

‘How Fragile Is Her Future?’ Research Mexico

*Prepared for the International Osteoporosis Foundation
and*

Sponsored by an educational grant from Lilly

Research Methodology

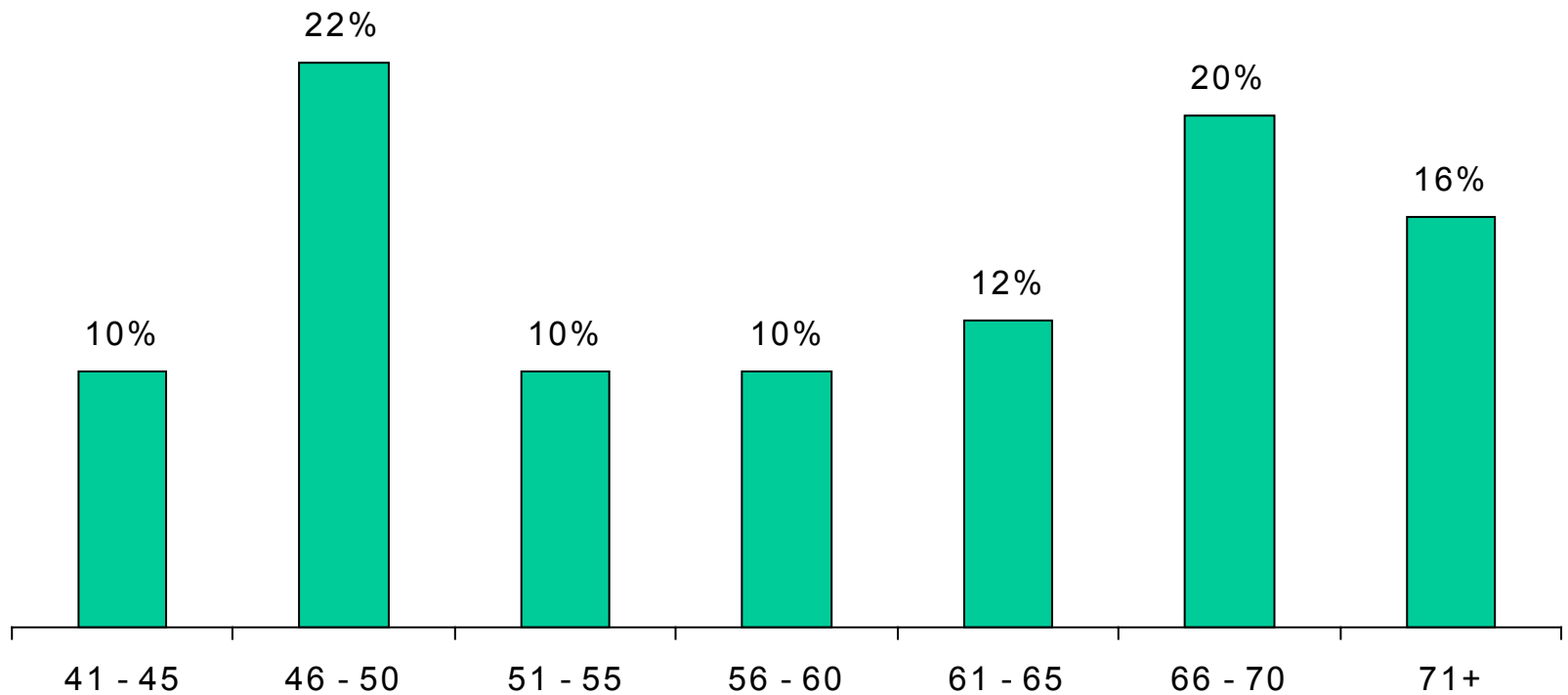
- v Computer-Aided-Telephone-Interviews conducted amongst GPs and postmenopausal women in each of the following countries:
 - v U.K., France, Germany, Italy, Spain, Canada, Australia, Jordan, Mexico, Brazil, Lebanon
 - v (Face to face interviews conducted in Middle East and Mexico)
- v 100 interviews conducted amongst doctors 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 - 28th April 2000
- v Fieldwork dates for consumers: 6th March - 4th April 2000

Main Findings

Mexican Consumers

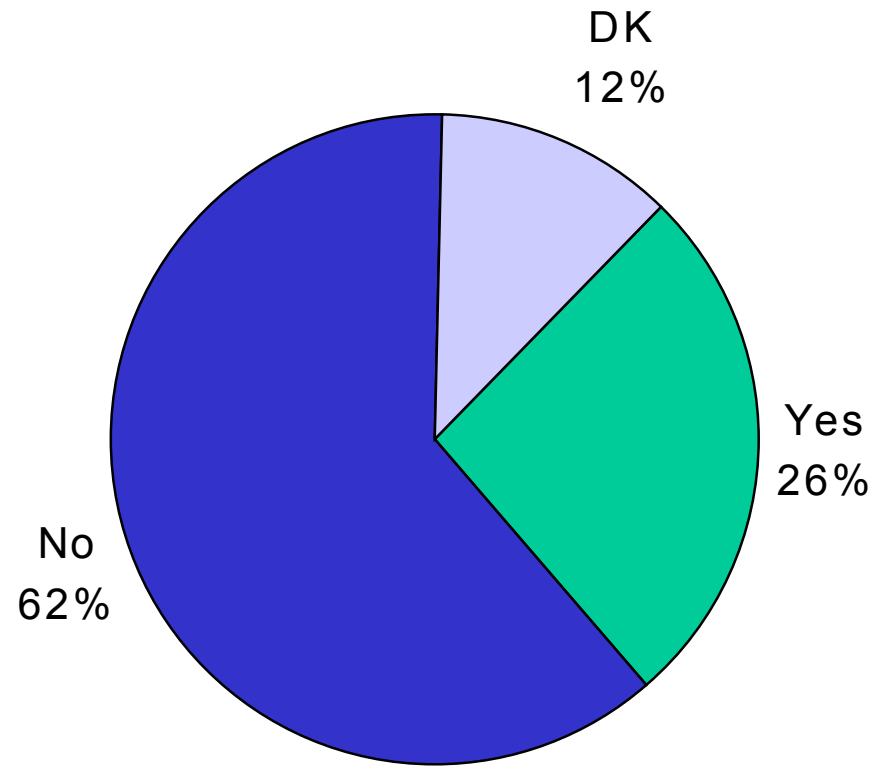
Q.2 Age of respondents

Mean: 59 years



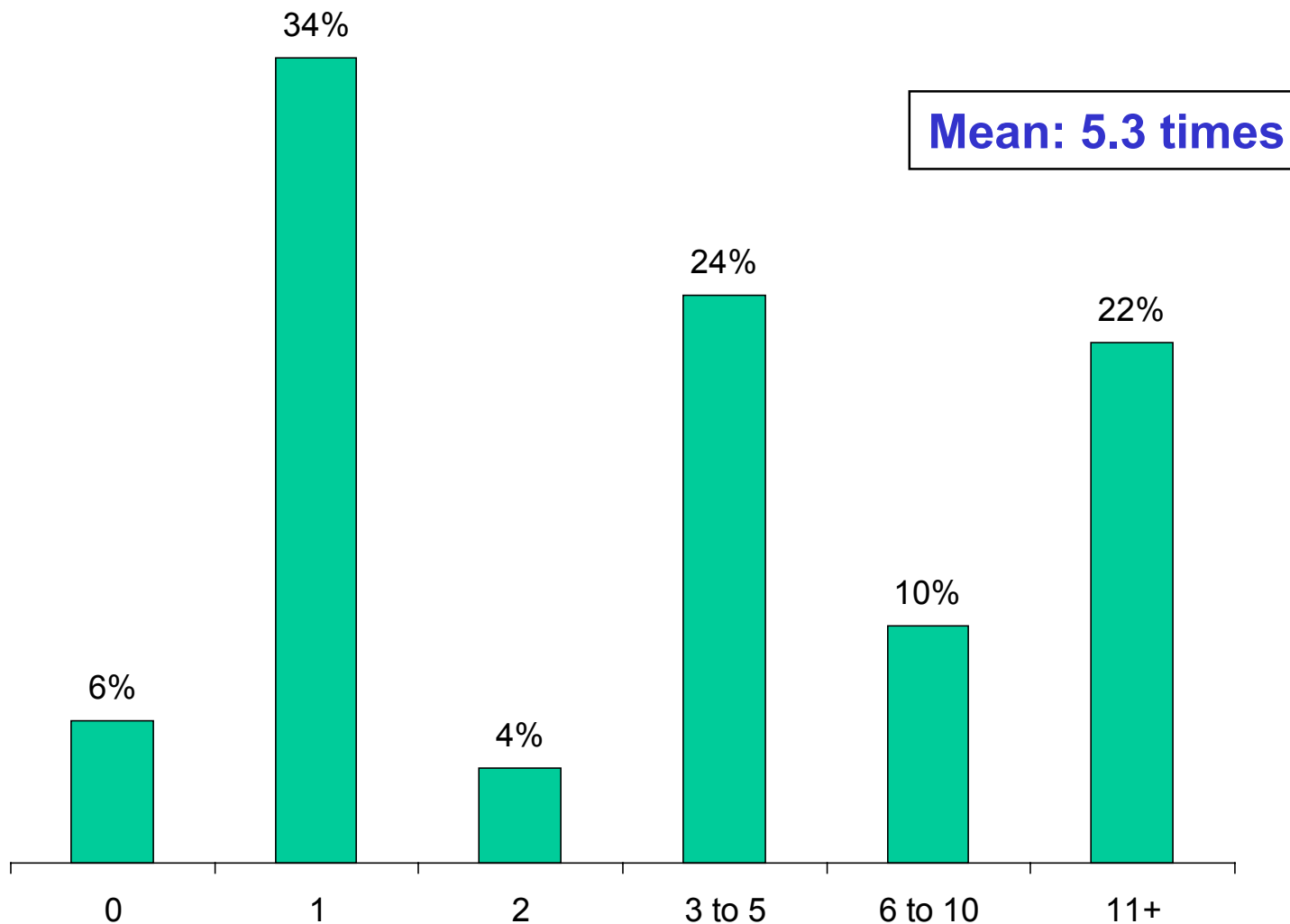
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.4 Whether suffering from osteoporosis



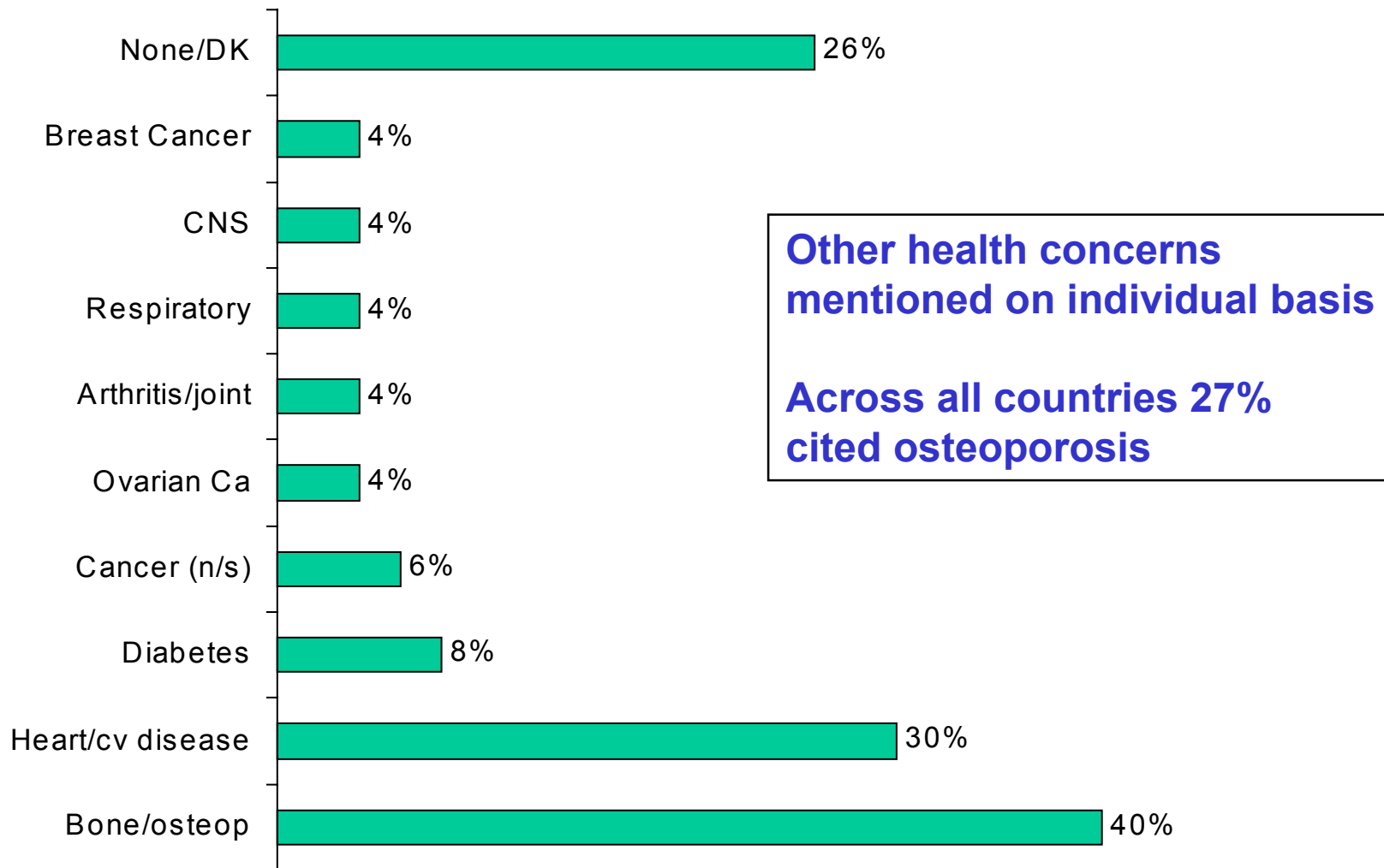
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.5 Number times visited GP in last 12 months



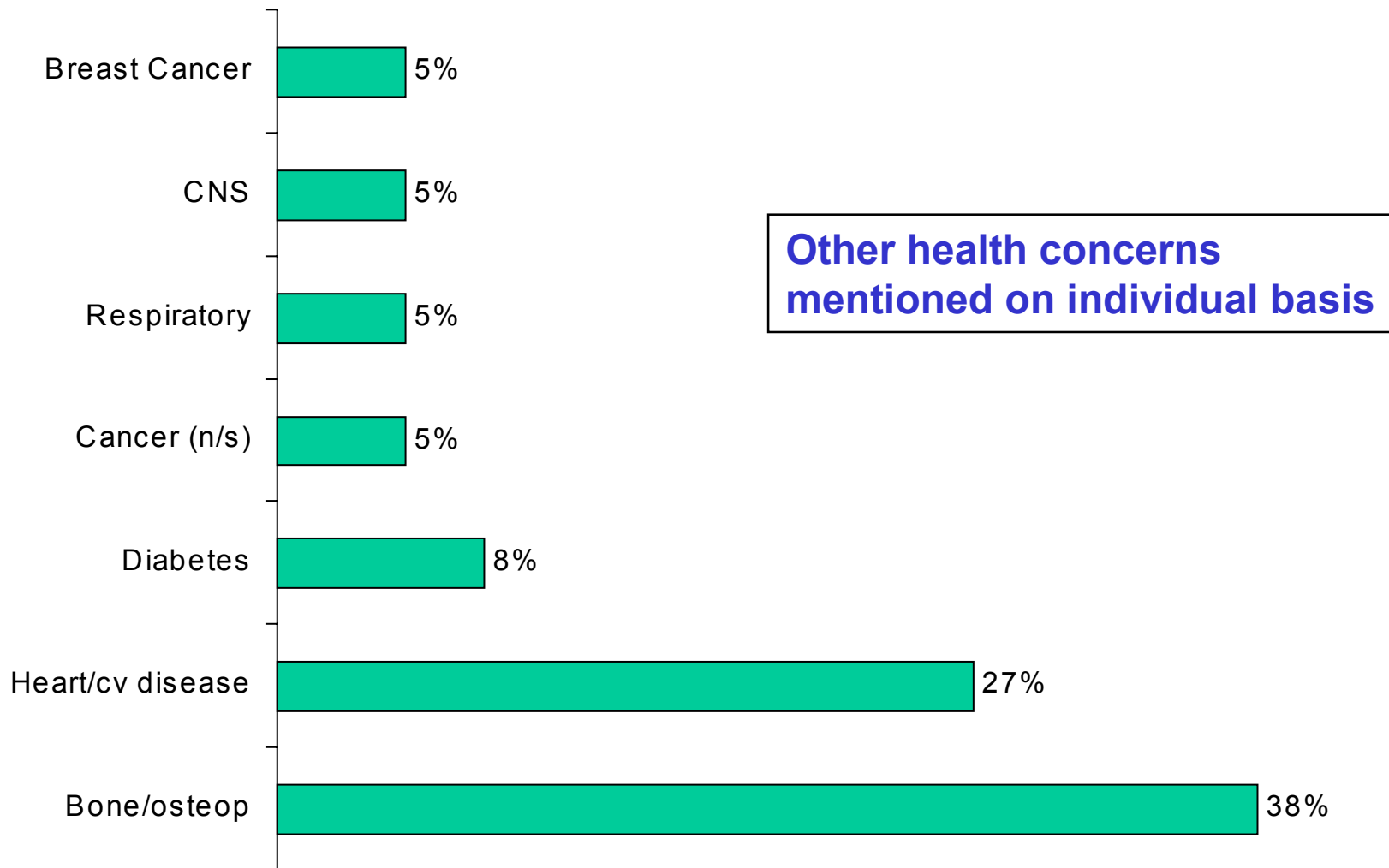
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.6 Key health concerns (spont)



