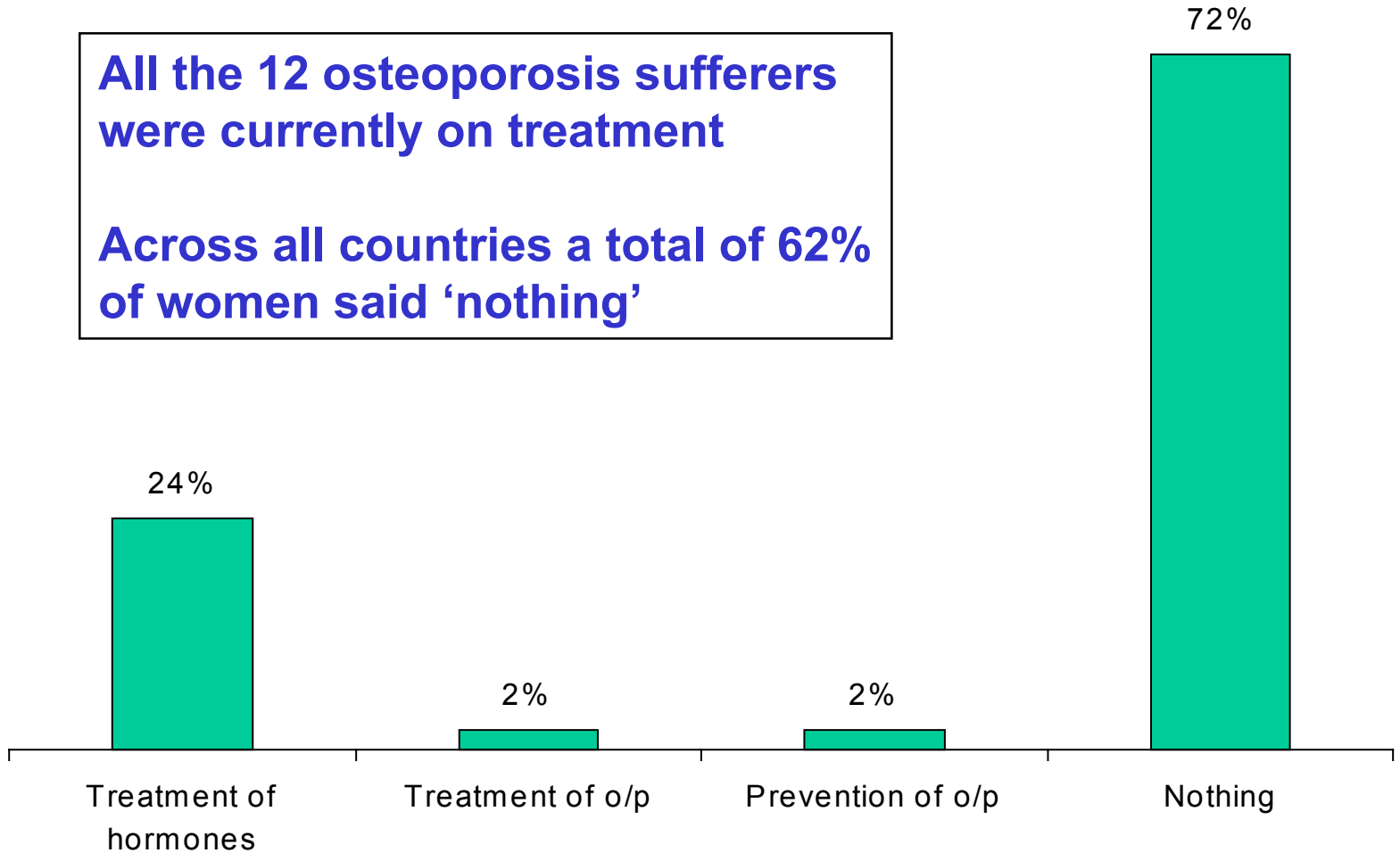


Base: Respondents who have discussed osteoporosis with their doctor (n=16)

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

All the 12 osteoporosis sufferers were currently on treatment

Across all countries a total of 62% of women said 'nothing'

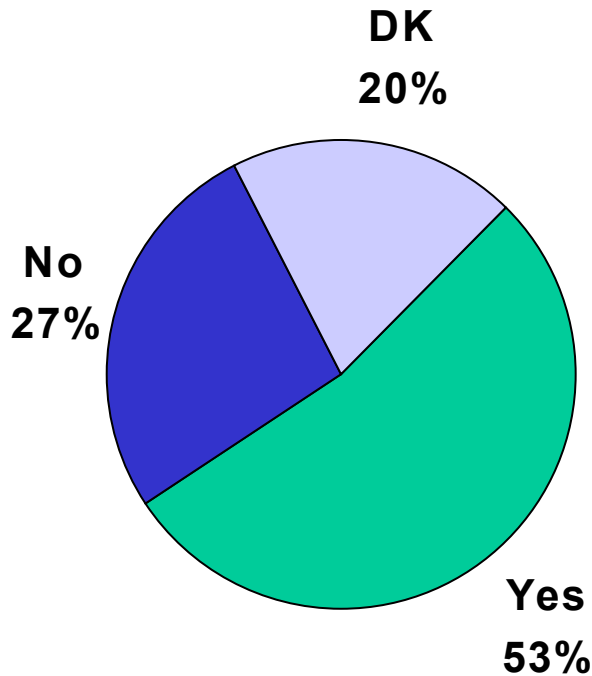


Base: All female respondents aged 41+ and been through menopause (n=50)



Attitude towards long-term preventative therapy for osteoporosis

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



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

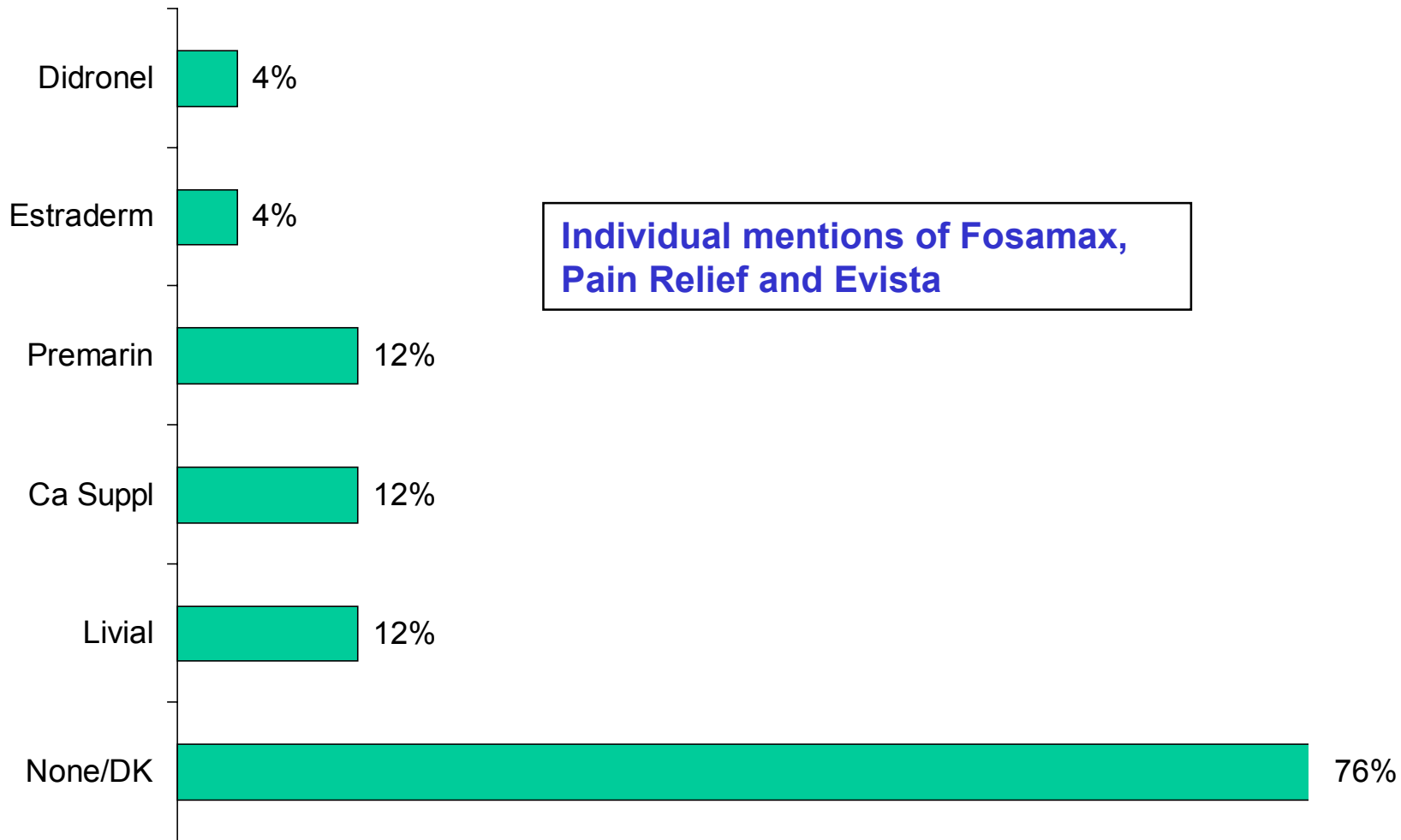
Base: Respondents not on long-term prevention 49

Side effects	29%
Don't want to take med l/t	24%
If didn't work	10%
None	20%
Don't know	20%

Across all women surveyed a total of 77% said 'yes'

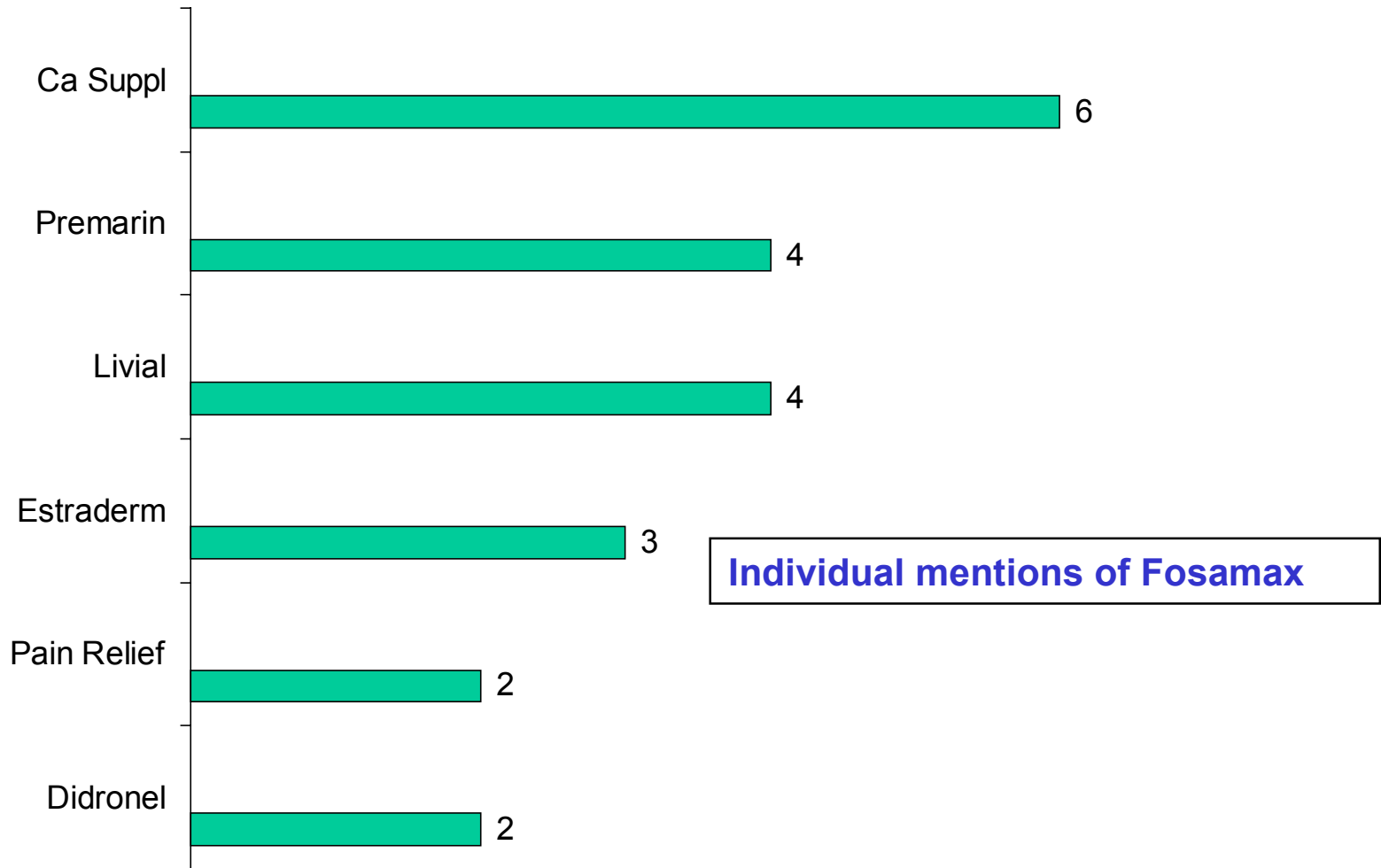
Base: Respondents not taking long-term prevention of osteoporosis (n=49)

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



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

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



Base: Respondents who have ever taken therapy for osteoporosis (n=12)

Q.33 Agreement with statements

Base: Postmenopausal women aged 41+	50
If I had a vertebral fracture I am sure I would know about it	88%
It is very important to effectively prevent spinal fractures	86%
It is very important to effectively prevent osteoporosis	70%
Getting fragile/brittle bones is an inevitable part of ageing process	68%
I would like to be/wish I had been screened for o/p	66%
Osteoporosis should be viewed as a serious condition	62%
A medicine that can treat a disease is generally more effective than one that can just prevent it	52%
Doctors generally have enough resources to effectively manage osteoporosis in this country	50%
If you can prevent or treat vertebral/spinal fractures you can prevent hip fractures	48%
I am concerned about the l/t risk to my health of taking HRT	36%
Doctors in this country do not seem to take o/p seriously	34%
I wish I had taken medication earlier to prevent osteoporosis	32%
I feel I have enough info and knowledge on osteoporosis	26%
Osteoporosis is not a life-threatening condition	22%

Summary

Summary

- v The average age of the women taking part in the survey was 58, of whom 24% were suffering from osteoporosis. None of the osteoporosis sufferers had suspected they had the condition prior to diagnosis
- v On average the women had visited their GP >5 times in the last year
- v The women's health concerns were heart disease (>half) and osteoporosis was mentioned by a quarter. <third 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 17% compared with 21% across all countries

Summary

- v >half of women said that they ate healthily to improve or maintain long term health. One quarter said they exercise
 - v >One quarter of women said they used vitamins/supplements to improve or maintain long term health, and 60% said they ate healthily or exercised
- v 24% of the women said they had been screened for osteoporosis – lower than that reported across all countries (34%). 40% had not been screened for anything at all
- v The most common reason for being screened was because the women had suffered from a fracture (5 out of the 12) Only two women said they doctor recommended screening
- v Of those who had not been screened only a tenth were aware that there was a screening programme – lower than the average across all countries of 35%

Summary

- v There was significantly lower awareness in Jordan of the long term health risks associated with osteoporosis. The key things women associate with osteoporosis are long term pain (>third), fear of next fracture/fall (fifth), increased risk of further fractures (tenth). Over half the women did not associate any of the long term health risks with osteoporosis (compared to only 14% across all countries)
- v All of the sufferers said that the disease had a major impact on their life, with the major impact being can't go for long walks and/or living in fear of breaking a bone
- v 10 of the 12 sufferers of osteoporosis said if they had known they were at risk they would have taking preventative medication. A further 9 said they would have taken calcium supplements

Summary

- v 9 of the 12 women sufferers said they would suggest to other women that they should be screened and 6 out of the 12 said they would recommend that they went on preventative medication early. Only two women said they would recommend they should take osteoporosis medication
- v 21% of women said they felt they were likely to develop osteoporosis in the future and <half of women were concerned about the long term health risks of the disease
- v One third of the women had discussed osteoporosis with a doctor (cf average of 44% across all countries), with the doctor initiating the discussion in the majority of cases
- v Of those that had discussed osteoporosis with a doctor, two-thirds had discussed the long term risks

Summary

- v >two fifths of the women believed that osteoporosis can be prevented, with the best way of preventing being a healthy diet (62%).
- v <third of women who have discussed osteoporosis with a doctor have not discussed therapy options.
- v Only 28% of postmenopausal women were currently taking medication for osteoporosis/hormonal problems, with just 2% on treatment and 2% on prevention for osteoporosis

Summary

- v >half the women said they would consider taking long term preventative therapy if their doctor recommend them to do so, with the main concerns raised by the women being side effects (>quarter) and just don't want to take medication long term (<quarter). A fifth of women said nothing would prevent them if recommended by their doctor
- v 8 out of 10 women said that if they had a vertebral fracture they would know about it and that it is very important to effectively prevent spinal fractures
- v 7 out of 10 women said that it is very important to effectively prevent osteoporosis and that getting brittle bones is part of the ageing process
- v 6 out of 10 women said they wished they had been screened and that osteoporosis should be viewed as a serious condition

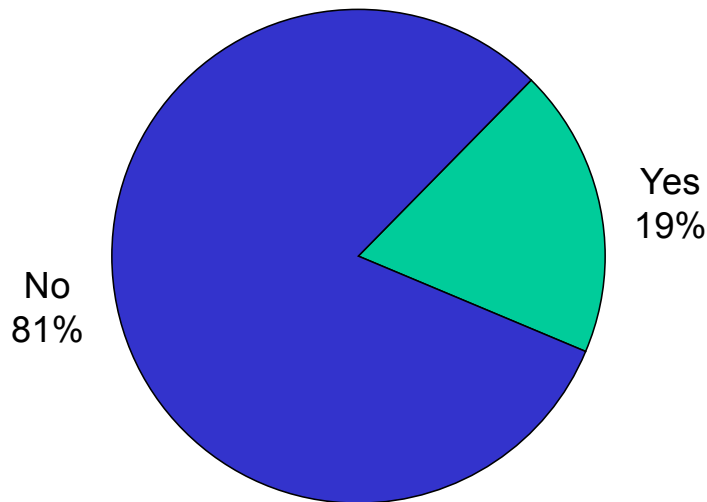
Summary

- v 5 out of 10 women did not feel that doctors have enough resources to effectively manage osteoporosis in Jordan
- v 6 out of 10 women said they were not concerned about the long term risk to their of taking HRT
- v 6 out of 10 women said that doctors in Jordan did not seem to take osteoporosis seriously enough
- v 7 out of 10 women wished they had taken preventative medicine earlier
- v 7 out of 10 women feel they don't have enough information on osteoporosis
- v 8 out of 10 women believe osteoporosis is a life-threatening condition