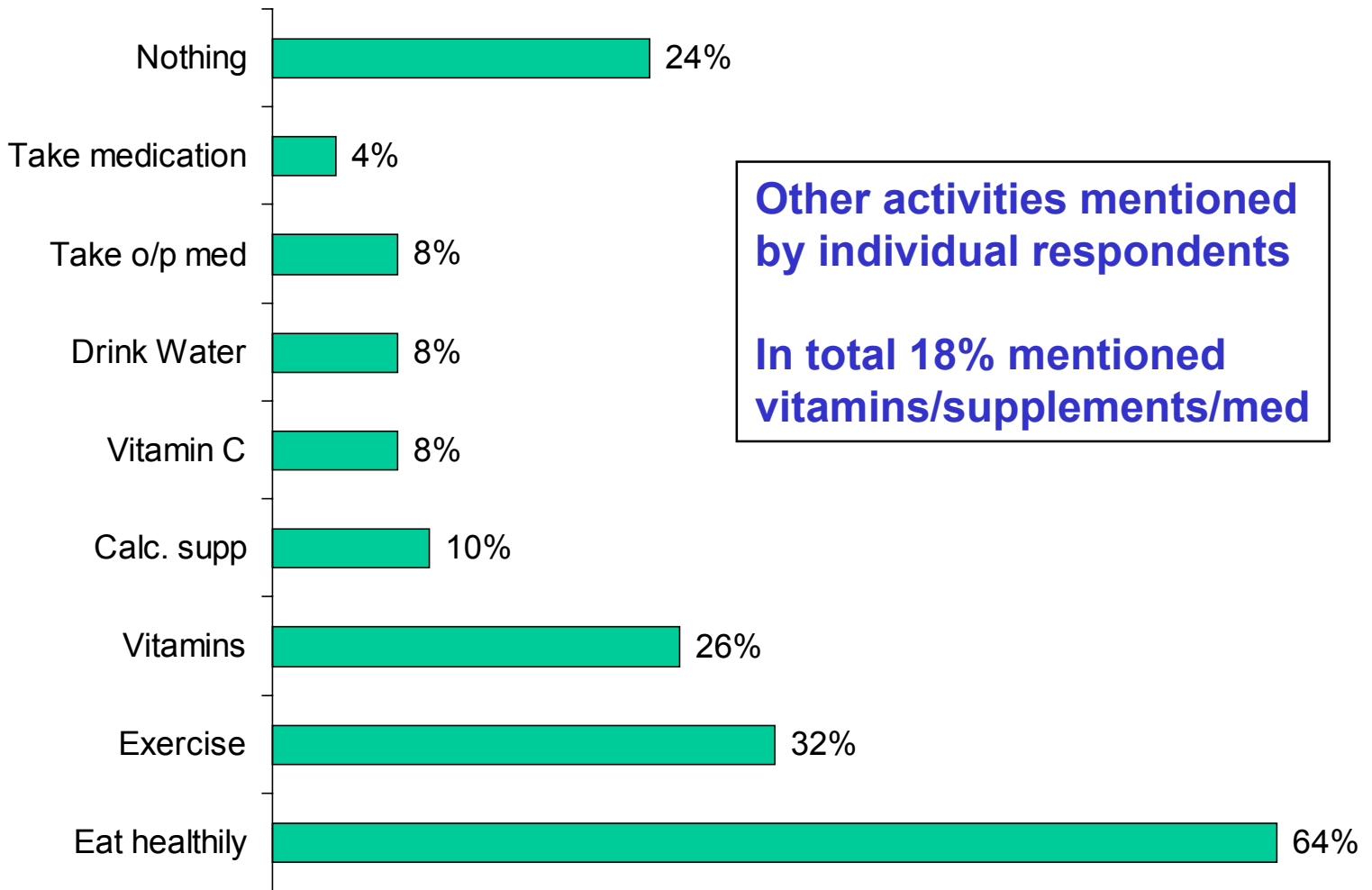
Base: All female respondents aged 41+ and been through menopause (n=50)

Q.7 Main health concern



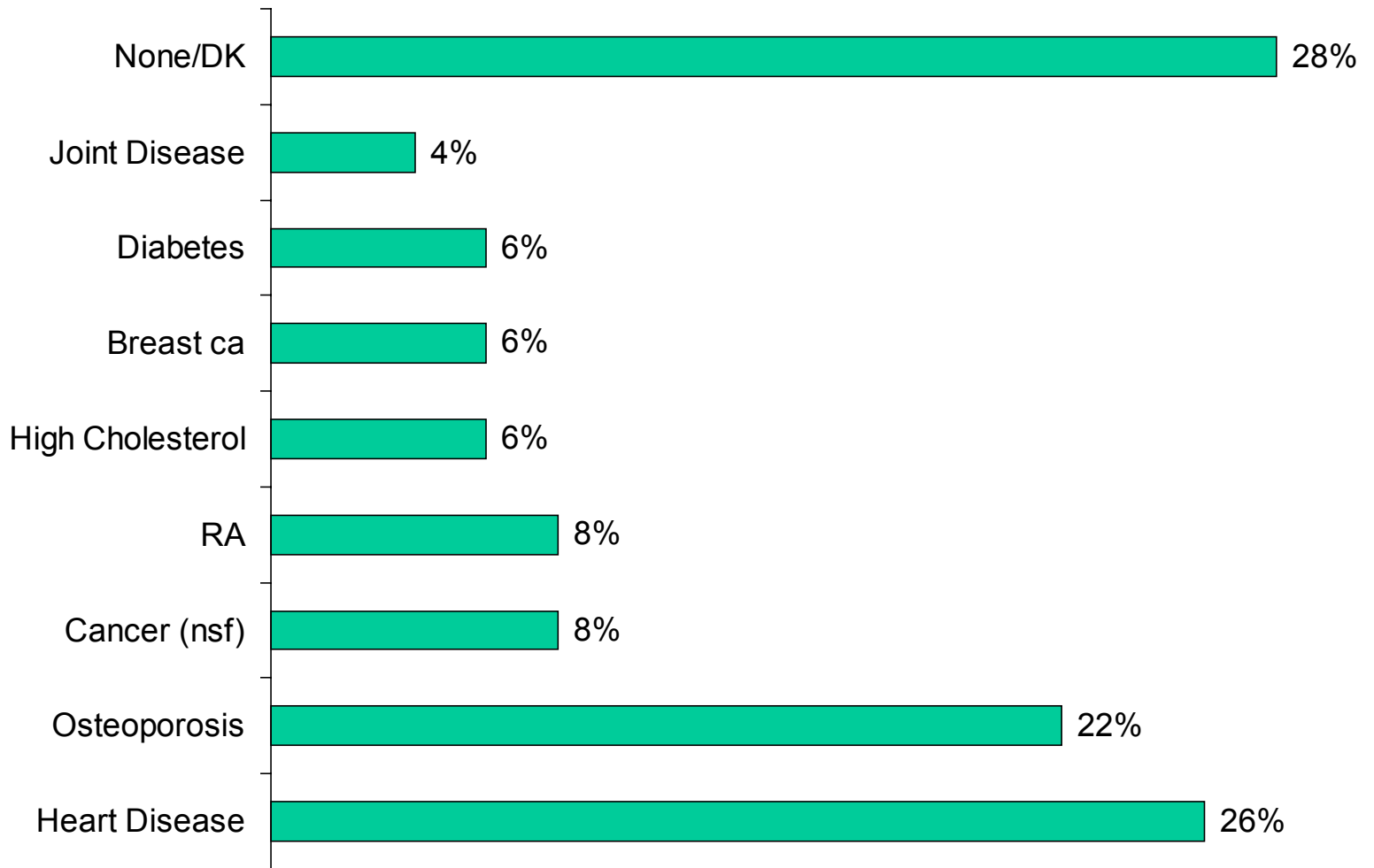
Base: All female respondents who currently have health concerns (n=37)

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



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

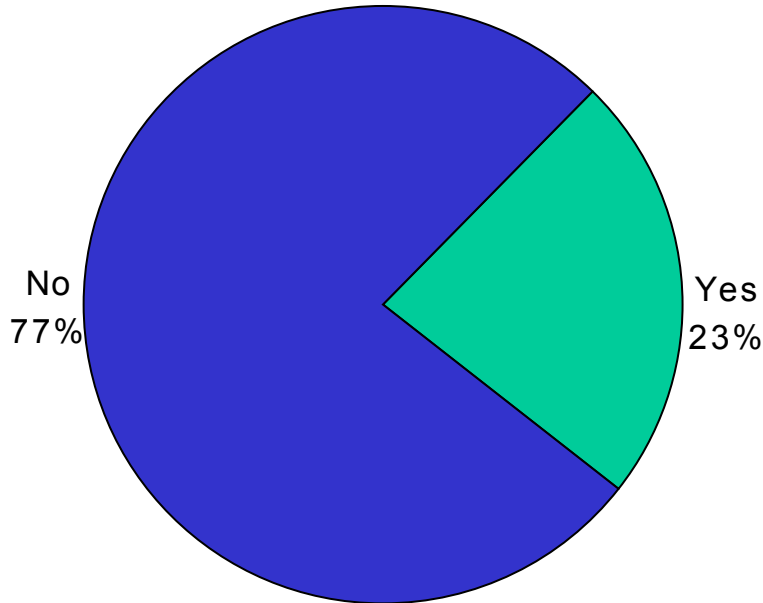
Q.9 Diseases screened for over last 5 years



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

Osteoporosis Screening

Q.10 Whether been screened for osteoporosis



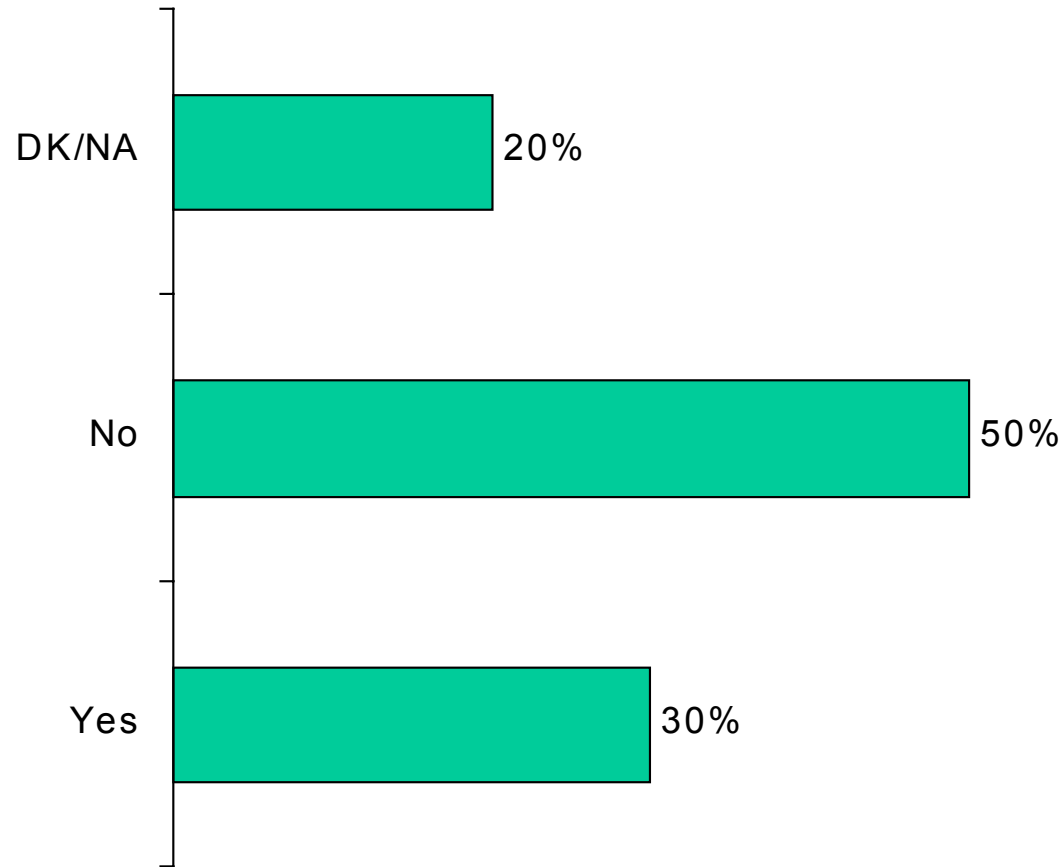
Q.11 Reasons for being screened for osteoporosis

Reason	Count
Base:	20
Asked to be screened	10
Suffered fracture	3
Recommended by doctor	3
At risk as post-men.	2
Suffered hip fracture	1
Suffered wrist fracture	1
Fell over	1
DK/NA	1

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



Q.12 Awareness of Osteoporosis Screening Programme

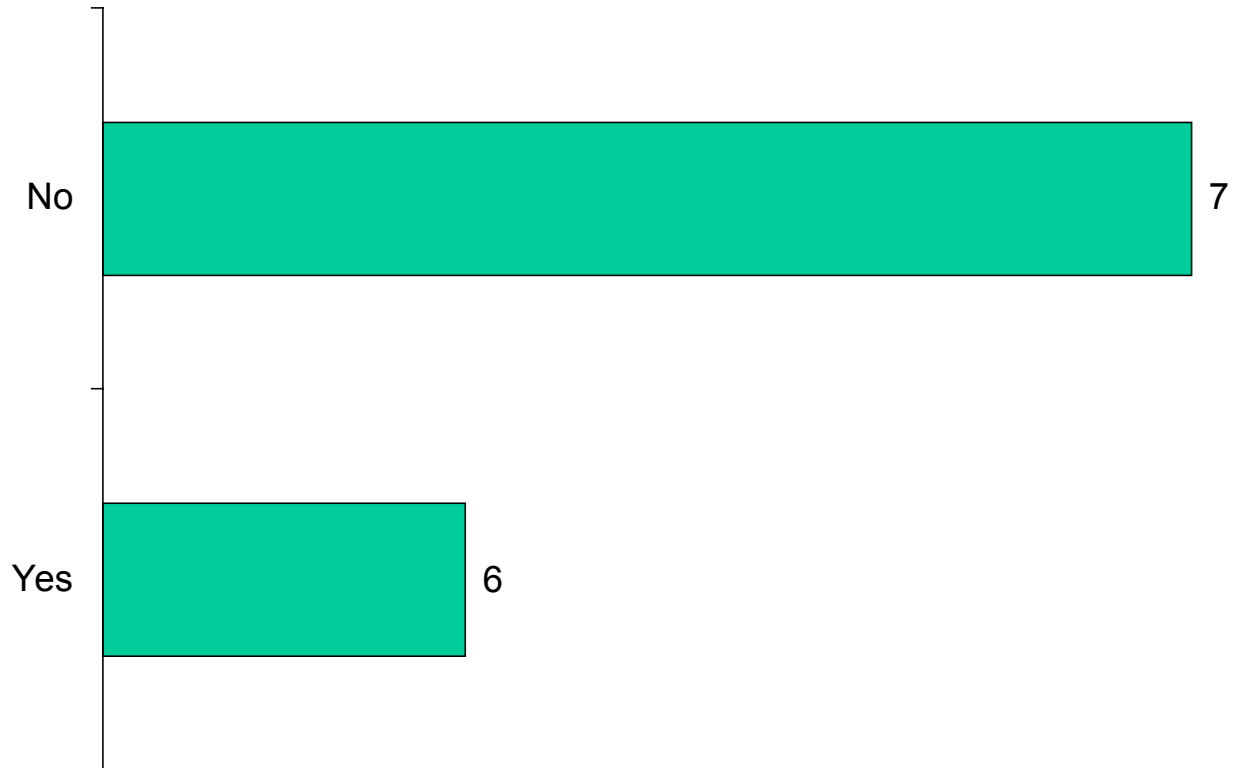


Base: Respondents who have not been screened for osteoporosis (n=30)