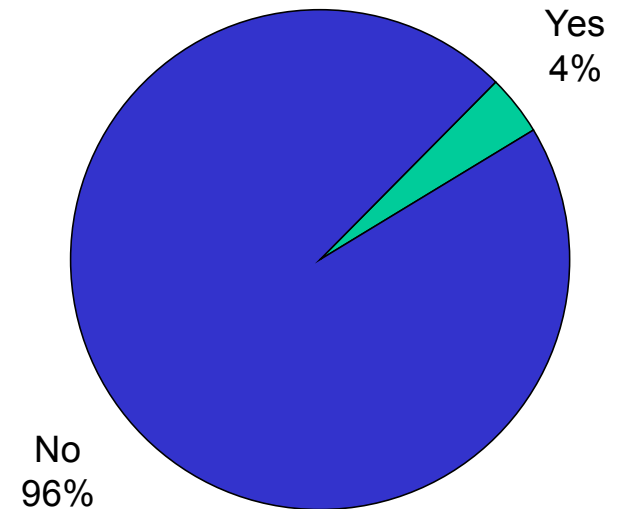
Jordanian Doctors

Clinics held in surgery

Menopause Clinic



Osteoporosis Clinic

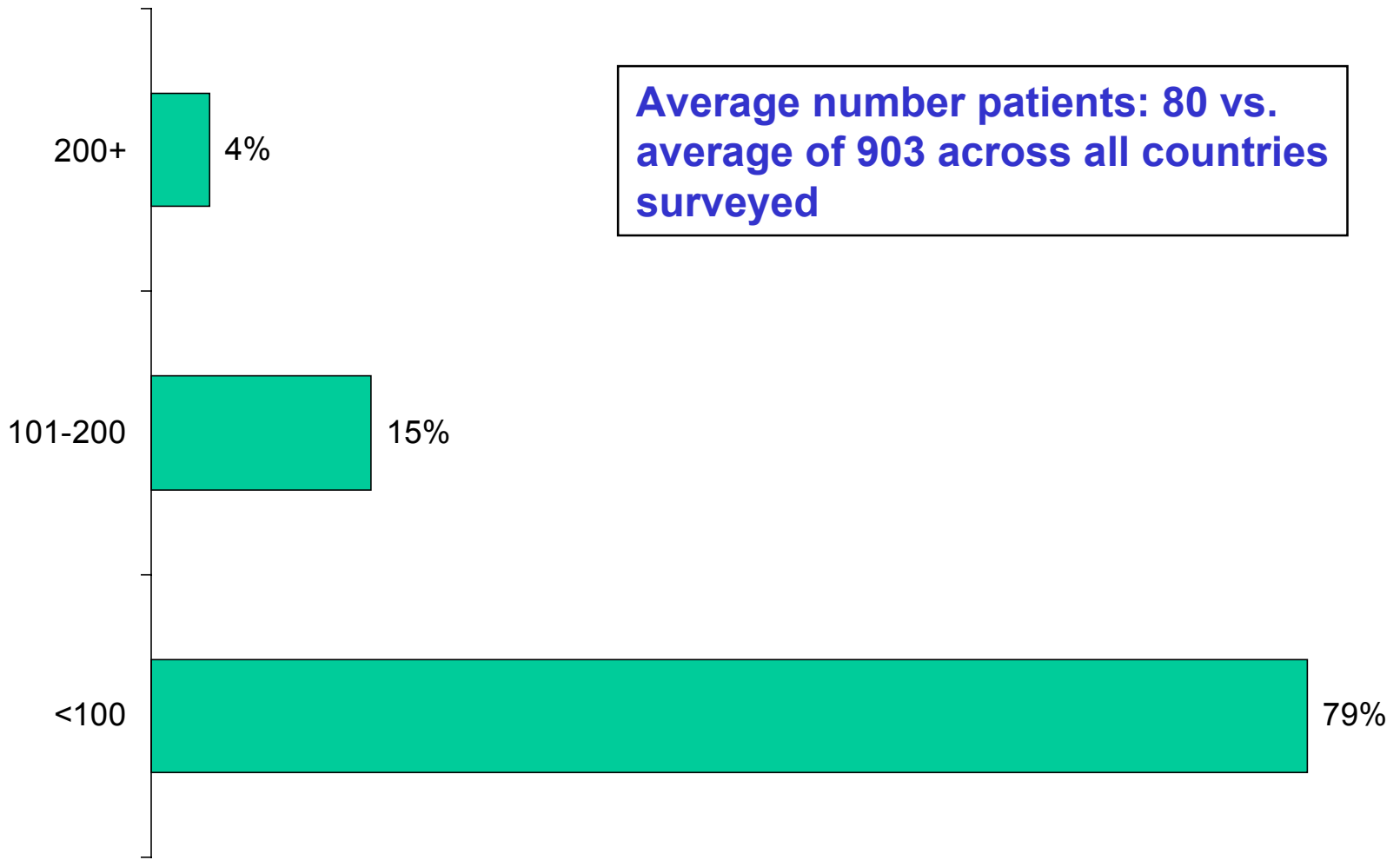


Across all countries surveyed a total of 23% of doctors had a menopause clinic and 20% an osteoporosis clinic

Base: All respondents (n=75)



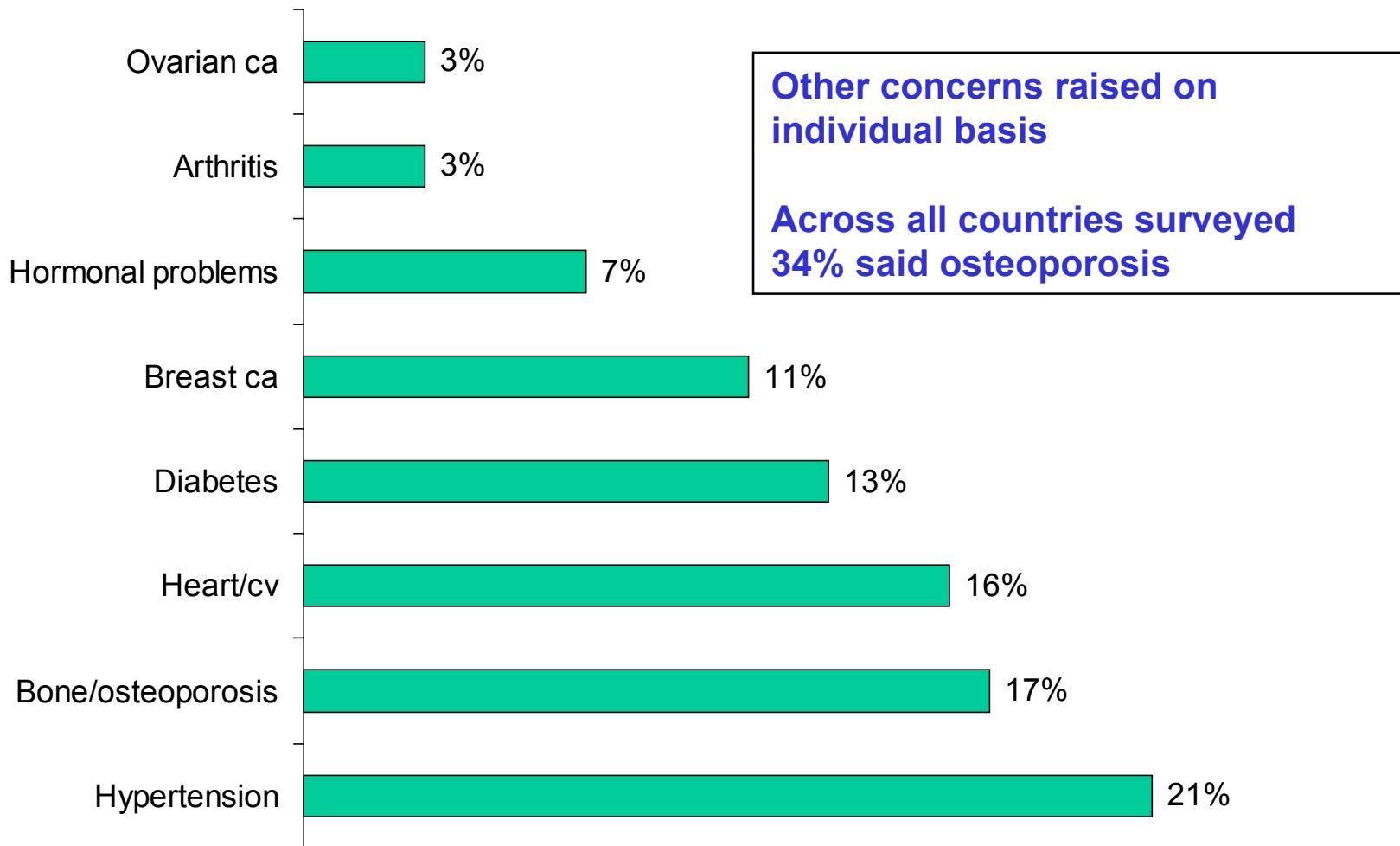
Q.3 Number post-menopausal women in practice



Base: All respondents (n=75)

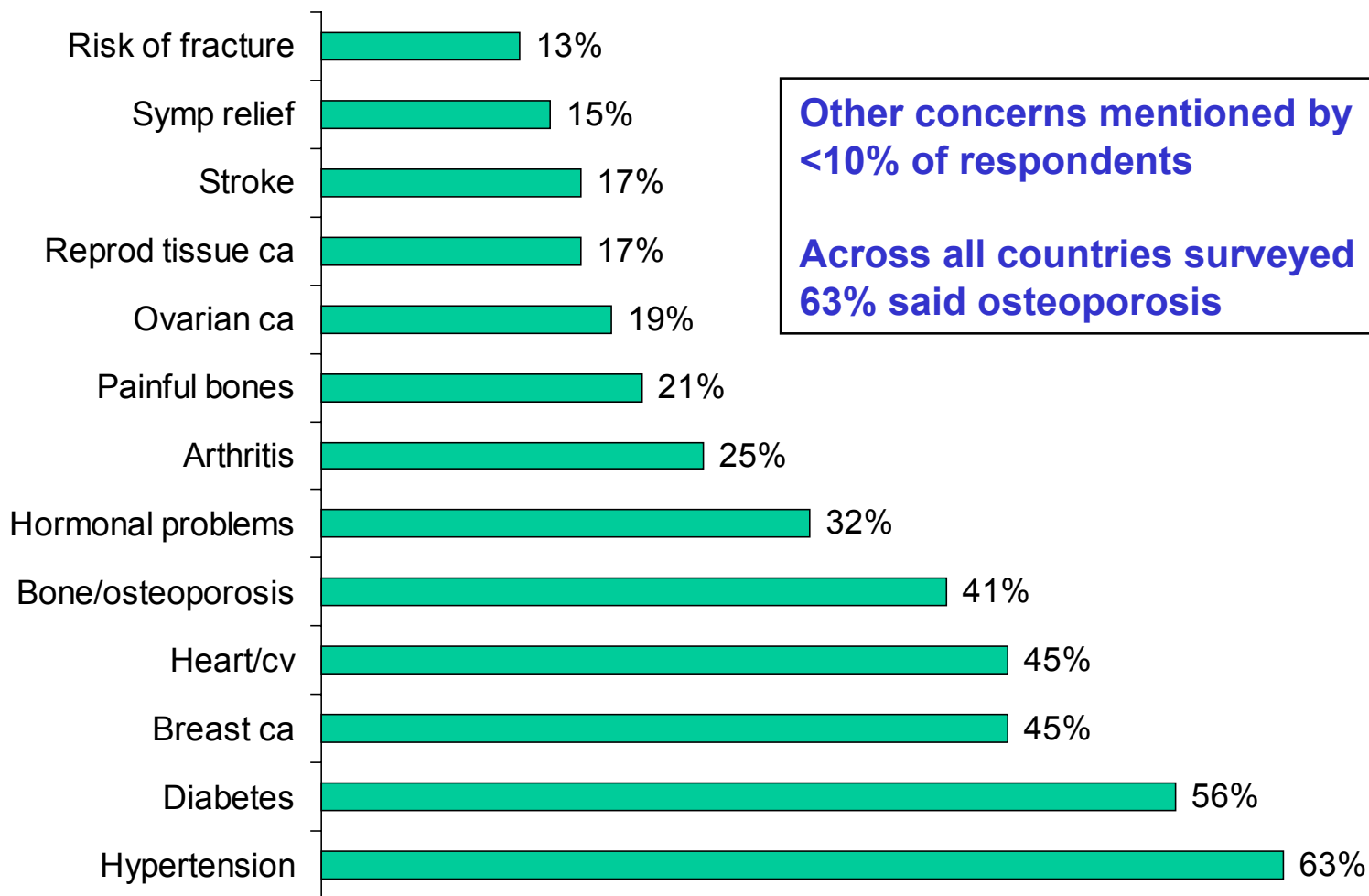


Q.4 Key health concern discussed

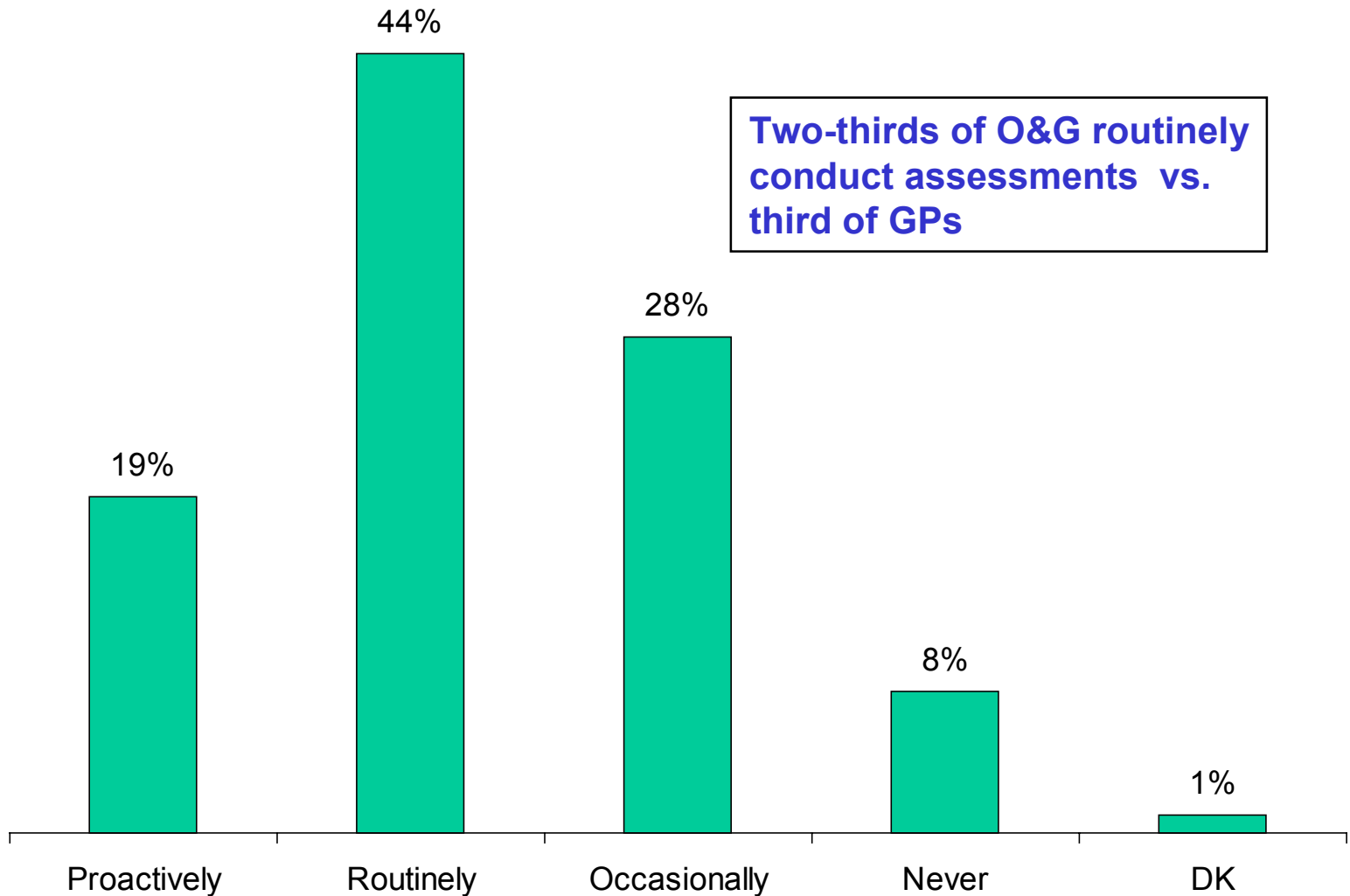


Base: All respondents (n=75)

Q.4/5 Total mentions of health concerns



Q.6 Approach to health risk assessment



Base: All respondents (n=75)

Q.7 Limiters on health status reviews

Base: All respondents	75
Don't have the facilities/equipment	28%
Patient's don't request this	17%
Refer to nurse/specialist to do this	16%
Reimbursement/lack of funding	16%
Patients can't afford treatment	7%
Don't know	16%

Other points made on individual basis

Q.8a Definition of treatment

Base: All respondents

75

Starting medication when woman has already developed osteoporosis

43%

Starting medication when woman is at risk of developing osteoporosis

32%

Starting medication when a woman has experienced a first fracture

24%

Don't know

1%

Across all countries surveyed 30% said starting med. when a woman has already developed o/p and 43% when a woman is at risk of o/p

Q.8b Definition of prevention

Base: All respondents	75
Starting medication before the woman is at risk of developing osteoporosis	44%
Advising women on lifestyle adjustments to reduce risk	31%
Starting medication when woman is at risk but not suffered from fractures	25%

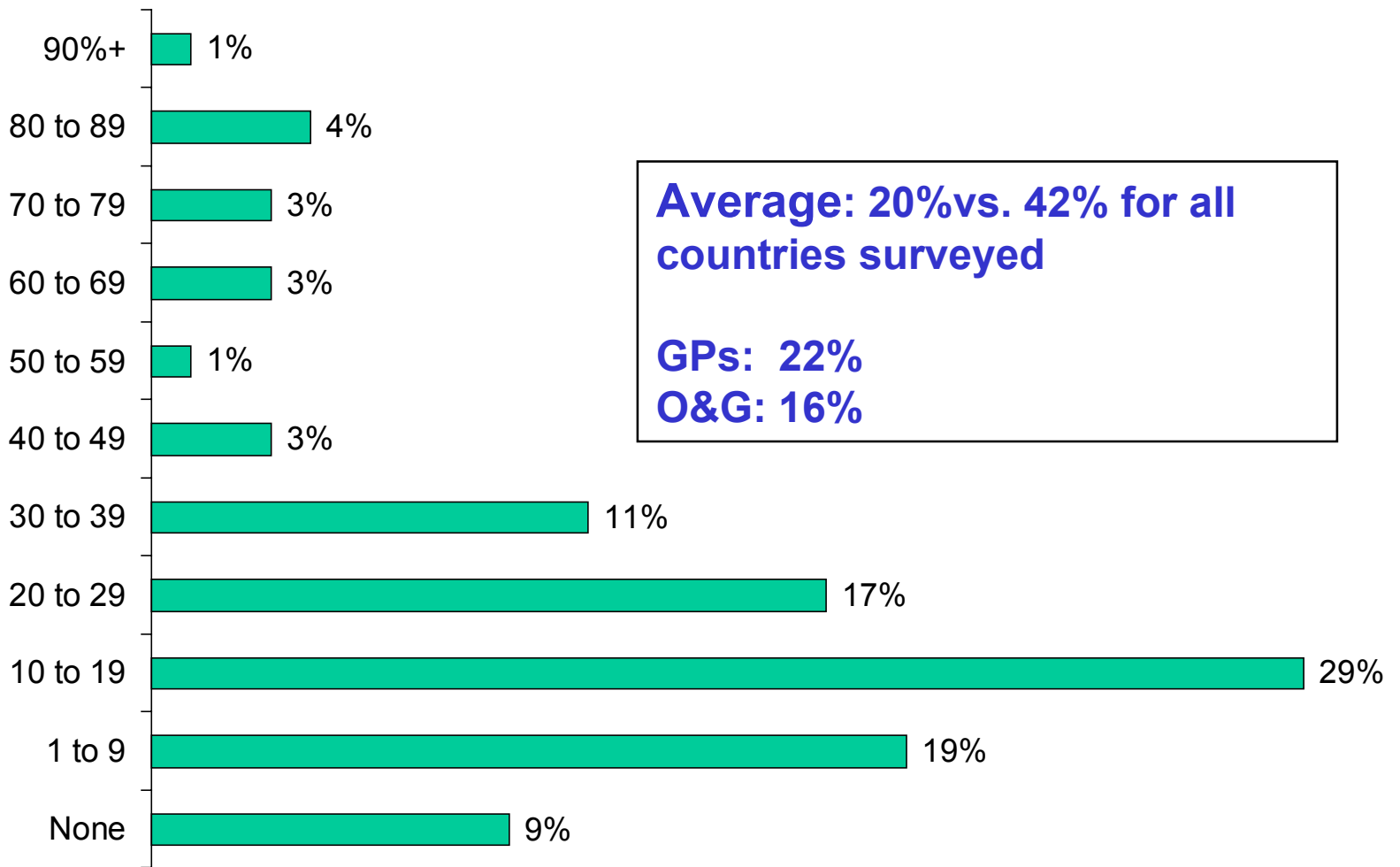
Across all doctors surveyed, 33% said starting med before the woman is at risk, 44% lifestyle advice and 13% starting med when a woman is at risk but not had a fracture