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

Base: Postmenopausal women aged 41+	50
Increased risk of further fractures	68%
Fear of next fracture/fall	28%
Long term pain	22%
Reduced quality of life	20%
Inability to live independent life	18%
Loss of height	4%
Loss of self esteem	2%
None of the above	2%
DK/NA	4%

Q.14 Proportion suspected osteoporosis prior to diagnosis

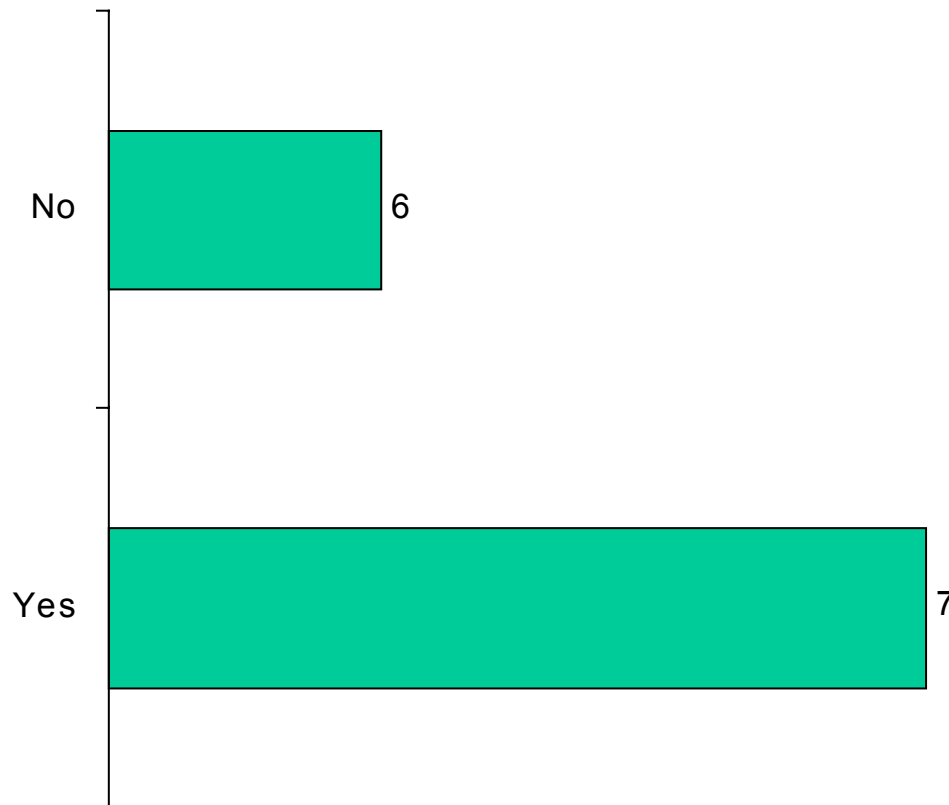


Base: Osteoporosis Sufferers (n=13)

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

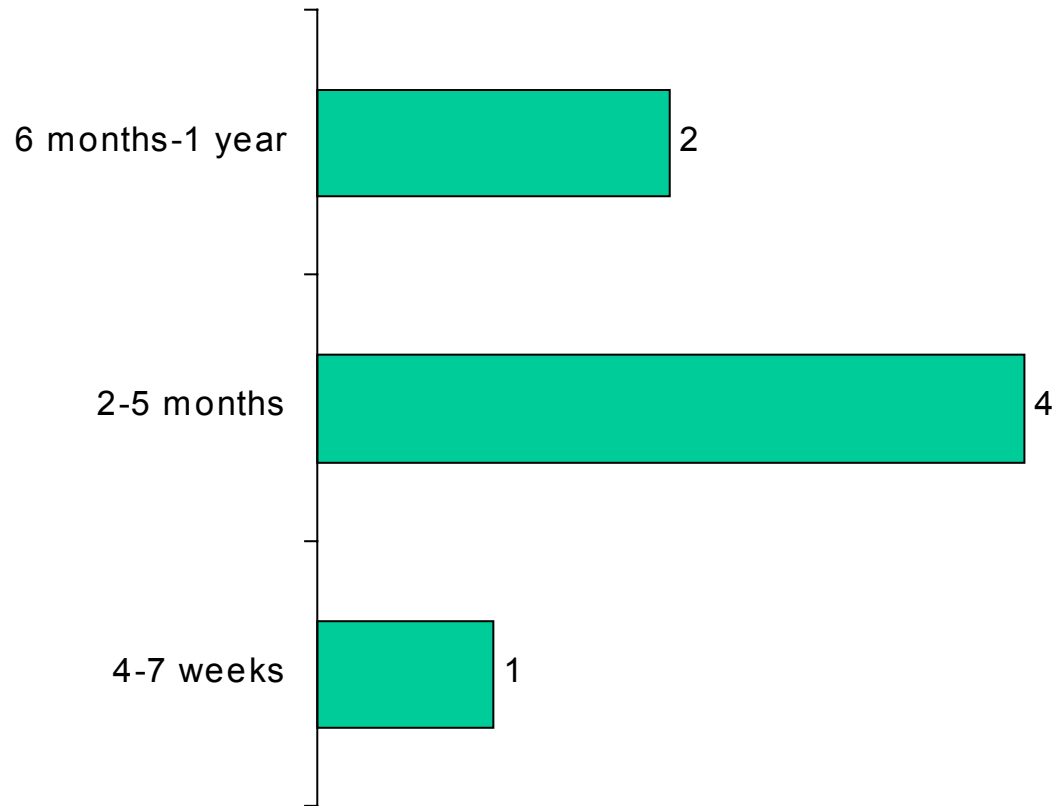
Base: Osteoporosis sufferers	13
Live in fear of breaking a bone	9
Cannot lift heavy weights	4
Cannot go for long walks	4
Worry about the future	4
Cannot participate in sports	1
Back pain	1
Pain in legs	1
None	1

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



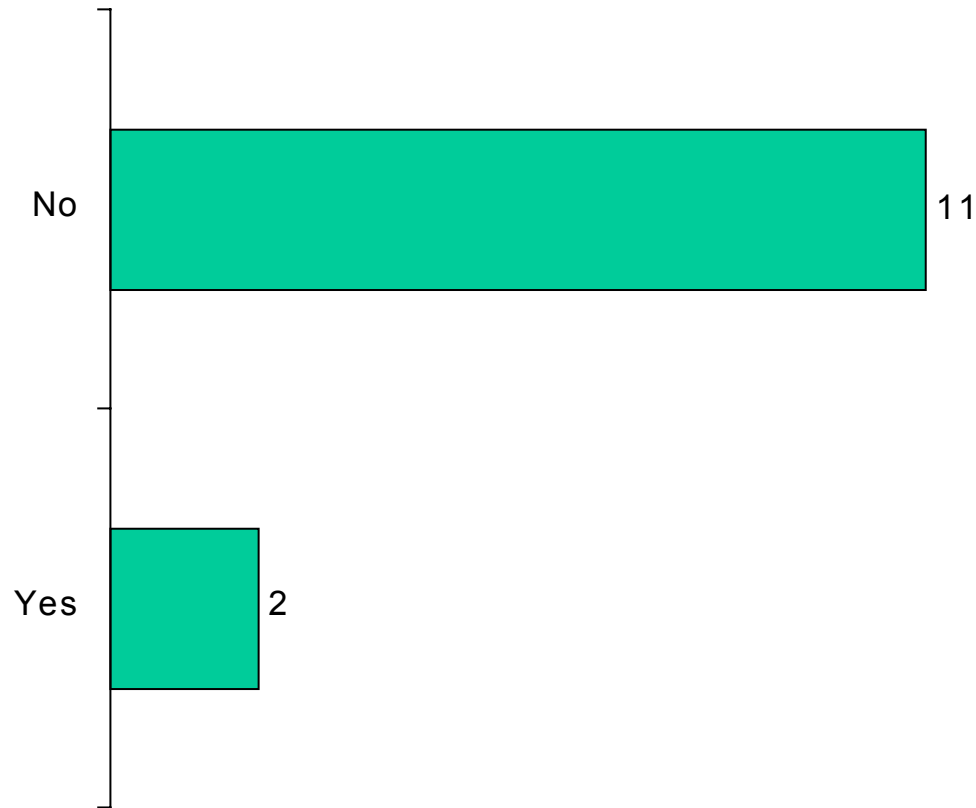
Base: Osteoporosis sufferers (n=13)

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



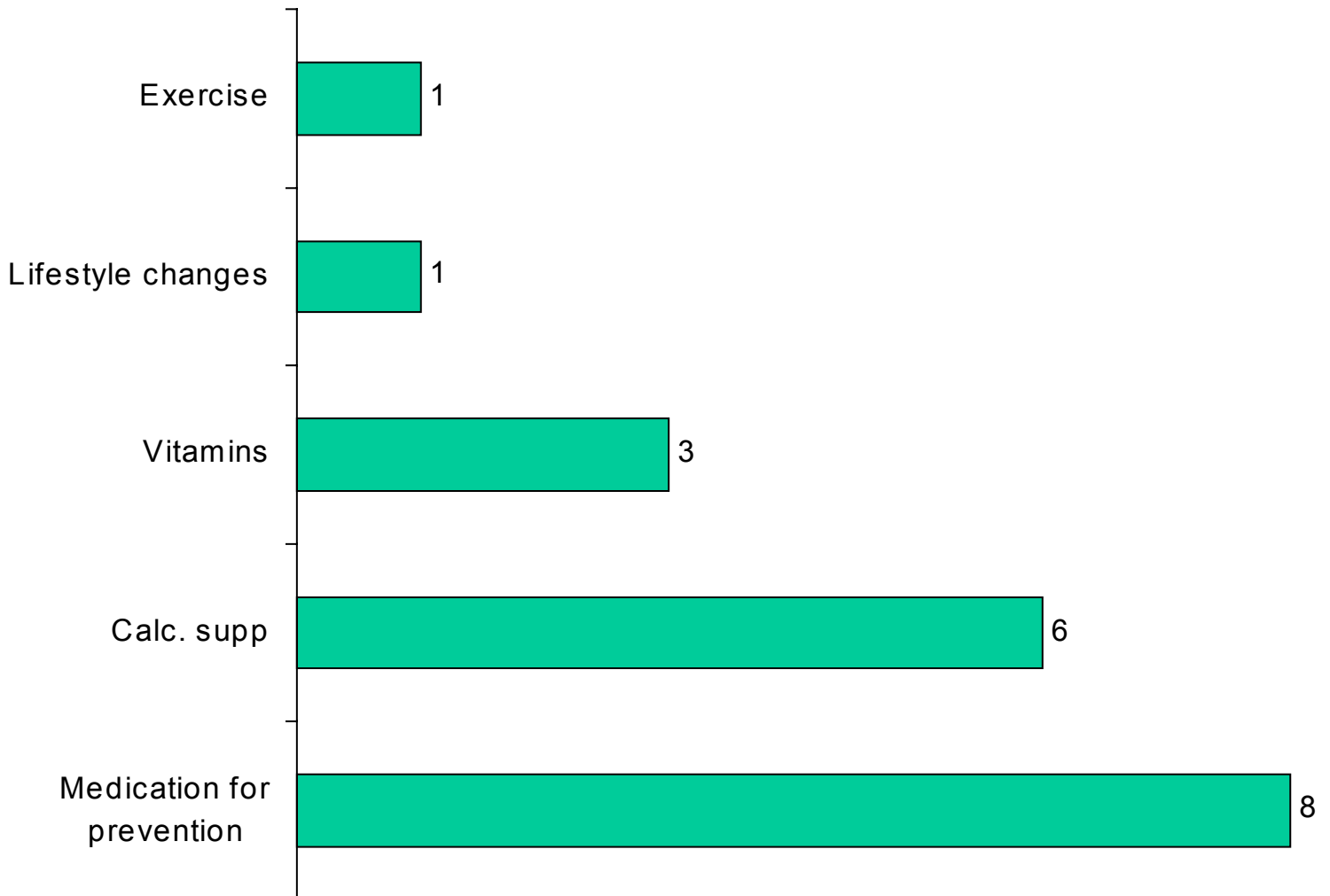
Base: Respondents suffering from vertebral fracture (n=7)

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



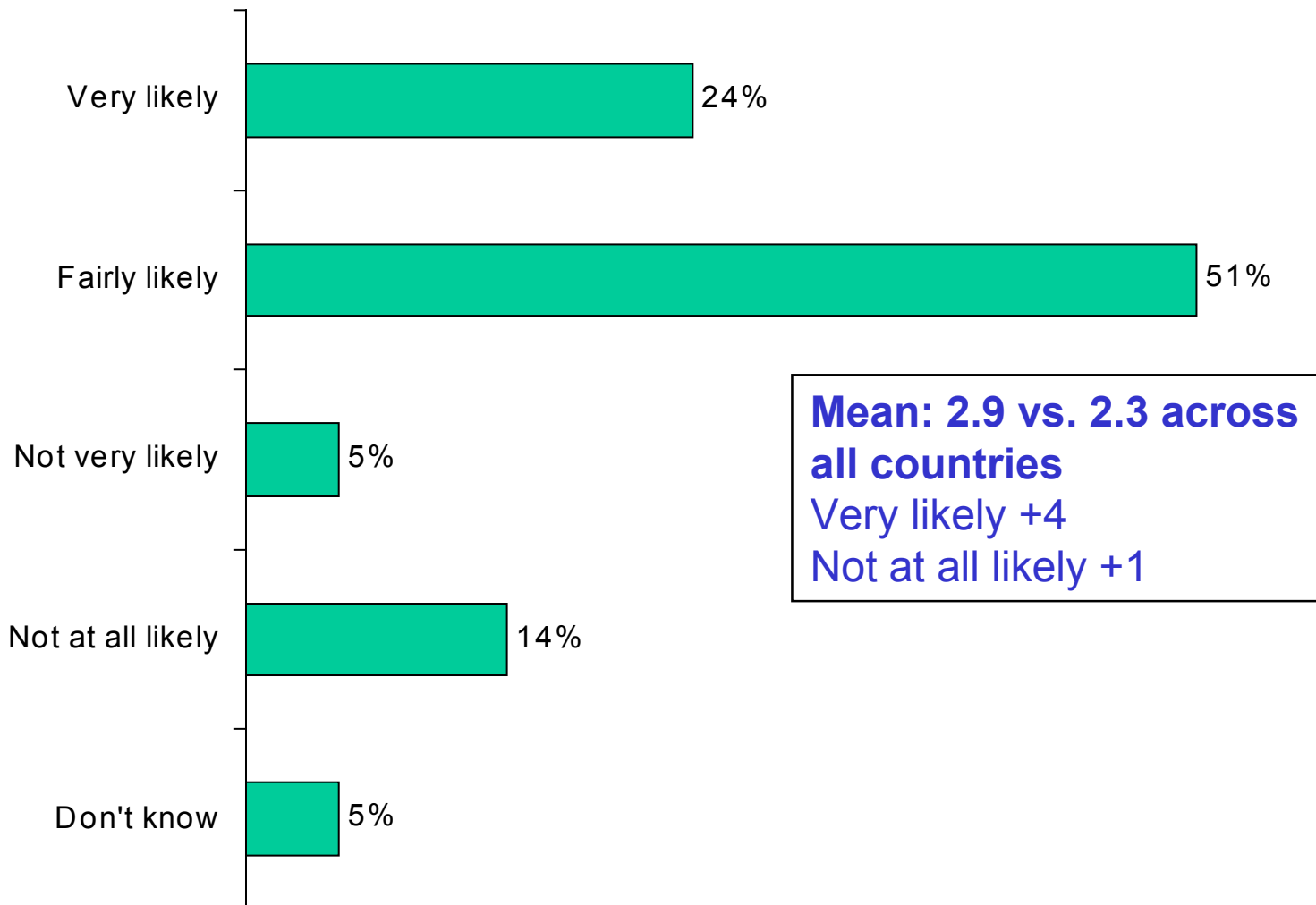
Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=11)