Q.9 Most negative effects of osteoporosis

Base: All respondents

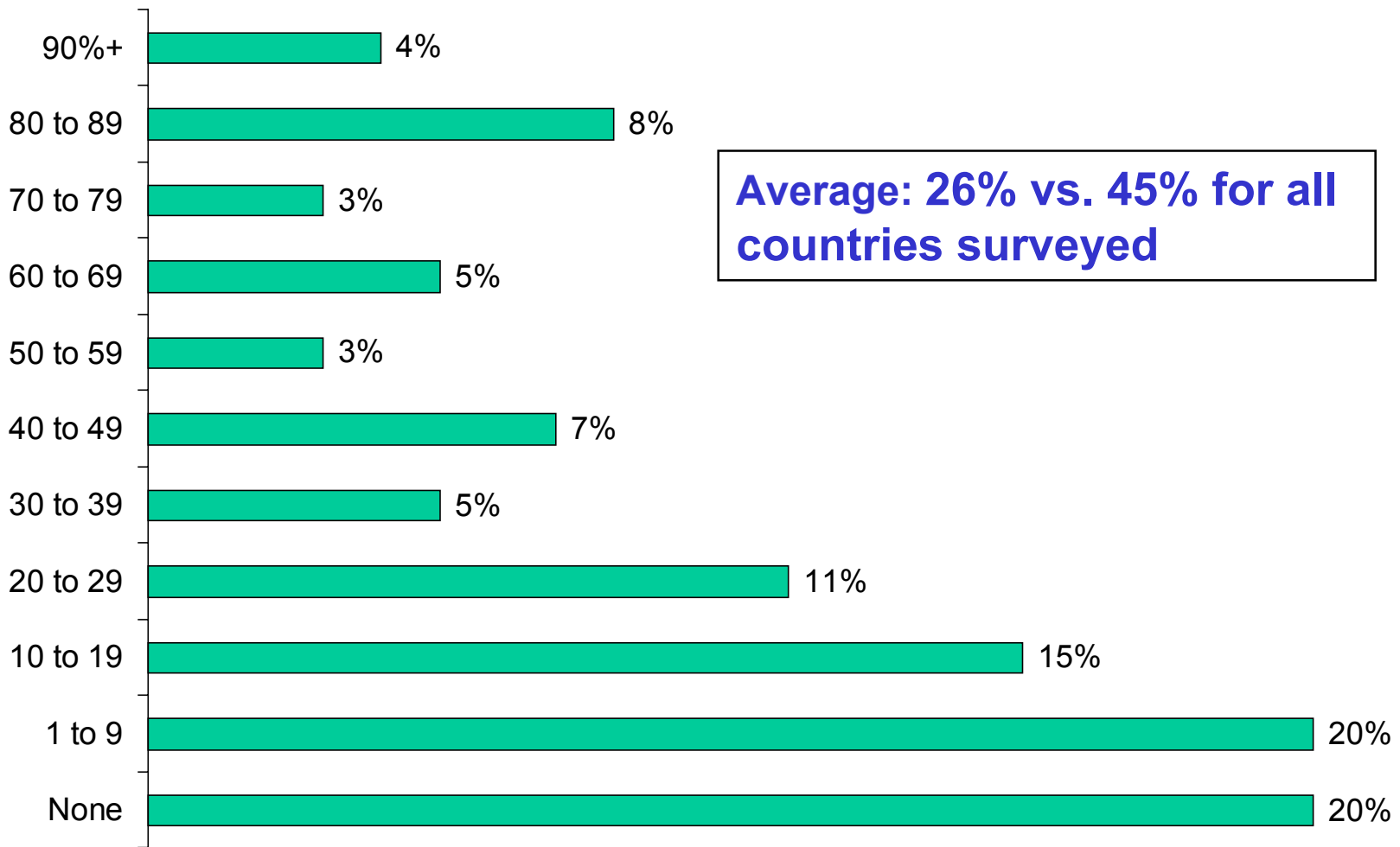
	75	
	<u>Jordan</u>	<u>All count</u>
Pain	57%	39%
Fracture/breaking a bone	48%	76%
Limiting affect on lifestyle	33%	14%
Debilitation	29%	10%
Depression	29%	5%
Decrease in self esteem	13%	3%
Makes a woman feel old/infirm	11%	4%
Bone loss	11%	8%
Curvature of the spine	11%	11%
Loss of height	7%	5%
Weight loss	7%	1%

Q.10 % patients rxd medication for treatment of osteoporosis



Base: All respondents (n=75)

Q.11 % patients rxd medication for prevention of osteoporosis



Base: All respondents (n=75)

Q.12a Inhibitors of rxing medication for prevention

Base: All respondents	75
Cost	40%
Women are not good at complying	36%
Women don't like dosage regimen	15%
Lack of funding	15%
Dosage regimen	12%
Side effects	11%
Refer to orthopaedist	8%
Current medications not clinically proven for prevention	5%
None	17%

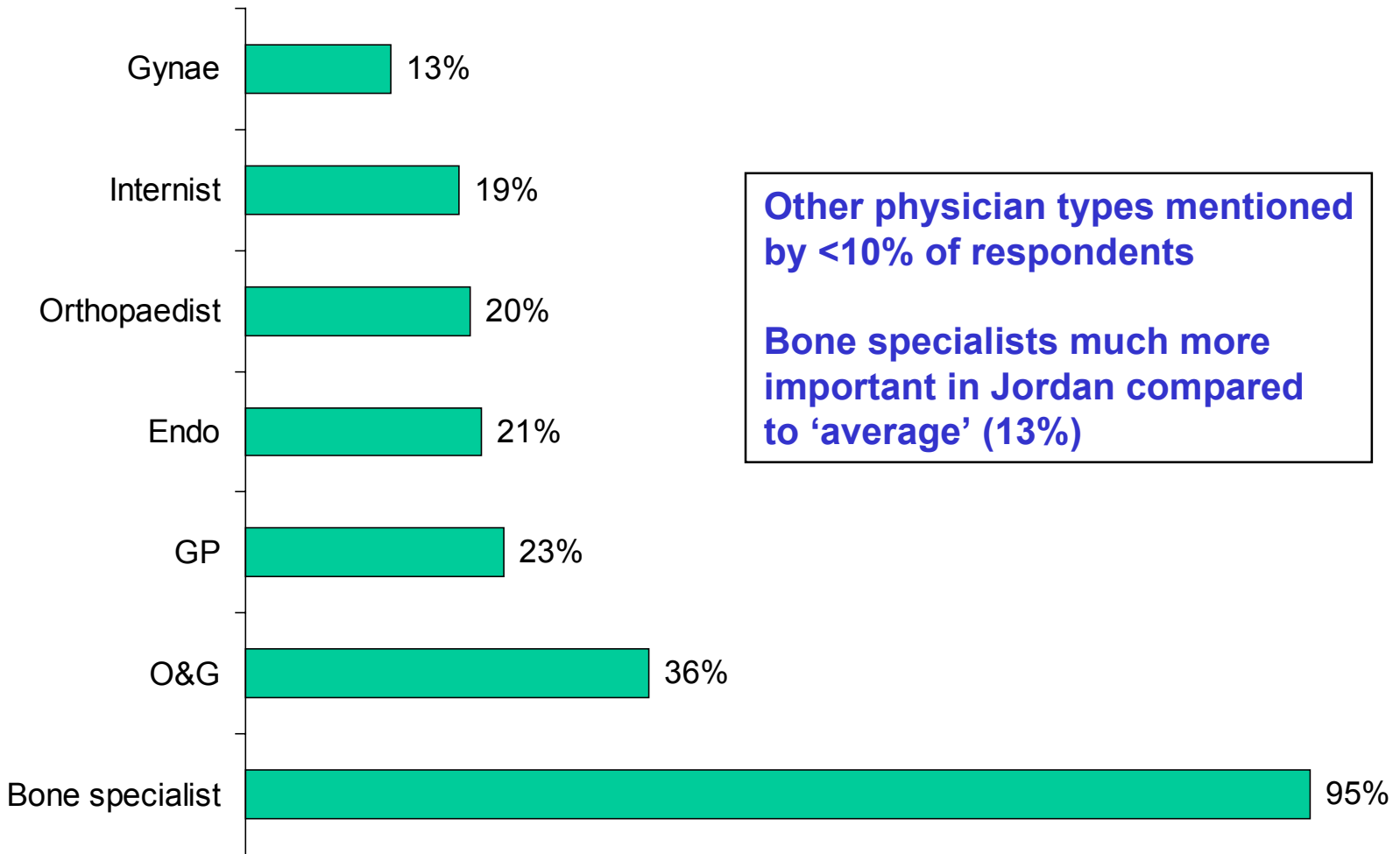
Other points mentioned by <5% of respondents

Q.12b Biggest challenge when treating preventatively after menopause

Base: All respondents	75
Patients concern about side effects	29%
Patients unwillingness to take l/t medication	25%
Patients concern about increased risk of cancer	21%
Patients lack of understanding of l/t health risks	15%
Patients concern about l/t health risks	11%
Patients lack of knowledge about therapy options	5%
Shortage of time for discussion	4%
Don't know	8%



Q.19 Physicians most likely to rx medication for osteoporosis



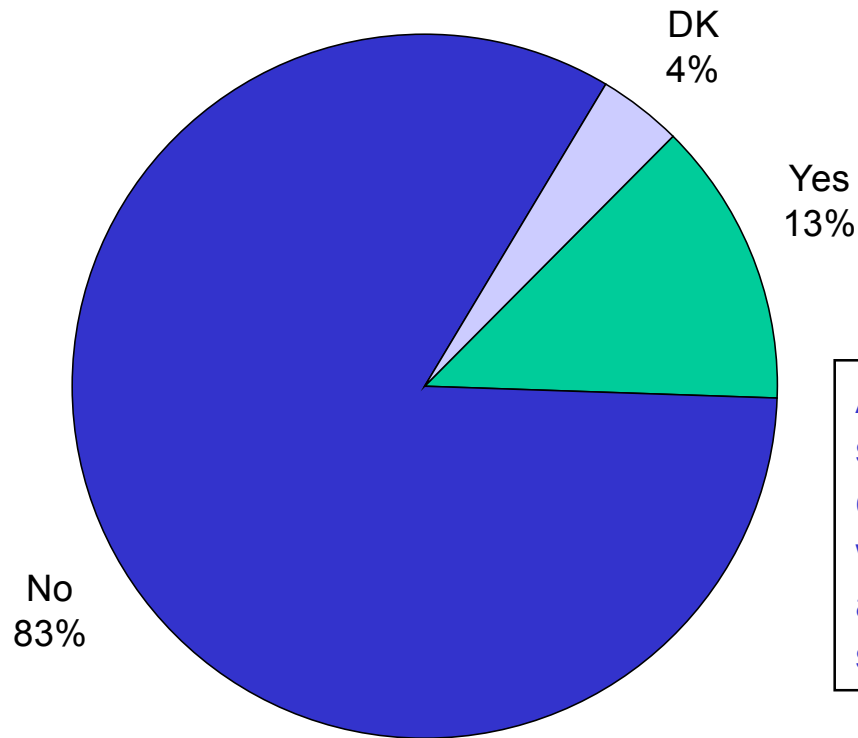
Base: All respondents (n=75)

Q.20 Factors affecting decision to rx long term medication

Base: All respondents	75
Cost	49%
Effectiveness	41%
Compliance	35%
Both treats and prevents osteoporosis	28%
Ease of use	24%
Side effects	24%
Leading specialists already rx therapy	12%

Other factors mentioned by <10% of respondents

Q.21 Whether women consult at early enough stage



Across all countries surveyed 38% of doctors felt that women did consult at an early enough stage

Base: All Respondents (n=75)

Q.22 Most important feature of osteoporosis product

Base: All respondents	75
Efficacy	47%
Cost effective	24%
Prevention of further fractures	11%
Convenient to take	7%
Stops fractures (other than vertebral)	4%
Other features mentioned by individual respondents	

Q.22/23 Important feature of osteoporosis product

Base: All respondents	75
Efficacy *	72%
Cost effective	53%
Convenient to take ^	33%
Has no long term safety risks	19%
Stops fractures (other than vertebral) *	13%
Increases BMD *	12%
Prevention of further fractures *	12%
Enhances compliance ^	11%
Effectively stops vertebral fracture *	9%

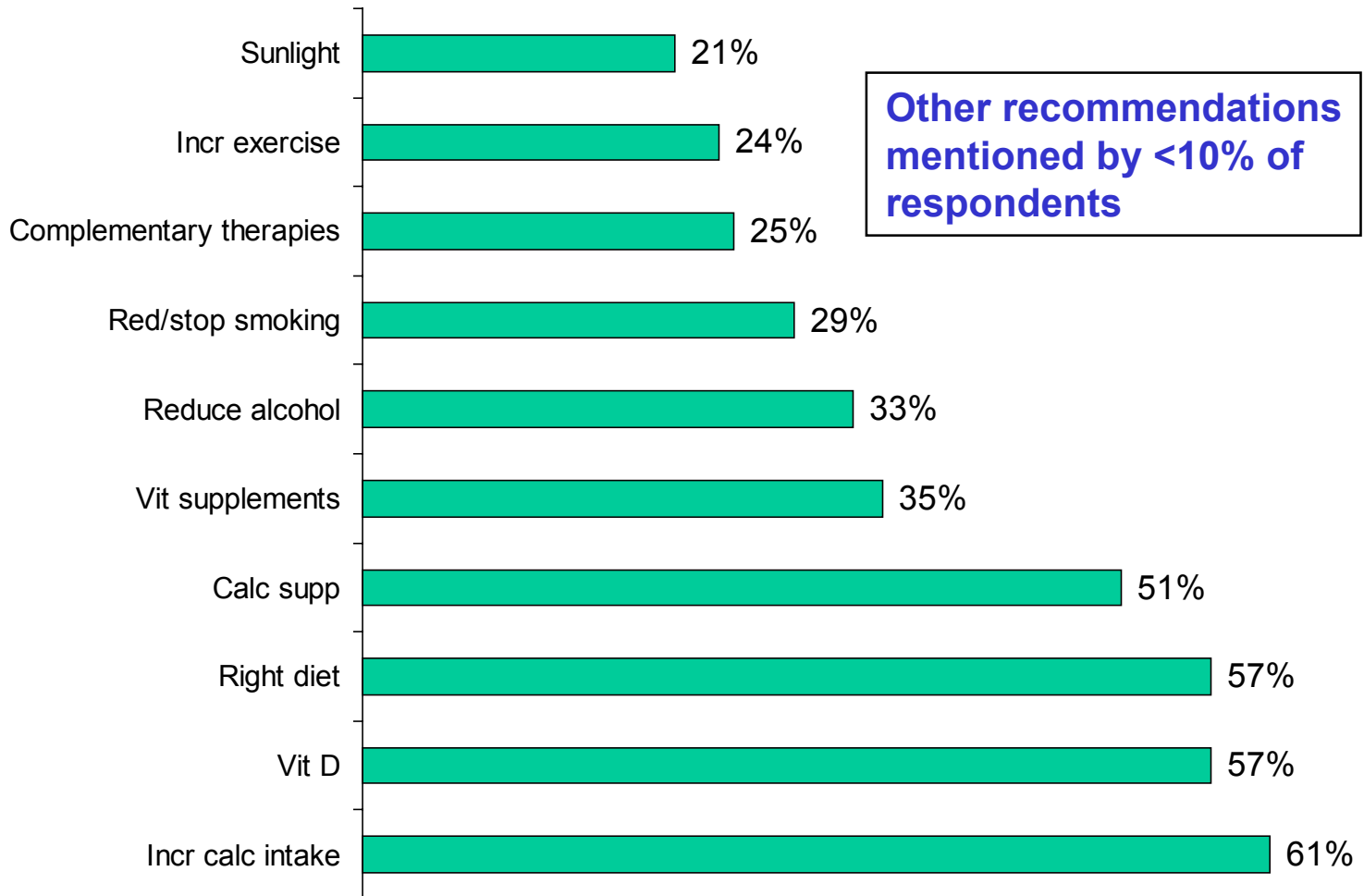
* Mentioned by 88% of doctors vs. 'average' of 78%

^ Mentioned by 45% of doctors vs. 'average' of 62%

Q.24 Ideal candidates for preventative medication (prompted)

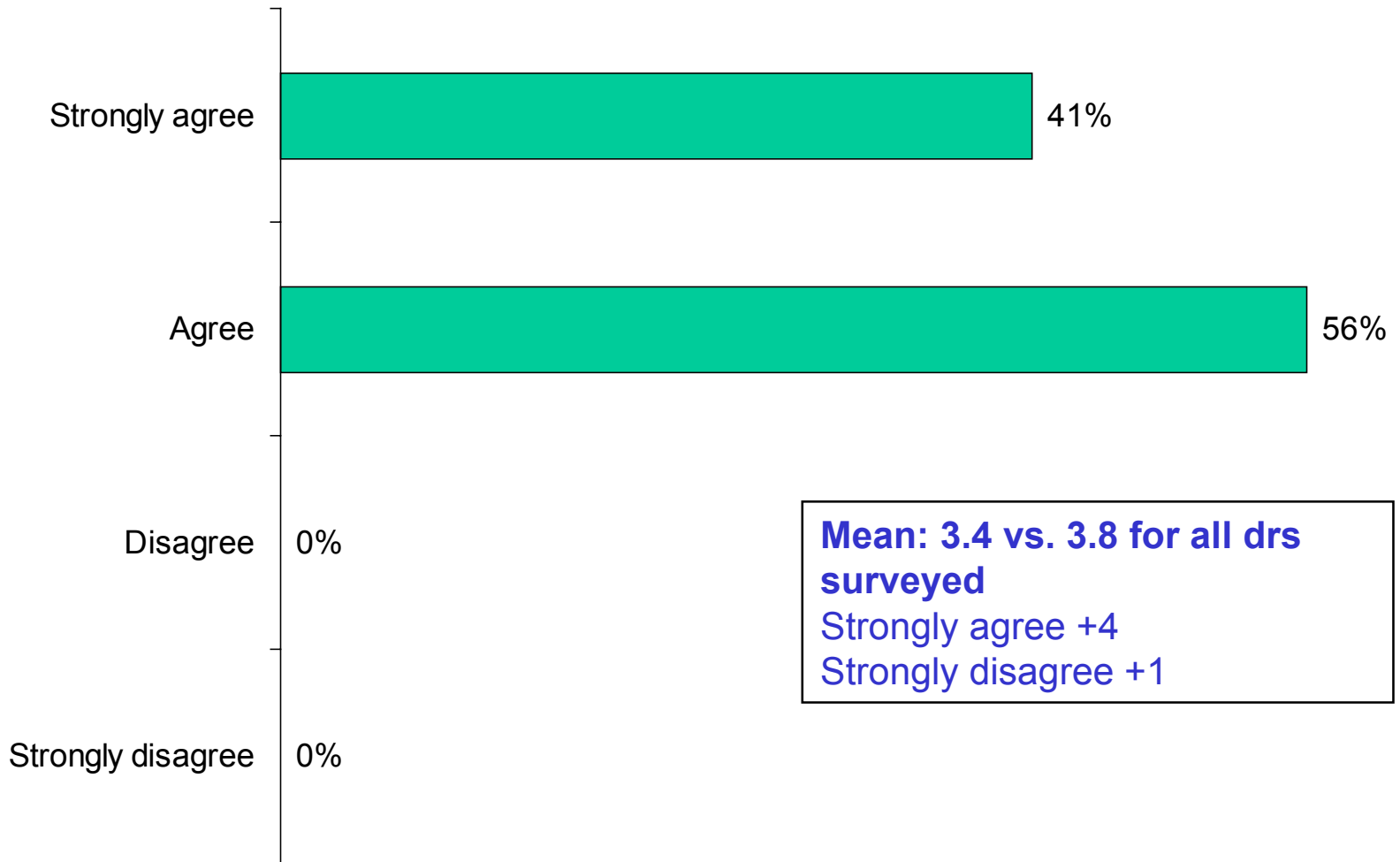
Base: All respondents	75
Women at high risk of vertebral fracture	73%
Women at high risk of hip fracture	61%
Women with family history of osteoporosis	36%
Asymptomatic postmenopausal women	28%
Per-menopausal women	11%
Women with vertebral fracture	8%
Women at risk from developing breast problems	7%
Women with history of hip fracture	5%
Women at risk from developing cardiac problems	3%
None	15%
Don't know	5%