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



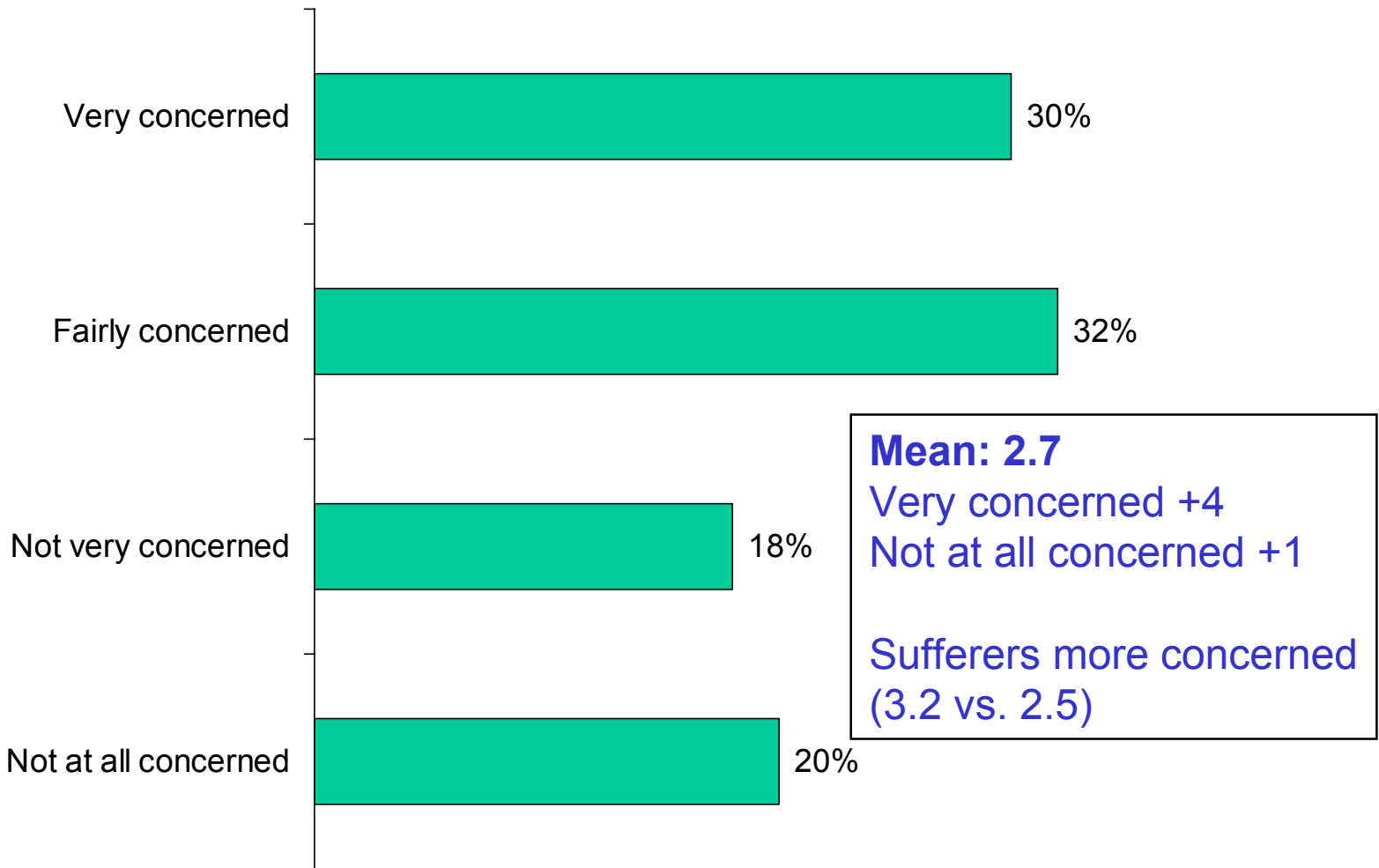
Base: Osteoporosis sufferers (n=13)

Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=37)

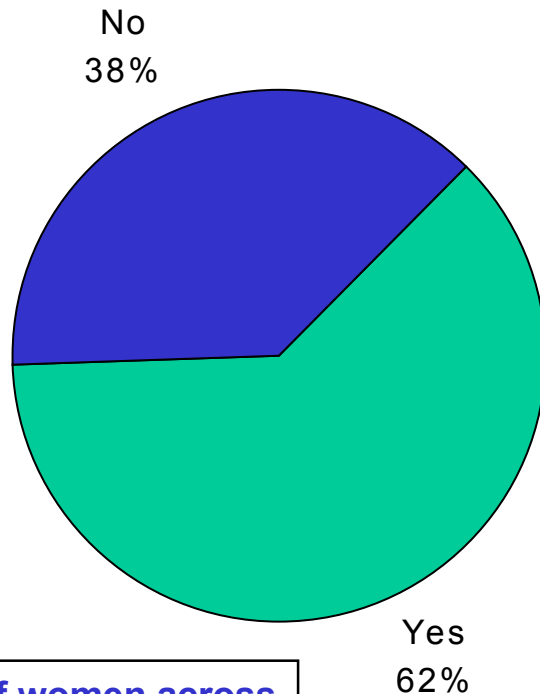
Q.19 Degree of concern about long-term health risks of osteoporosis



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 women across all countries said yes

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

Q.21 Reasons for discussing osteoporosis with a doctor

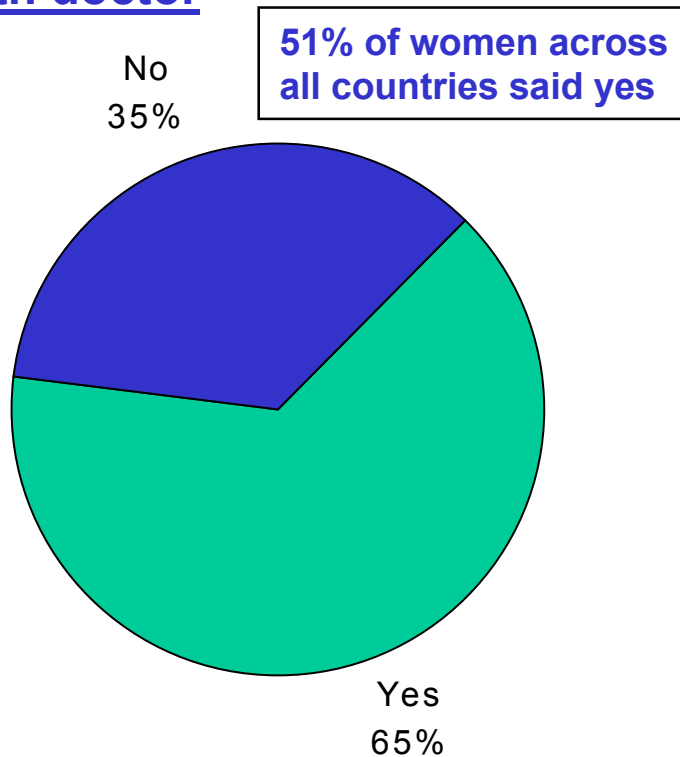
Reason	Percentage
Base	31
Doctor initiated discussion	39%
Thought might be at risk	26%
Already had fracture	16%
Read/heard about o/p	13%
Dr. init as post-menopausal	6%
Swollen knees/joints	6%
Muscular Pain	6%

Other reasons mentioned by individual respondents



Whether discussed long-term health risks of osteoporosis with doctor

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

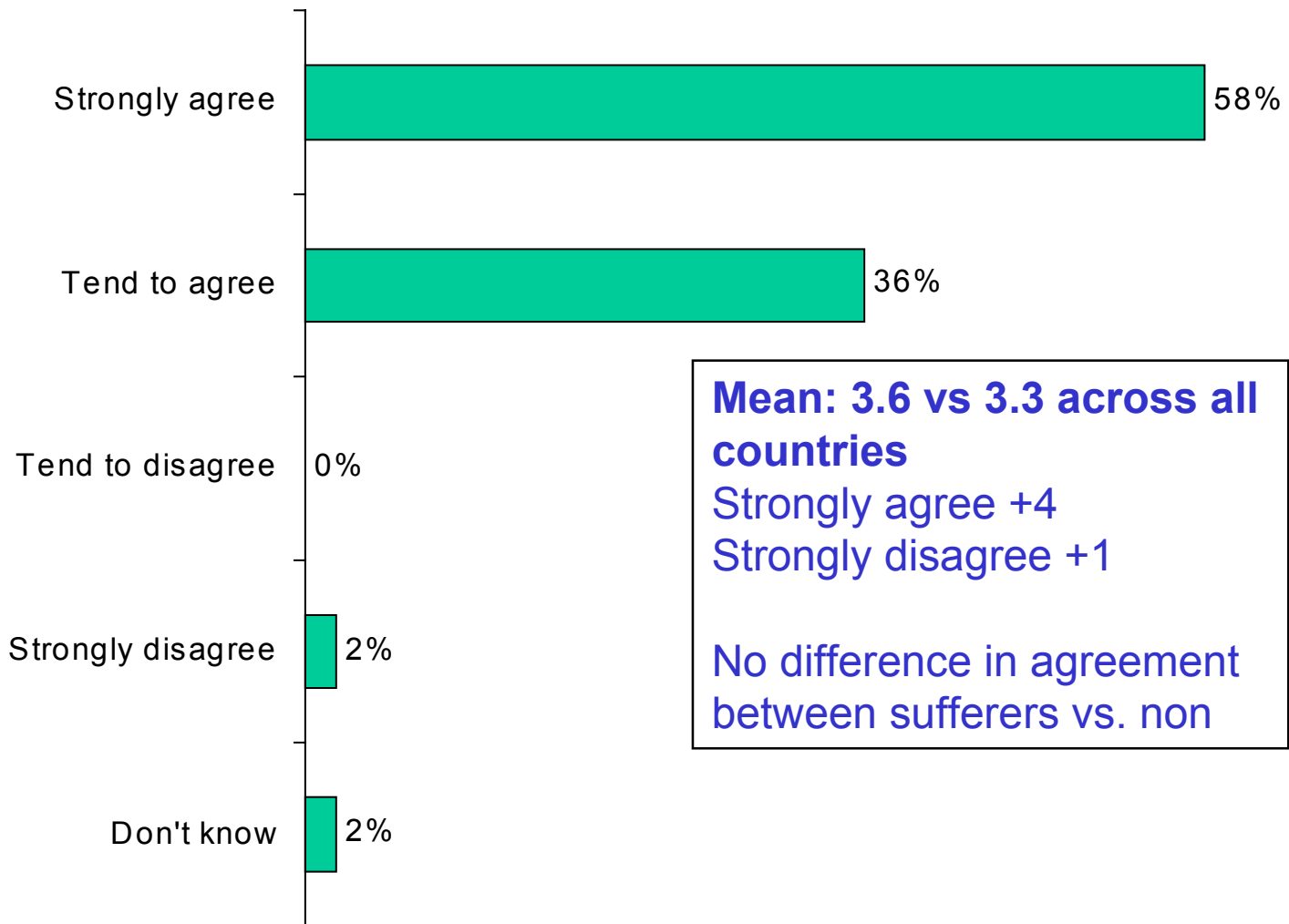


Q.23 Reasons for not discussing long-term health risks of osteoporosis with a doctor

Base	11
Lack of time with doctor	7
Doctor didn't raise it	2
Too scared	1
Never thought about it	1

Base: Respondents who have discussed osteoporosis with their doctor (n=31)

Q.24 Extent of agreement that osteoporosis can be prevented



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

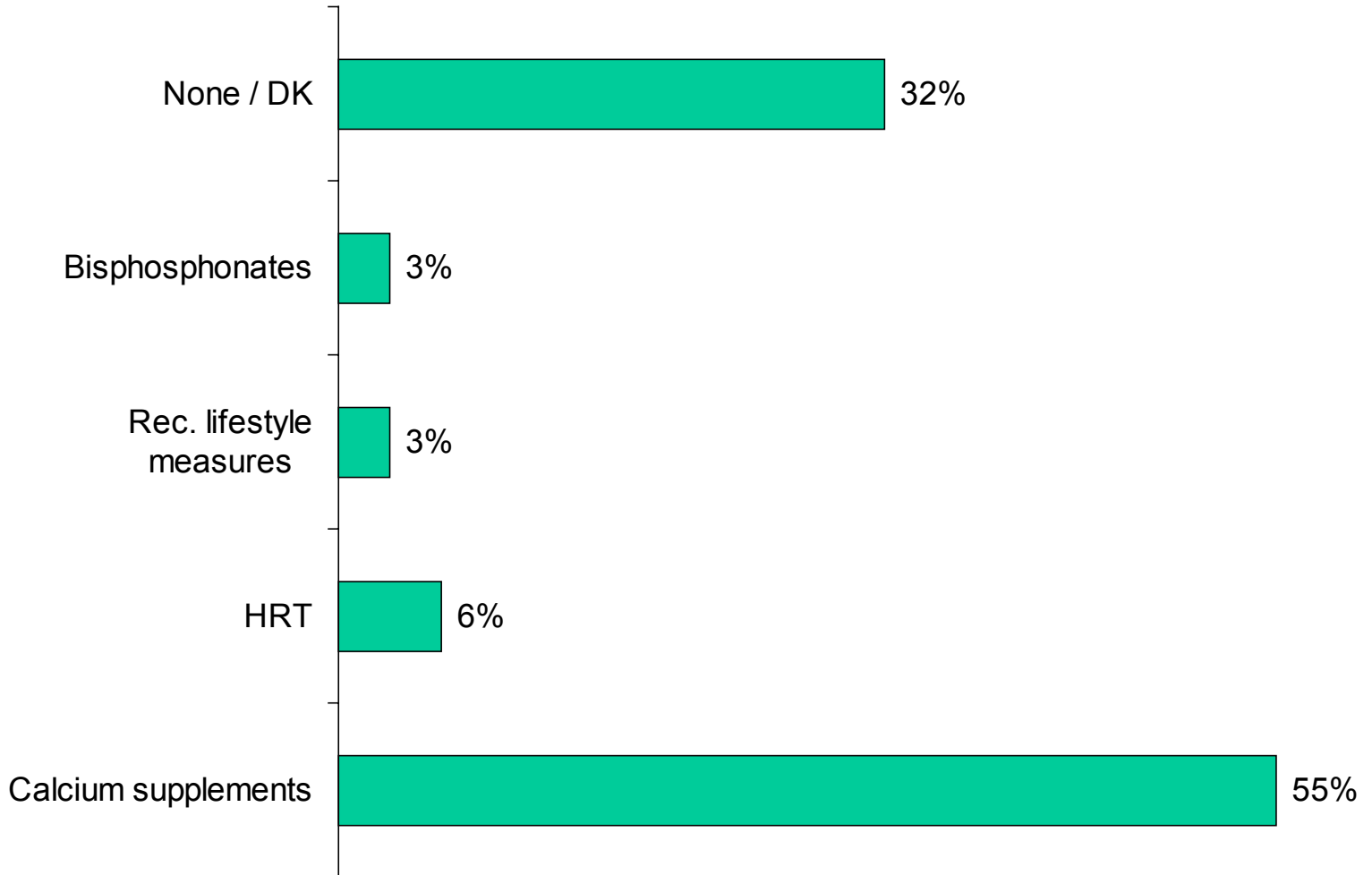
Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented

Vitamin D	47
Calcium supplements	36%
Using specific osteoporosis treatment	32%
Healthy diet	23%
HRT	19%
Don't know	4%
	4%

All other ways mentioned by individual respondents

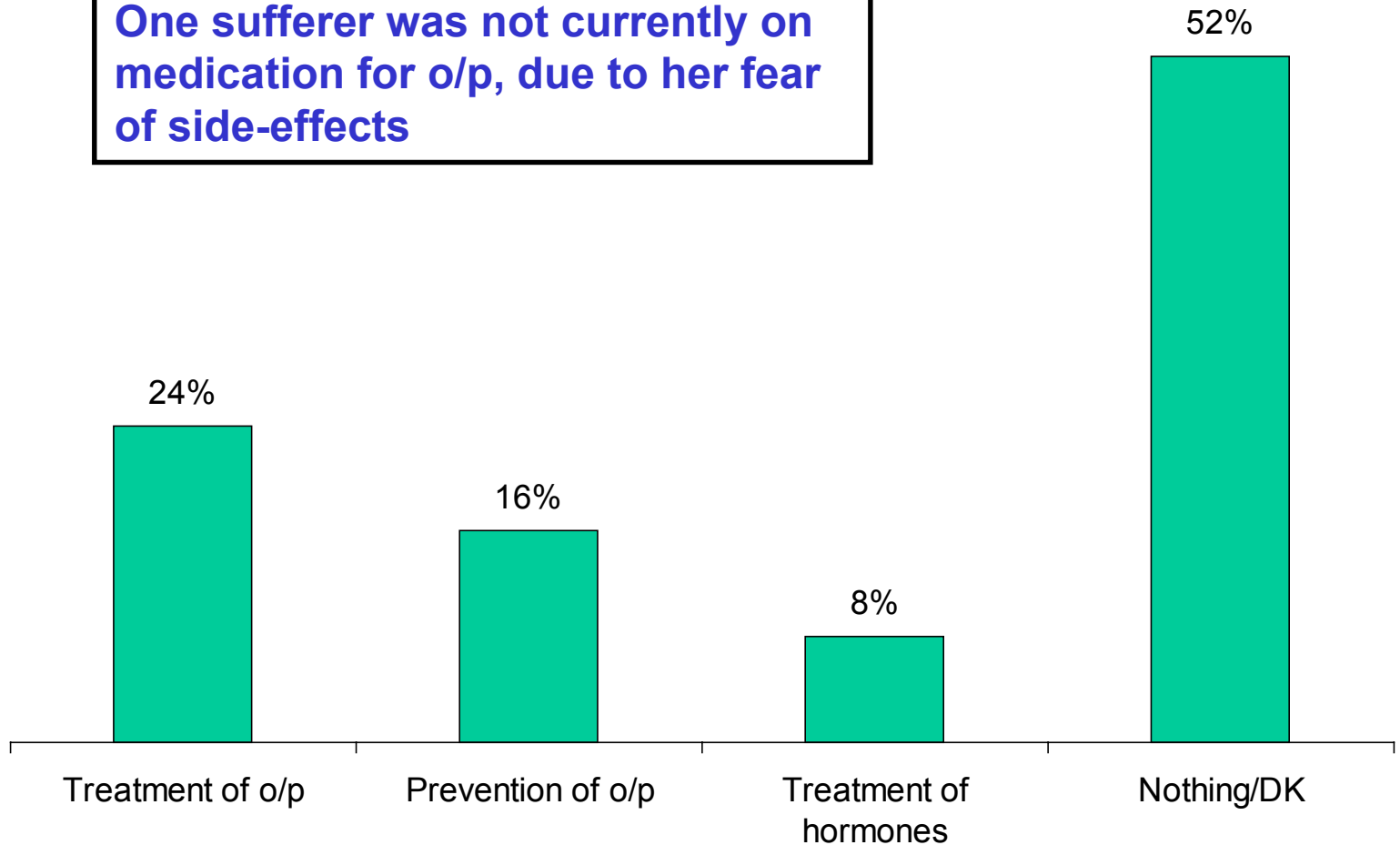
Q.26 Therapy options doctor has discussed in relation to osteoporosis



Base: Respondents who have discussed osteoporosis with their doctor (n=31)

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

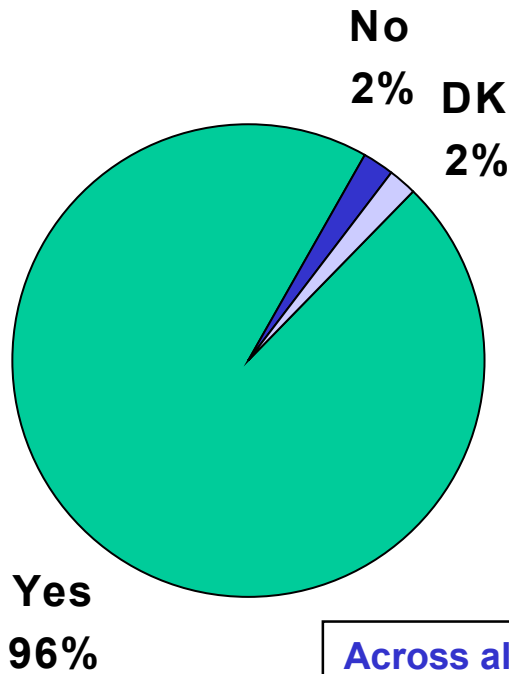
One sufferer was not currently on medication for o/p, due to her fear of side-effects



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



Across all countries 77% said yes

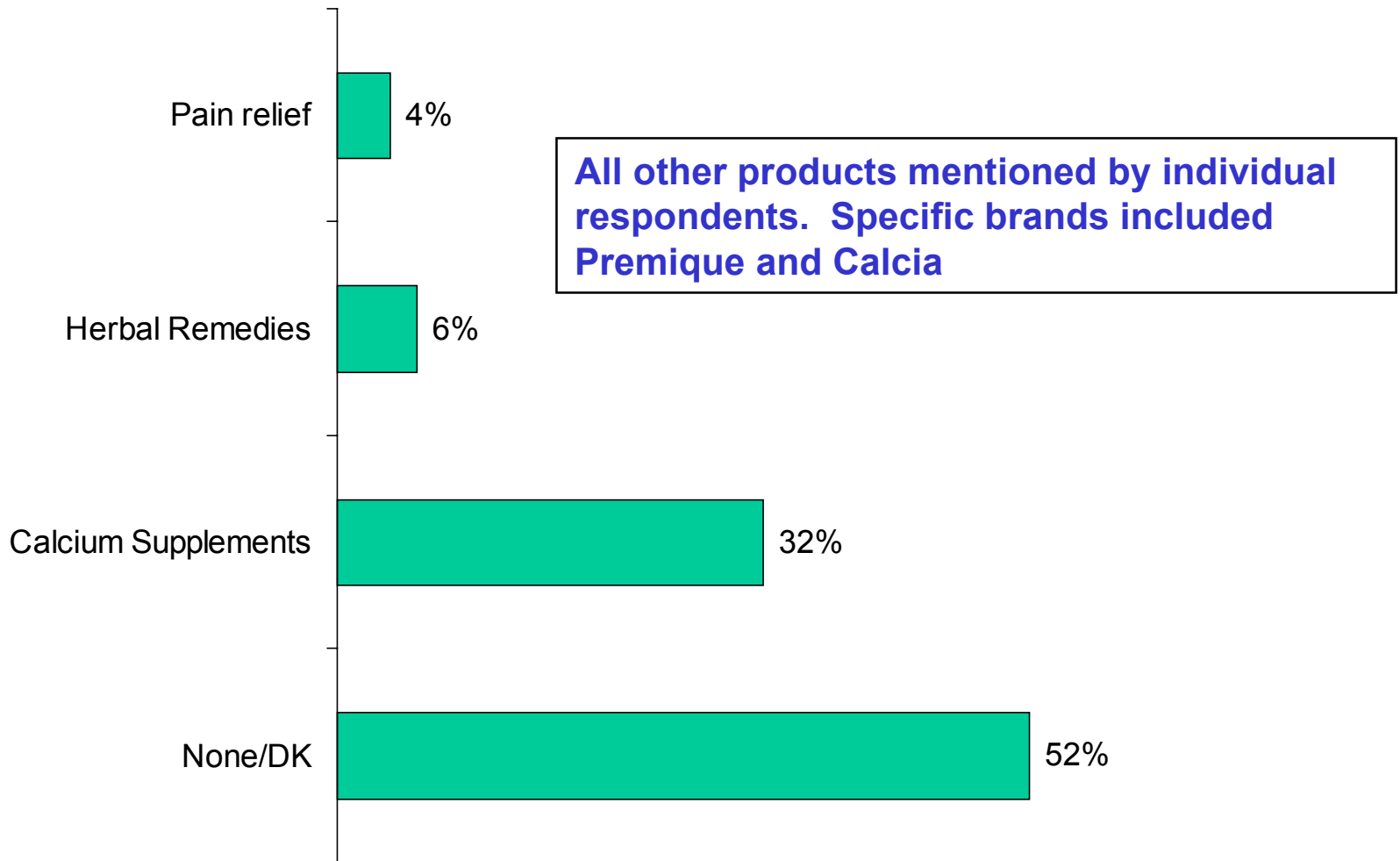
Q.30 Concerns that would stop women taking long-term prevention therapy

Concern	Percentage
Base: Respondents on long-term prevention	42
If they didn't work	29%
Side effects	17%
Inconvenience of therapy	10%
Don't want medication l/t	5%
Nothing	33%
Don't know	5%

Base: Respondents not taking long-term prevention of osteoporosis (n=42)

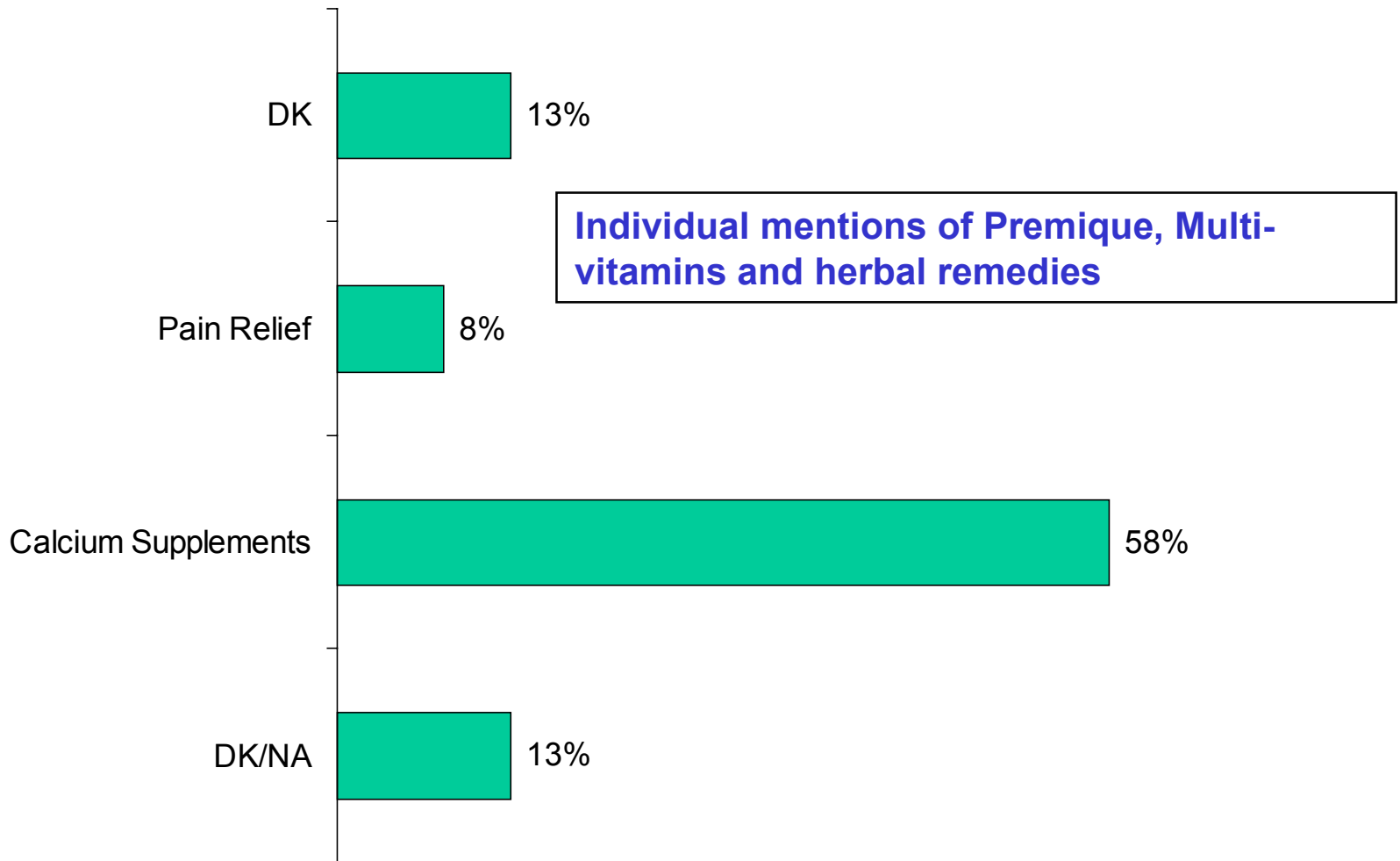


Q.31 Products ever used for the prevention/treatment of osteoporosis



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

Q.32 Products currently used 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+	50
It is very important to effectively prevent osteoporosis	98%
Osteoporosis should be viewed as a serious condition	94%
I wish I had taken medication earlier to prevent osteoporosis	90%
It is very important to effectively prevent spinal fractures	90%
I would like to be/wish I had been screened for o/p	90%
If I had a vertebral fracture I am sure I would know about it	84%
If you can prevent/treat vertebral frac you can prevent hip fractures	82%
Getting fragile/brittle bones is an part of the ageing process	78%
A medicine that can treat a disease is generally more effective than one that can just prevent it	74%
I am concerned about the l/t risk to my health of taking HRT	72%
Doctors generally have enough resources to effectively manage osteoporosis in this country	72%
Doctors in this country do not seem to take o/p seriously	70%
I feel I have enough info and knowledge on osteoporosis	54%
Osteoporosis is not a life-threatening condition	54%

Summary

Summary

- v The average age of the women who participated in the survey was 59, of whom 26% were suffering from osteoporosis
- v On average the women had visited the GP >5 times in the last 12 months
- v 4 out of 10 women stated that one of the health concerns was osteoporosis (vs. 3 out of 10 women across all countries surveyed). <third stated heart disease was one of their health concerns
- v >third of women said that their main health concern was osteoporosis, followed by >quarter saying heart disease

Summary

- v >two-thirds of women said they ate healthily as a way of improving/maintaining their long term health. A third said they exercised and >quarter took vitamins. <tenth said they took osteoporosis medication.
 - v a quarter of women did nothing to improve their long term health
- v 4 out of 10 women had been screened for osteoporosis, with the majority of women asking their doctor to be screened. Only three women said they were recommended screening via their doctor
- v Of those women who had not been screened, <third were aware that a programme was available

Summary

- v Two-thirds of women associated increased risk of further fractures with osteoporosis. >quarter associate it with fear of next fracture/fall and >fifth long term pain and a reduced quality of life. <fifth associate osteoporosis with an inability to live an independent life
- v <half the women with osteoporosis suspected they had the disease prior to diagnosis
- v 12 of the 13 sufferers said that osteoporosis had a major impact on their quality of life, with the main impact being that they live in fear of breaking a bone
- v 2 of the 13 women were aware they at risk prior to diagnosis
- v Of the 11 women unaware they were at risk, 8 said they would have taken medication for prevention if they had known

Summary

- v The sufferers would tell other women that they should take preventative medicine, with a further 5 specifically saying they would tell women to take osteoporosis medication
- v Three-quarters of women who had not been diagnosed felt they were likely to develop the condition in the future, with two-thirds of all postmenopausal women saying they were concerned about the long term health risks of the disease
- v Two-thirds of women had discussed osteoporosis with their doctor (cf 44% across all countries surveyed). In the majority of cases the doctor had initiated the discussion
- v Of those women who had discussed osteoporosis with their doctor, two-thirds had discussed the long term health risks (cf half the women across all countries surveyed)