Q.25 Therapy/lifestyle recommendations suggest to women



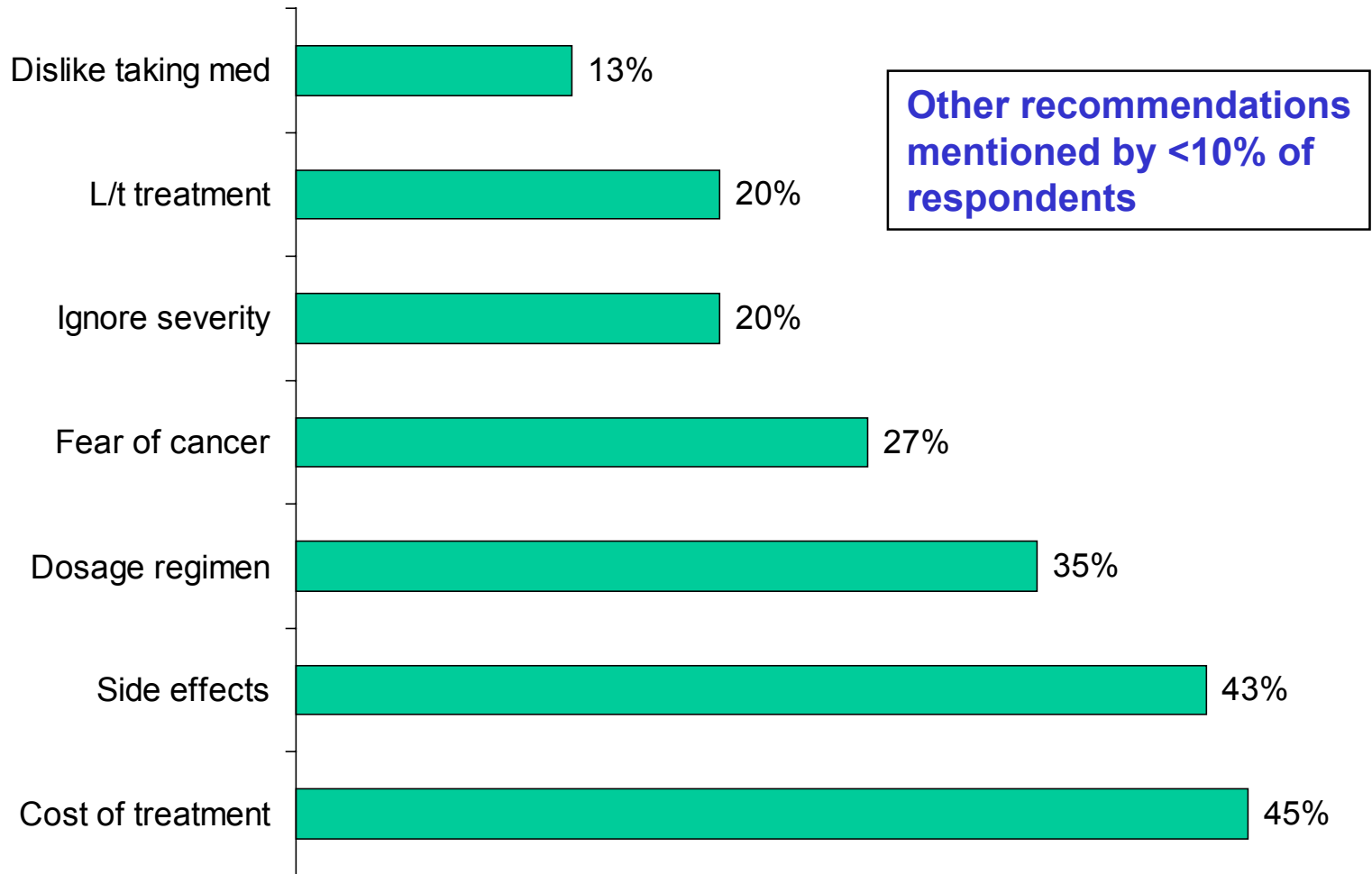
Base: All respondents (n=75)

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



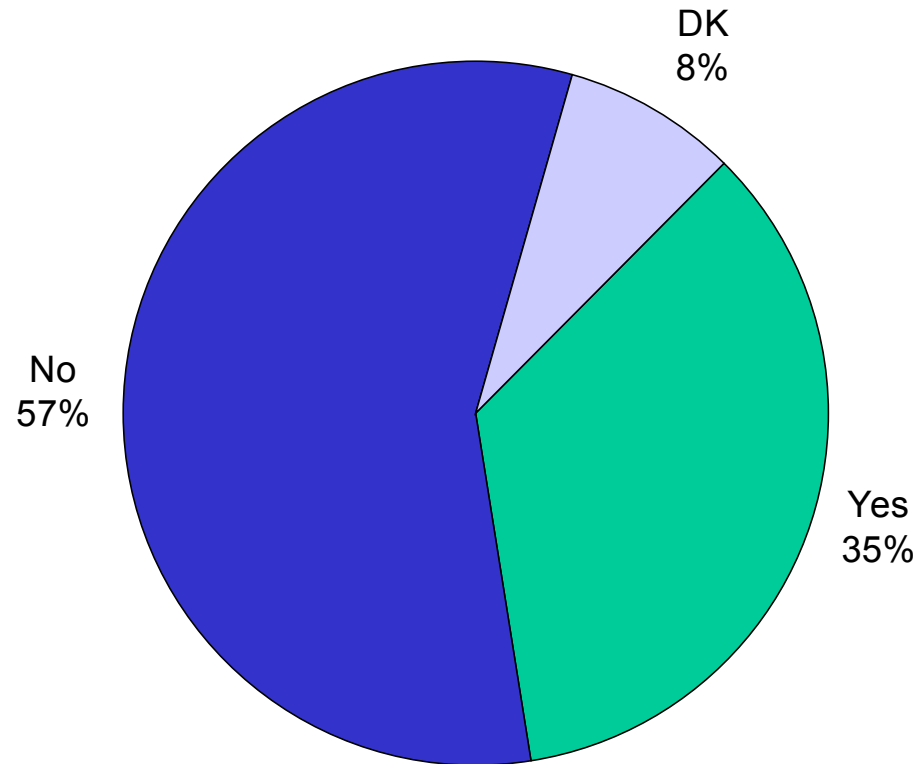
Base: All respondents (n=75)

Q.27 Reasons for non-compliance



Base: All respondents (n=75)

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

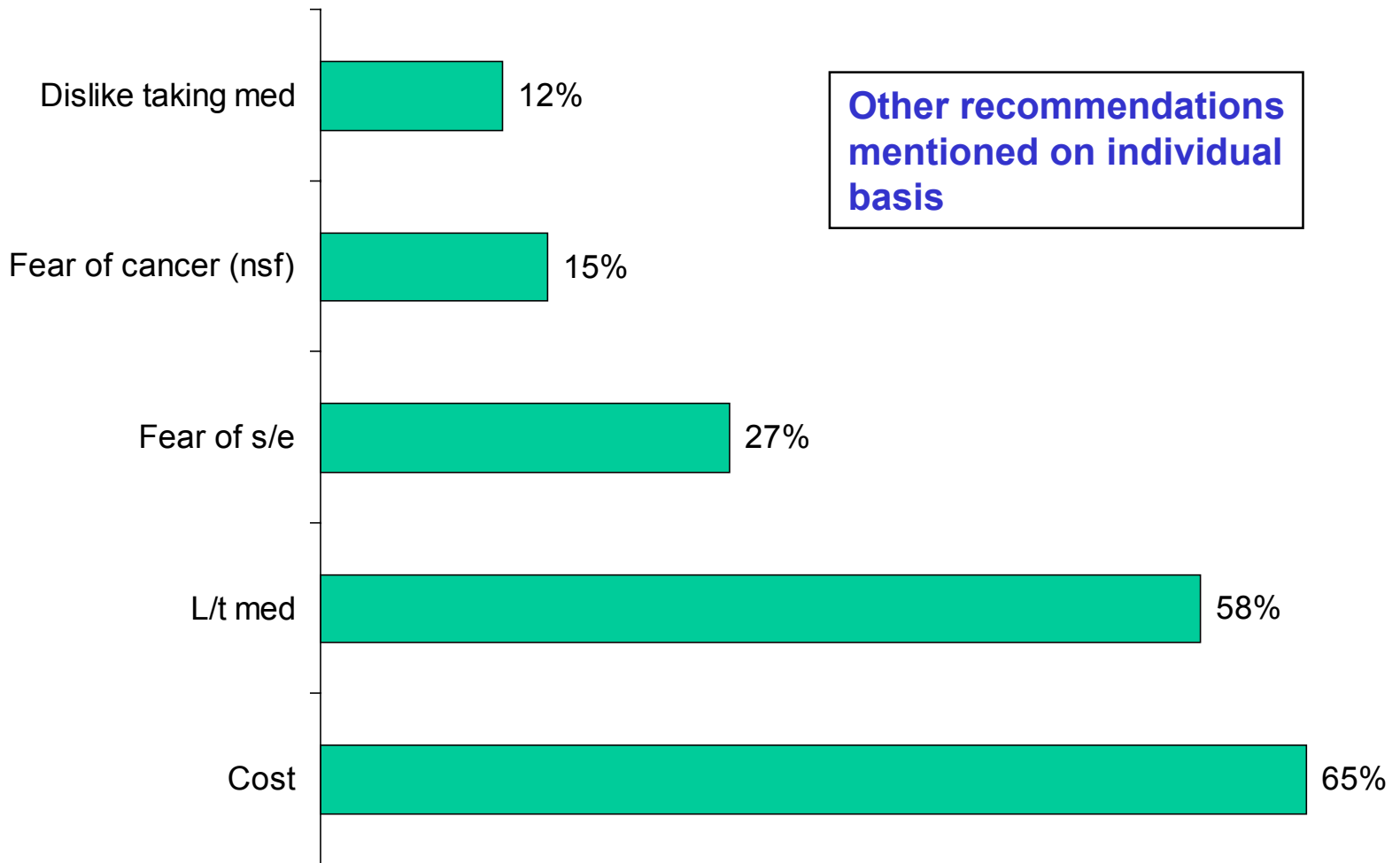


Base: All Respondents (n=75)

Across all doctors surveyed 61% had experienced patients refusing



Q.29 Reasons why patients refuse treatment



Base: Doctors whose patients have refused recommended medication (n=26)

Q.30 Agreement with statements

Base: All respondents	75
Our goal should be to prevent women suffering first fracture	97%
The main aim of o/p management is to prevent fractures	92%
Osteoporosis should be viewed as a serious condition	91%
Bone fragility is an inevitable factor in growing old	91%
Osteoporosis fractures are a maj. clinical problem	89%
A medicine that can treat a disease is generally more effective than one that can just prevent	75%
The screening programme for o/p is sufficiently funded	72%
If you can prevent vert. fractures you can stop secondary frac.	71%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	68%
The screening programme for o/p is sufficiently w/spread	63%
The screening programme for osteoporosis could be improved	52%

Summary

- v A fifth of doctors held menopause clinics and 4% an osteoporosis clinic (vs. 20% across all doctors surveyed)
- v On average the doctors estimated they had 80 postmenopausal women in their practice. This compares to an average across all countries surveyed of 903
- v The one key health concern the doctors have for their postmenopausal women is hypertension (one fifth), with the next most frequently mentioned main concern being osteoporosis (<fifth)
- v When looking at all health concerns for postmenopausal women, two-thirds stated hypertension, a half diabetes, and two-fifths osteoporosis, heart disease or breast cancer.

Summary

- v Two-thirds of doctors said they either proactively or routinely approached health risk assessment with the key limits to assessment being the lack of facilities (>quarter) or the fact that patients don't request them (<fifth)
- v >two-fifths of doctors defined 'treatment' as starting medication when a woman has developed osteoporosis, with third defining it as starting medication when a woman is at risk
- v <half of doctors defined 'prevention' as starting medication before a woman is at risk. Three-tenths defined it as advising women on lifestyle changes
- v >half the doctors felt that the most negative effect of osteoporosis was pain, <half fracture/breaking a bone, a third the limiting affect on lifestyle and >quarter debilitation or depression

Summary

- v On average the doctors estimated that 20% of their postmenopausal women would be receiving medication for 'treatment' and 25% for 'prevention'. This compares to 42% and 45% respectively across all countries surveyed
- v Two-fifths felt that cost was inhibiting them from rxing medication for the prevention of osteoporosis, whilst a third felt lack of compliance inhibits them
- v >quarter of doctors felt that the biggest challenge they face when treating preventatively after the menopause was concern of side effects, with quarter saying that patients were unwilling to take long term medication. A fifth said their biggest challenge were women's concerns about the risk of cancer

Summary

- v Almost all the respondents said the most likely physician type to rx for osteoporosis was a bone specialist, followed by obs and gynae (third), GP (quarter), endocrinologist or orthopaedist (fifth)

Summary

- v <half of doctors felt that cost affected their decision as to which product to rx for long term medication. >two-fifths felt effectiveness was a factor in their decision. >third felt that compliance affected their decision, whilst >quarter the fact that a product must both treat and prevent affected their decision. Ease of use and side effects were both mentioned by a quarter of doctors
- v Four-fifths of doctors felt that women did not consult them at an early enough stage
- v <half of doctors felt that the most important feature of an osteoporosis product was its efficacy with a quarter saying its cost effectiveness

Summary

- v When looking at all important features of an osteoporosis product, a total of 88% of doctors cited effect on the bone, whilst two-thirds cited compliance. >half mentioned cost as being an important feature
- v A third of respondent said that the ideal candidates for preventative medication were women with a family history of osteoporosis.
- v Two-thirds of doctors said they recommend women to increase their calcium intake, >half to take Vitamin D, follow a healthy diet or take calcium supplements
- v Almost all the doctors (97%) agreed that compliance is an important factor in a drug's efficacy, with the main reason for non-compliance cited as being cost, side effects and dosage regimens

Summary

- v <half of doctors have had the situation where women have refused recommended osteoporosis treatment. Two thirds of these doctors felt this was because of the cost and three-tenths that they don't like taking long-term medication
- v Almost all the doctors agreed that their goal should be to prevent women from suffering a first fracture
- v 9 out of 10 doctors agreed that the main aim of management should be to prevent fractures, that osteoporosis should be viewed as a serious condition, that bone fragility is part of the ageing process and osteoporosis fractures are a major clinical problem
- v 3 out of 10 doctors did not feel that the screening programme in Jordan was sufficiently funded

Summary

- v 7 out of 10 doctors agreed that if you prevent vertebral fractures you can prevent secondary fractures and that women are often not diagnosed until they present with a fracture
- v 3 out of 10 doctors did not feel that the screening programme in Jordan was sufficiently widespread and 5 out of 10 doctors said that the screening programme could be improved

Conclusions and Recommendations

Awareness

Awareness

- v 6 out of 10 women said that osteoporosis is a serious disease
- v 92% of all women suffering from osteoporosis were not aware they were at risk
- v None of the sufferers were aware that they had the disease prior to diagnosis
- v 91% of doctors think that osteoporosis should be viewed as a serious condition
- v 89% of doctors feel that osteoporosis fractures are a major clinical problem
- v Two-fifths of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only a quarter of postmenopausal women stated they were concerned about the disease

Awareness

- v A third of the women had discussed osteoporosis with a doctor and of these, 69% said their doctor initiated the discussion
- v A third 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 None of the women feel they are very likely to develop the condition and only a quarter are very concerned about the long term health risks of osteoporosis

- v **Greater education is required amongst postmenopausal women**
 - v the biggest challenge doctors face is patients concern over side effects or that they are not willing 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 limiting affect on lifestyle, debilitation and depression
- v A third of women associate osteoporosis with long term pain, followed by fear of the next fracture/fall
- v All of the women with osteoporosis stated that it had impacted on their quality of life (can't go for long walks, live in fear of breaking a bone, back pain, less able to get from place to place, can't lift heavy weights)
- v Half of women who have suffered a fracture as a result of osteoporosis said it took over two months to recover from the fracture
- v Four-fifths of osteoporotics said they would have taken preventative medicine if they had known they were at risk

Impact on Daily Life

- v Given the impact of these effects, why are only 20% of postmenopausal women on medication for treatment (vs. only 2% 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 a quarter of women have been screened for osteoporosis and on screening, all of the women were identified as suffering from the disease
- v If screening identifies the disease - why have only 17% of patients been recommended screening by their own doctor?
- v 5 out of 10 doctors believe the screening programme should be improved
- v 3 out of 10 doctors believe that the screening programme is NOT sufficiently funded
- v 4 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, none of the doctors said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v 89% of women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 20% of women strongly agree that osteoporosis can be prevented
- v 87% 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 88% 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 26% of postmenopausal women are on preventative medicine
- v 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 of cost or that they will be on long term medication



Effective prevention and treatment

- v 73% 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 19% of women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 45% of their postmenopausal women patients are on preventative medication and 20% are rxd treatment

Effective prevention and treatment

- v 3 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

Effective prevention and treatment

- v **In turn women need to have a greater awareness that there are specific treatments as only a tenth indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors



Prescribing inhibitors

- v Half of doctors say cost/lack of funding is the greatest factor affecting their decision to rx a medication
- v Over a quarter of doctors think that the biggest challenge they face is patients concern about side effects or they are unwilling to take long term medication/concerned about increased risk of cancer
- v Two-fifths of doctors said that efficacy affect their rxing decision, followed by compliance (third)
- v This in turn leads to an average of 80% of patients NOT being rxd medication for the treatment of osteoporosis and 74% NOT being prescribed preventative medicine
- v Two-thirds of doctors have experienced patients refusing to take long term medication



Prescribing inhibitors

- v Just under half of doctors cost of treatment as being the key reason for non-compliance, followed by side effects and dosage regimen
- 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