Summary

- v 94% of women agreed that osteoporosis can be prevented, with the best way of preventing being via Vitamin D or calcium supplements (both mentioned by a third of women). A quarter of women felt the best way of preventing was via specific osteoporosis treatments
- v Of the women who had discussed osteoporosis with a doctor, a third did not discuss available therapy options, with >half the women discussing calcium supplements with their doctor. None of the women recalled discussed specific osteoporosis medications
- v 48% of postmenopausal women were currently taking medication for osteoporosis or hormonal problems, with a quarter on treatment and >tenth on preventative medication for osteoporosis

Summary

- v Almost all the women (96%) said they would consider taking long term preventative therapy if recommended by their doctor. The main concern that would stop women from taking long term medication was lack of efficacy (>quarter), followed by side effects (<fifth)
- v Almost all the women agreed that it is very important to effectively prevent osteoporosis
- v 9 out of 10 women agreed that osteoporosis should be viewed as a serious condition, that it is important to prevent spinal fractures, that they wished they had taken preventative medication earlier, and they wished/would like to be screened for the disease

Summary

- v 8 out of 10 women felt they would know if they had a vertebral fracture. A similar number said if you can treat a vertebral fracture you can prevent secondary fractures
- v 7 out of 10 women felt that brittle bones was part of the ageing process, with a similar number saying they were concerned about the long term risk to their health of taking HRT
- v 3 out of 10 women did not think that doctors had enough resources to effectively manage osteoporosis in Mexico
- v 7 out of 10 women did not think that doctors took osteoporosis seriously enough
- v 4 out of 10 women would like further information on the disease

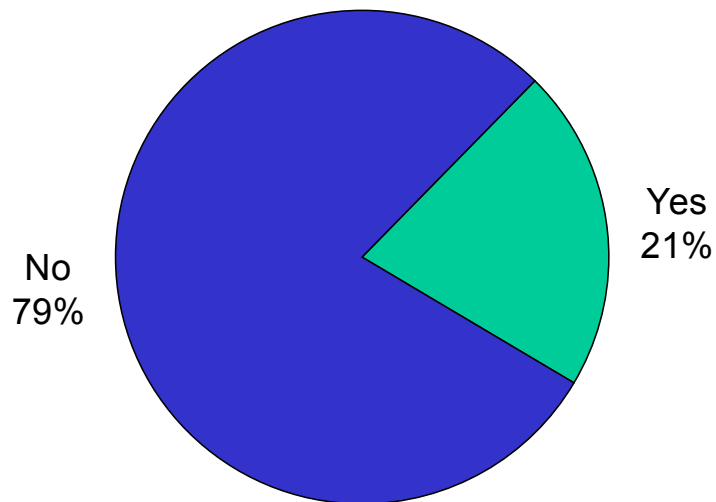
Summary

- v 4 out of women feel that osteoporosis is a life-threatening condition

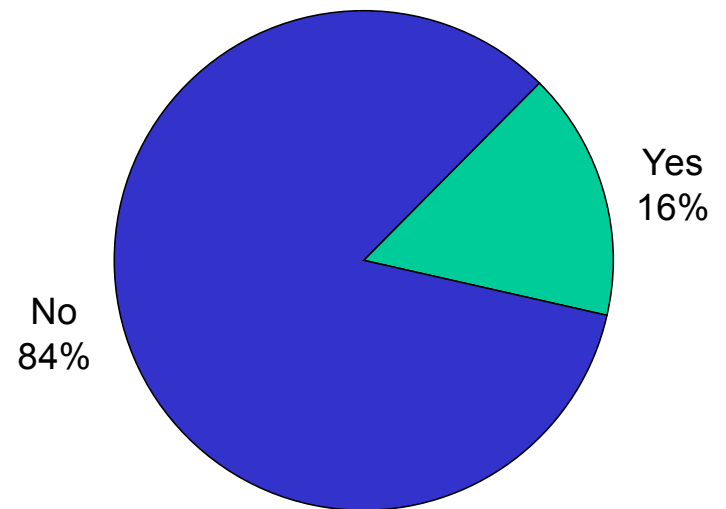
Mexican GPs

Clinics held in surgery

Menopause Clinic



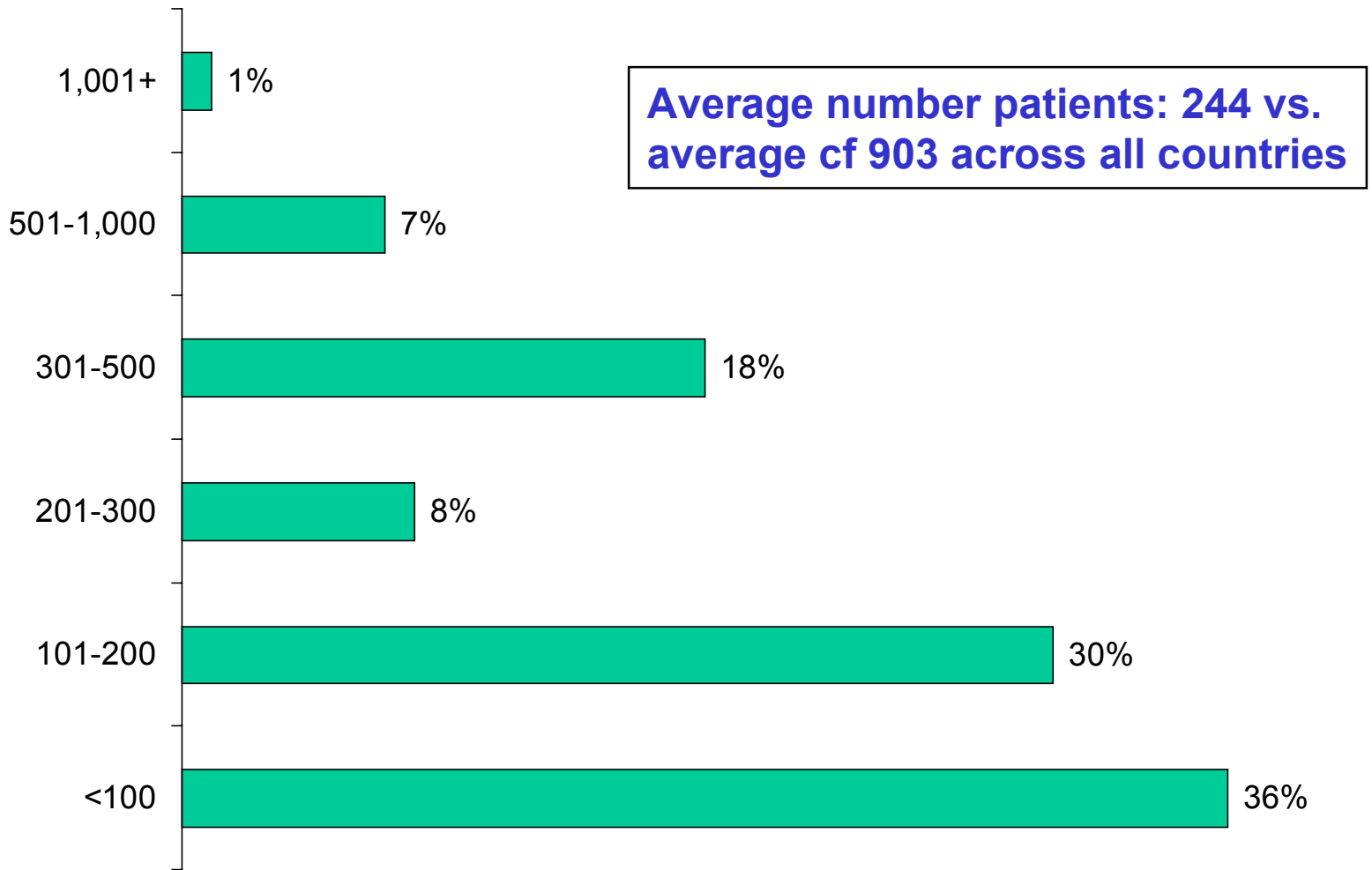
Osteoporosis Clinic



Base: GPs aged <65 (n=100)



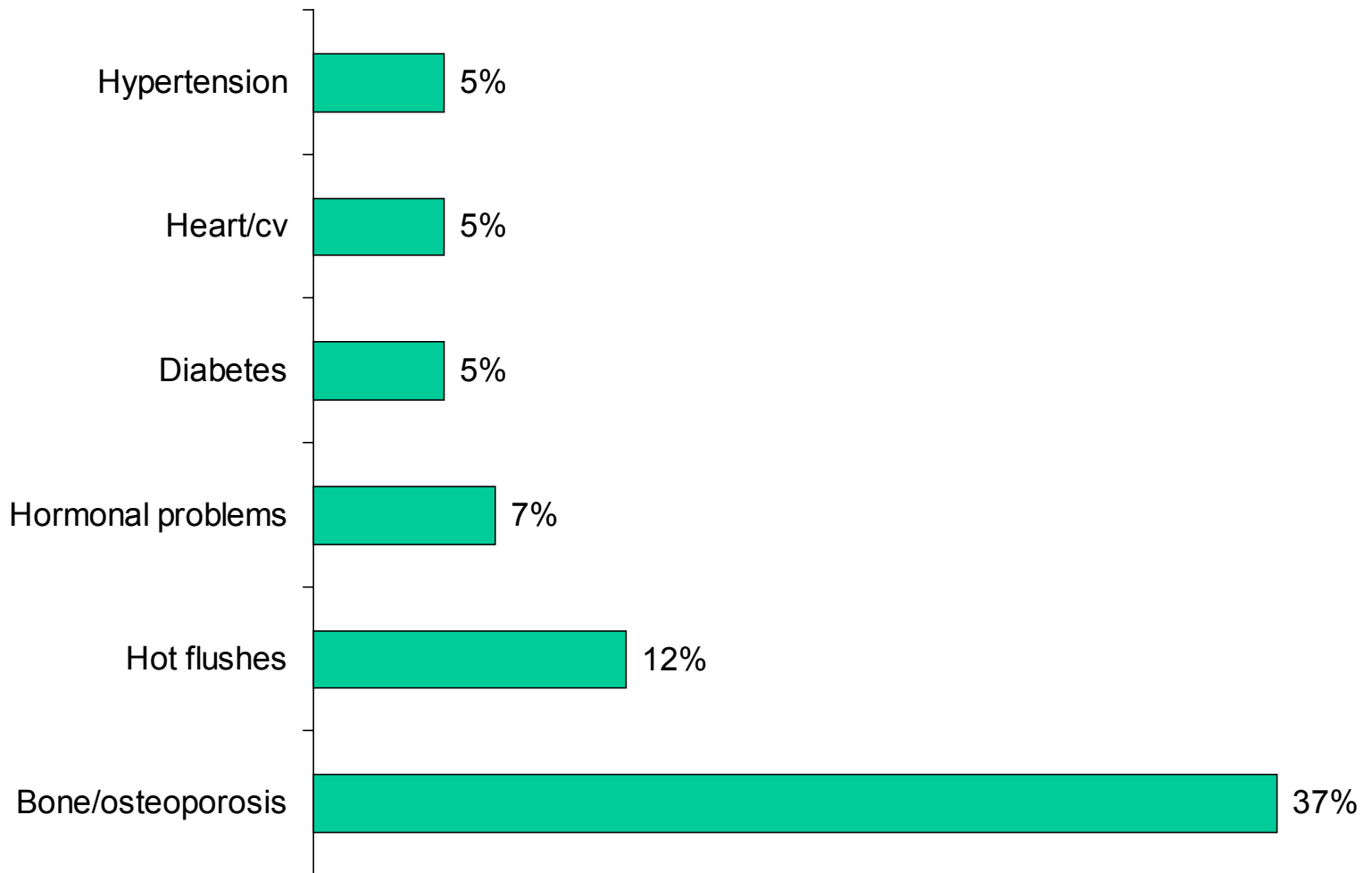
Q.3 Number post-menopausal women in practice



Base: GPs aged <65 (n=100)

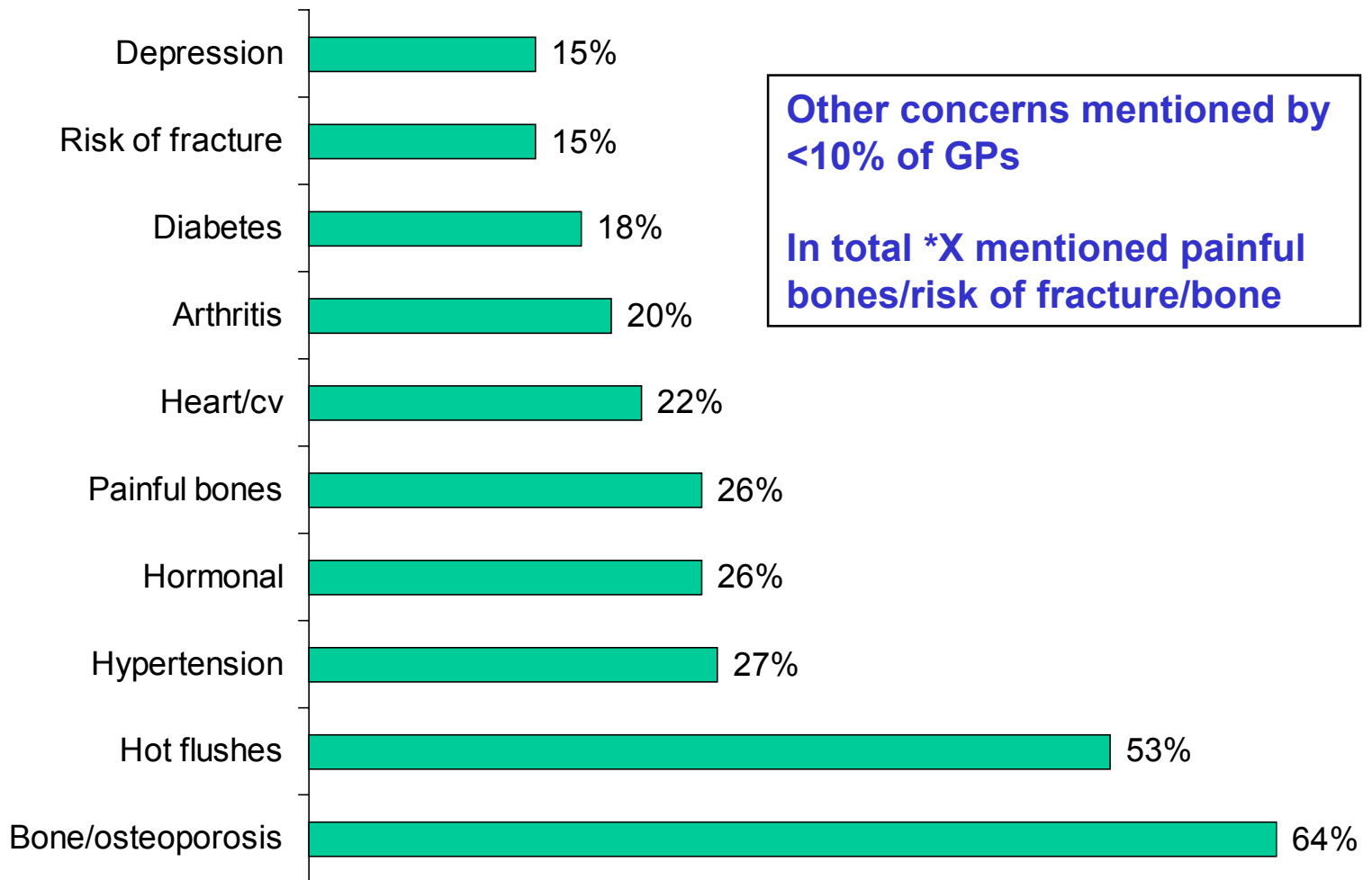


Q.4 Key health concern discussed



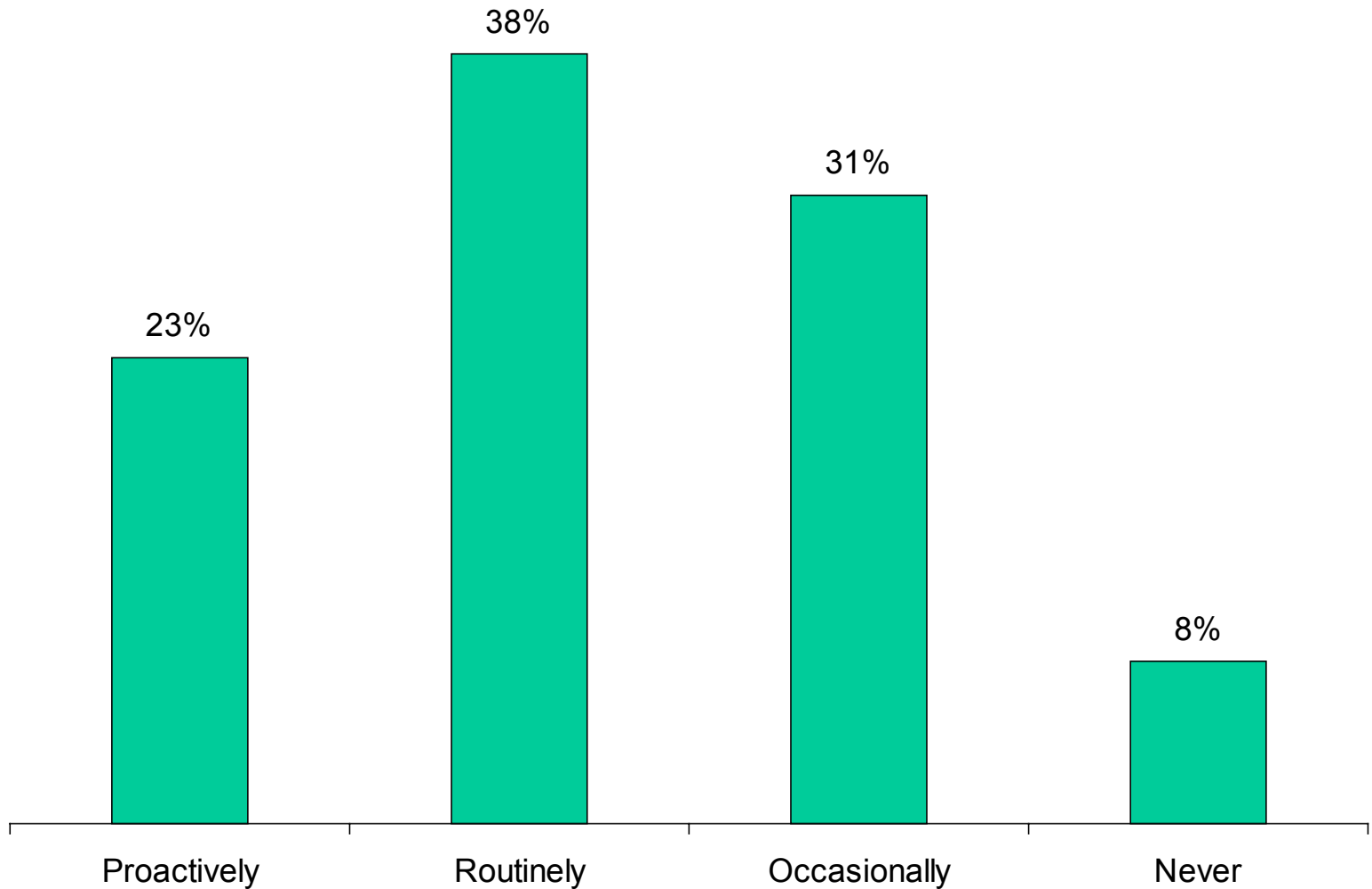
Base: GPs aged <65 (n=100)

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
Lack of time	19%
Not a priority	14%
Reimbursement/lack of funding	13%
No need to do so at this time	11%
No facilities/equipment	10%
Patient's don't request it	10%
Nothing	20%
Don't know	5%

Other reasons mentioned on individual basis

Q.8a Definition of treatment

Base: All GPs	100
Starting medication when woman is at risk	56%
Starting medication when woman has developed o/p	34%
Starting medication when woman has first fracture	10%
Stopping bone loss	1%
Other definition mentioned by one respondent	

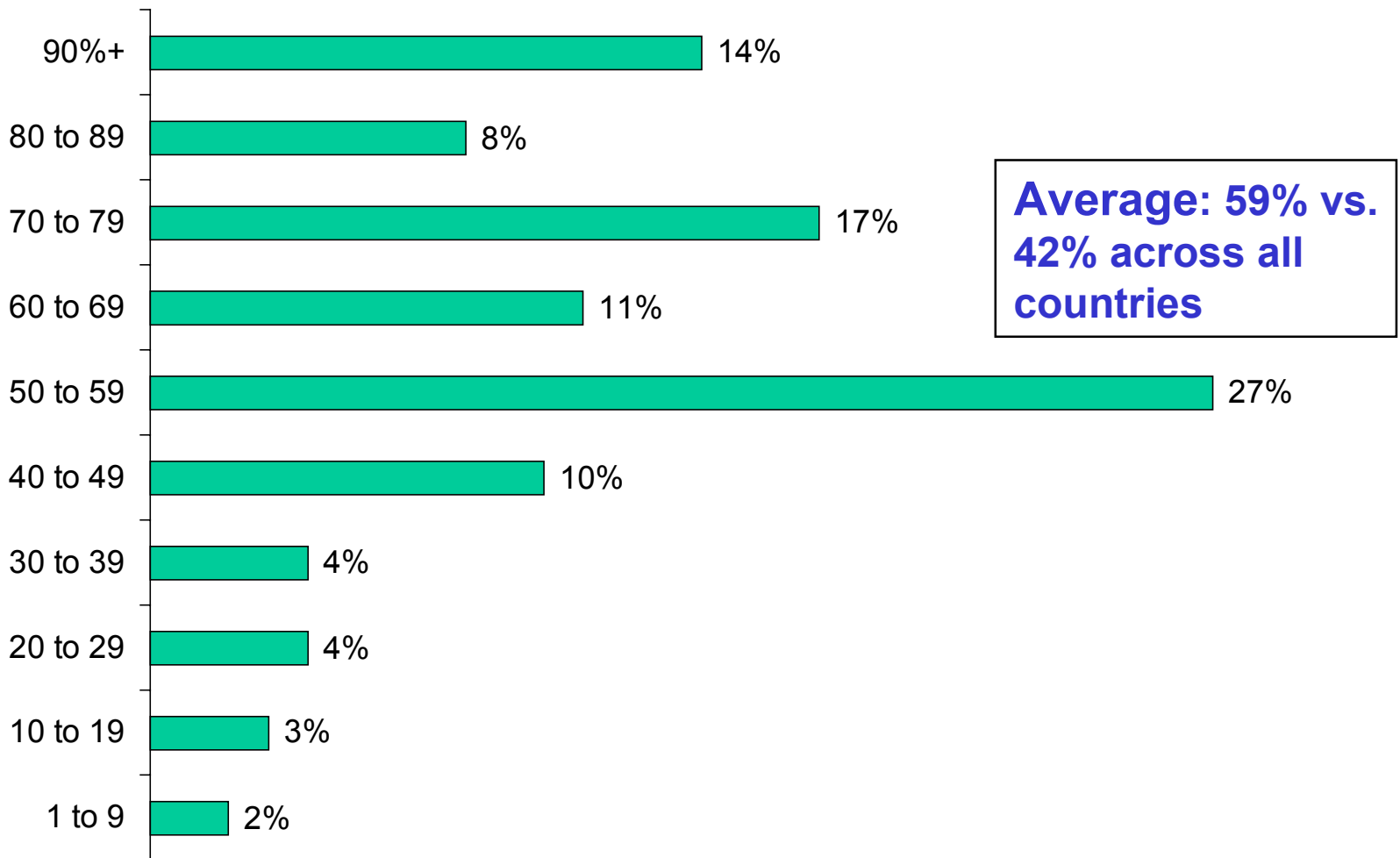
Q.8b Definition of prevention

Base: All GPs	100
Advising women on lifestyle adjustments to reduce risk	49%
Starting medication before the woman is at risk	33%
Starting medication when woman is at risk but not suffered from fractures	14%

Q.9 Most negative effects of osteoporosis

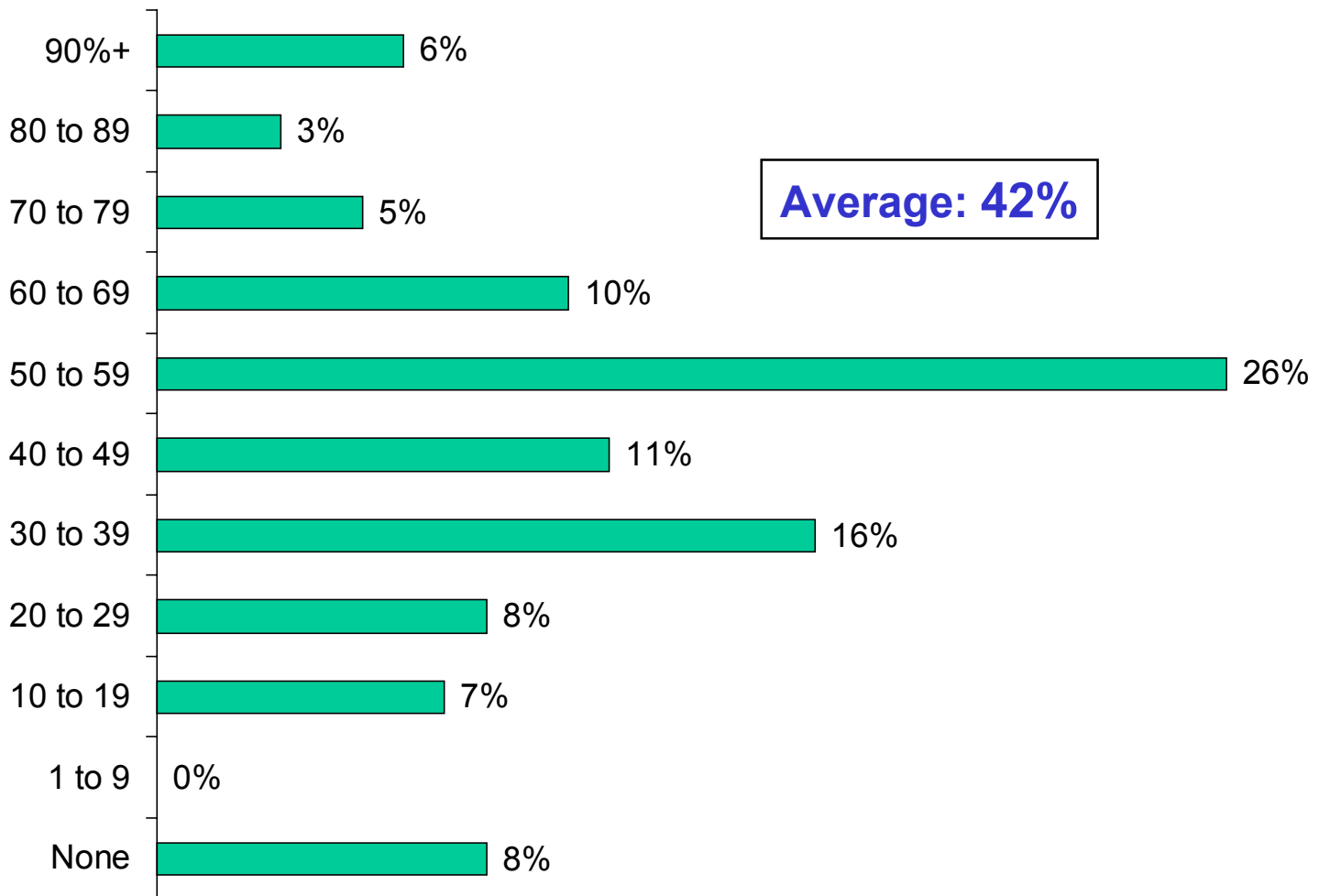
Base: All GPs	100
Fracture/breaking bone	79%
Pain	36%
Bone loss	30%
Limiting affect on lifestyle	22%
Curvature of spine	16%
Loss of self esteem	16%
Lack of independence	13%
Debilitation	12%
Depression	12%
Makes a woman feel infirm/old	11%
Other effects mentioned by <3% of GPs	

Q.10 % patients rxd medication for treatment of osteoporosis



Base: GPs aged <65 (n=100)

Q.11 % patients rxd medication for treatment of osteoporosis



Base: GPs aged <65 (n=100)

Q.12a Inhibitors of rxing medication for prevention

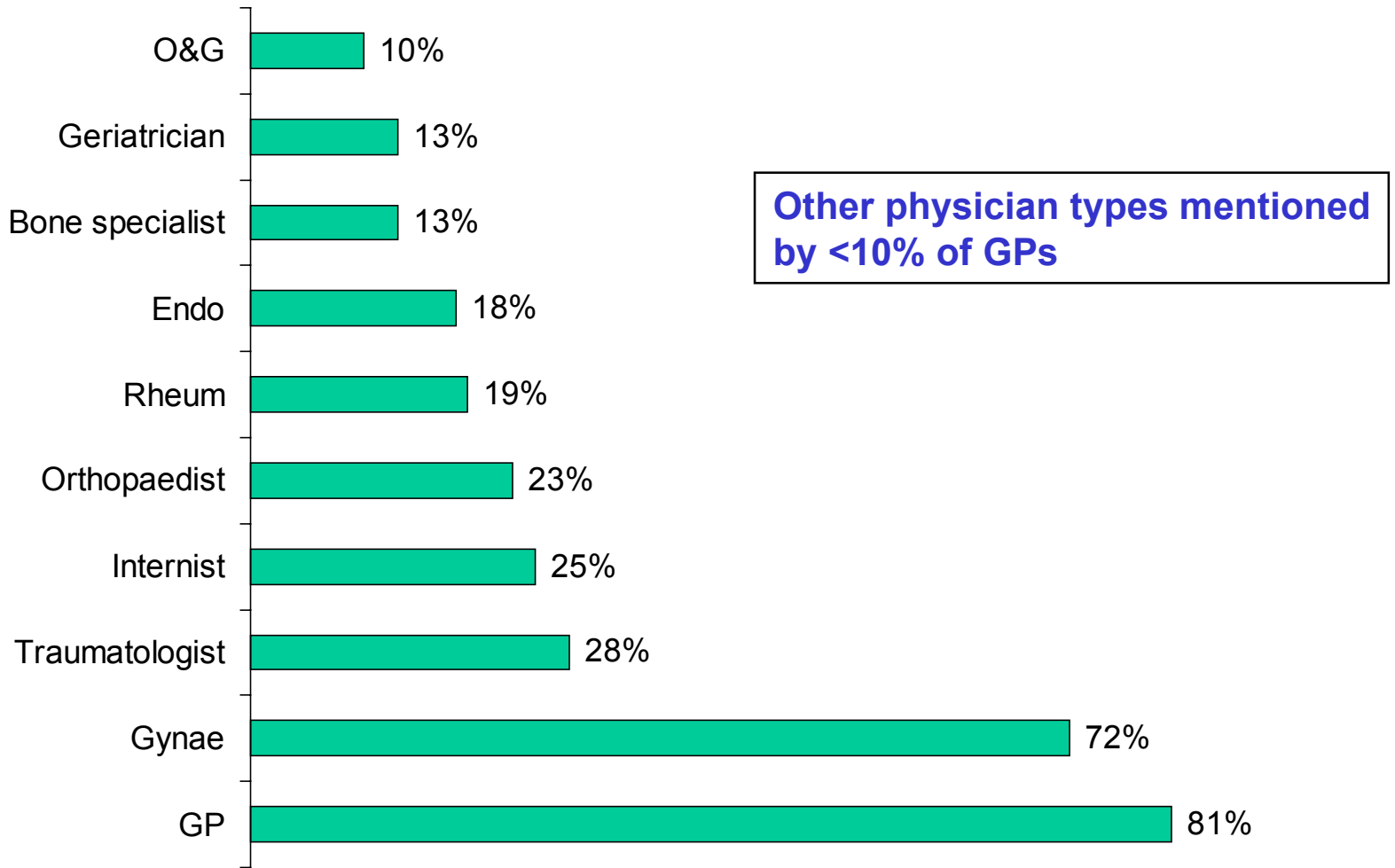
Base: All GPs	100
Cost	41%
Side effects	14%
Women are not good at complying with preventative medicine	10%
Prefer to advocate lifestyle changes	10%
Women don't like dosage regime	8%
Lack of funding	7%
Requires me to take a risk assessment analysis which I don't have time for	5%
None	24%
Other points mentioned by <5% of GPs	

Q.12b Biggest challenge when treating preventatively after menopause

Base: All GPs	100
Patients lack of understanding of l/t health risks	41%
Patients concern about l/t health risks	30%
Patients unwillingness to take l/t medication	17%
Patients lack of knowledge about therapy options	15%
Shortage of time for discussion	7%
Compliance	4%
Patients concern about side effects	3%
Diet	3%
Patients concern about increased risk of cancer	2%

Other comments mentioned by individual GPs

Q.19 Physicians most likely to rx medication for osteoporosis



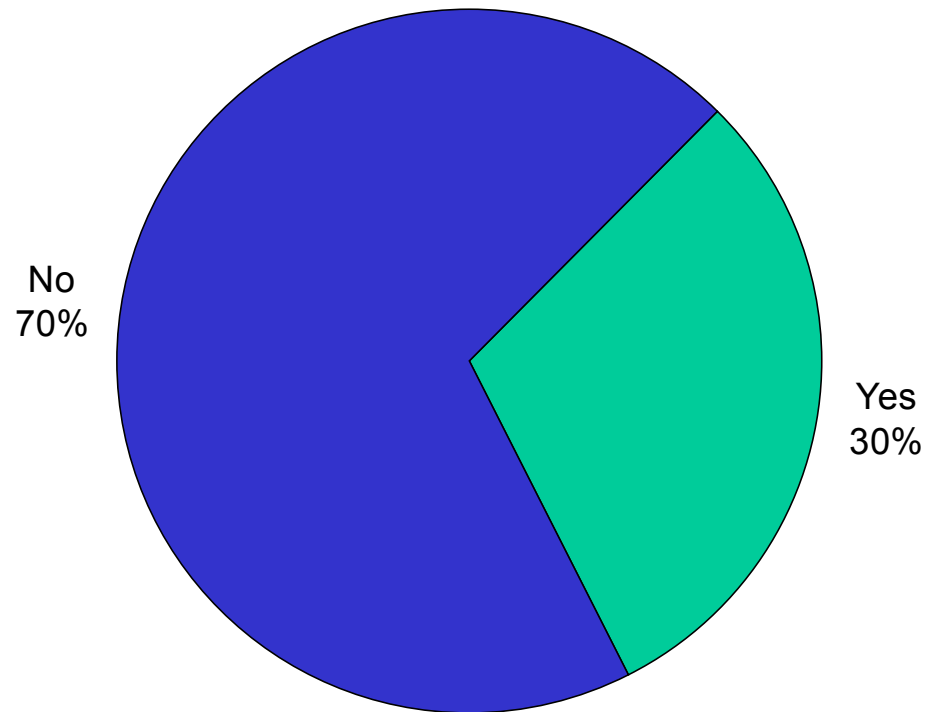
Base: All GPs (n=100)



Q.20 Factors affecting decision to rx long term medication

Base: All GPs	100
Cost	41%
Seriousness of condition	29%
Effectiveness	28%
Compliance	25%
Ease of use	17%
Availability on drug formulary	15%
Side effects	14%
Both treats and prevents osteoporosis	10%
Other factors mentioned by <10% of GPs	

Q.21 Whether women consult at early enough stage



Base: All GPs (n=100)

Q.22 Most important feature of osteoporosis product

Base: All GPs	100
Effective	23%
Convenient to take	23%
Cost effective	22%
Increases BMD	8%
Has no GI side effects	7%
Other features mentioned by <5% of GPs	

Q.22/23 Important features of osteoporosis product

Base: All GPs	100
Cost effective	63%
Convenient to take ^	48%
Efficacy *	46%
Has no long term safety risks	33%
Has no GI side effects ^	27%
Increases BMD *	23%
Prevention of further fractures *	20%
Reduces bone turnover *	18%
Stops fractures *	12%
Enhances patient compliance ^	10%

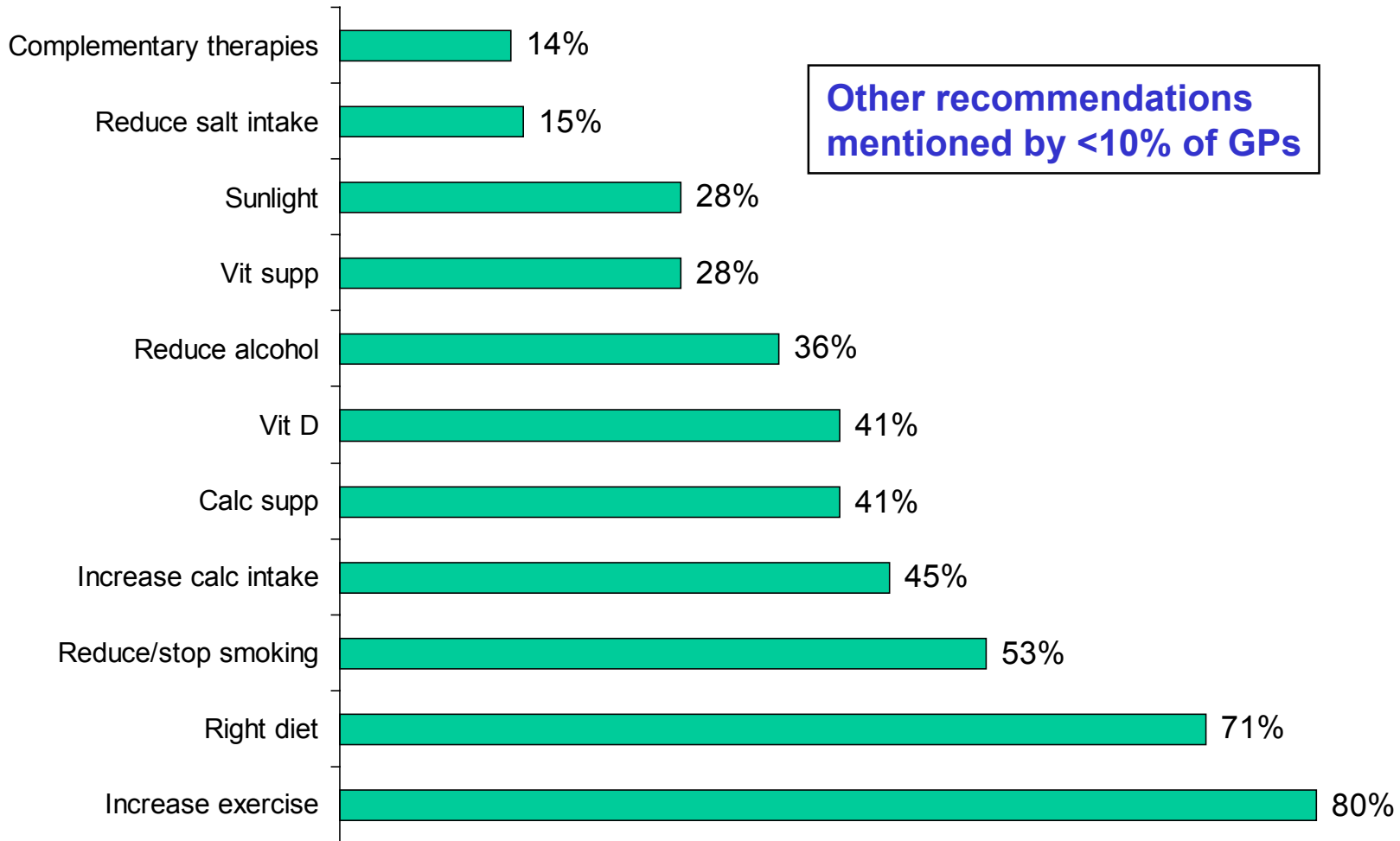
* Mentioned by 77% of GPs

^ Mentioned by 65% of GPs

Q.24 Ideal candidates for preventative medication (prompted)

Base: All GPs	100
Women with family history of osteoporosis	89%
Asymptomatic postmenopausal women	80%
Women going through early menopause	79%
Peri-menopausal women	74%
Women with history of hip fracture	73%
Women with vertebral fracture	72%
Women at risk from developing cardiac problems	31%
Women at risk from developing breast problems	25%
None of the above	1%

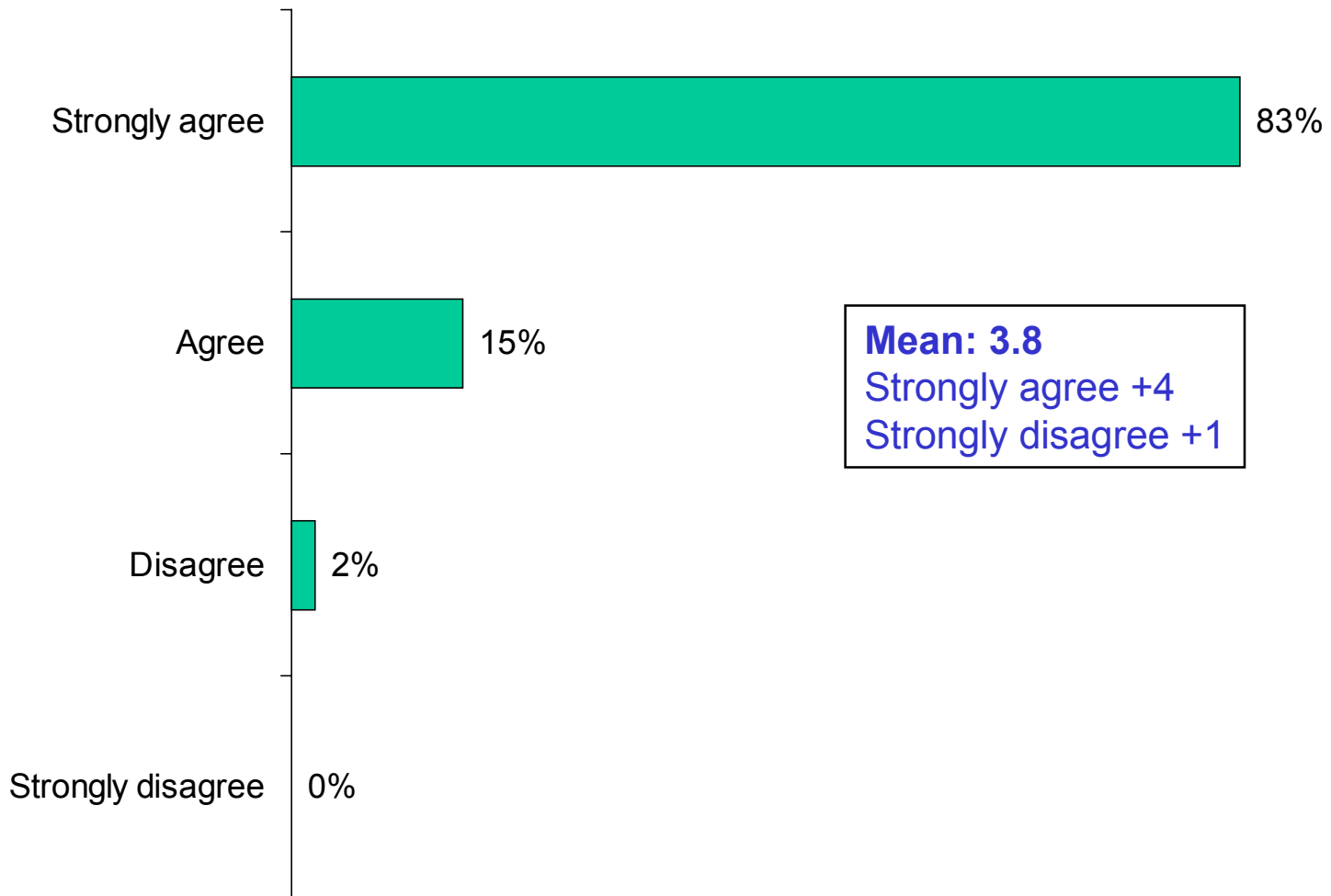
Q.25 Therapy/lifestyle recommendations suggest to women



Base: All GPs (n=100)

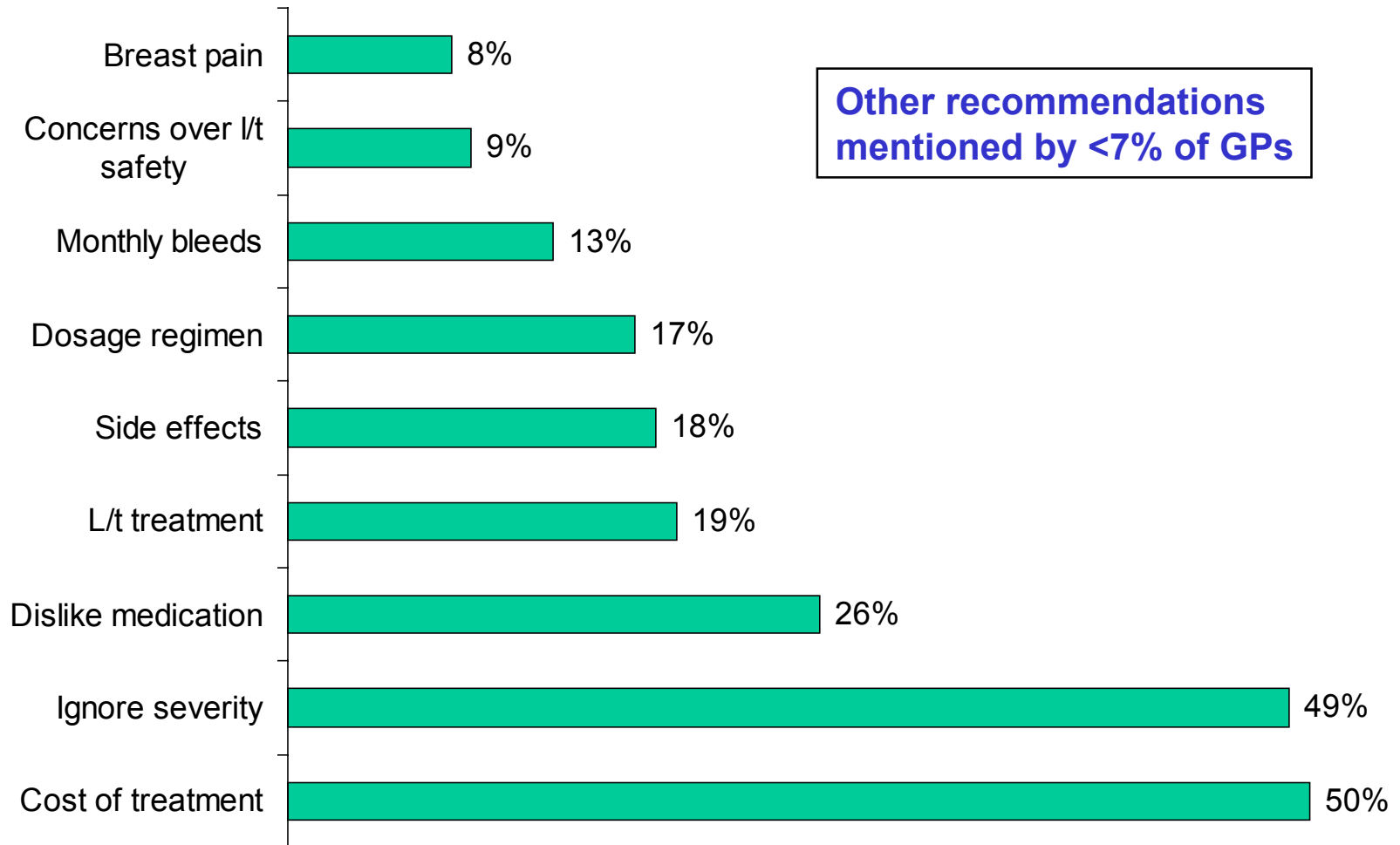


Q.26 Extent of agreement “Compliance is an important factor in drug’s efficacy”



Base: All GPs (n=100)

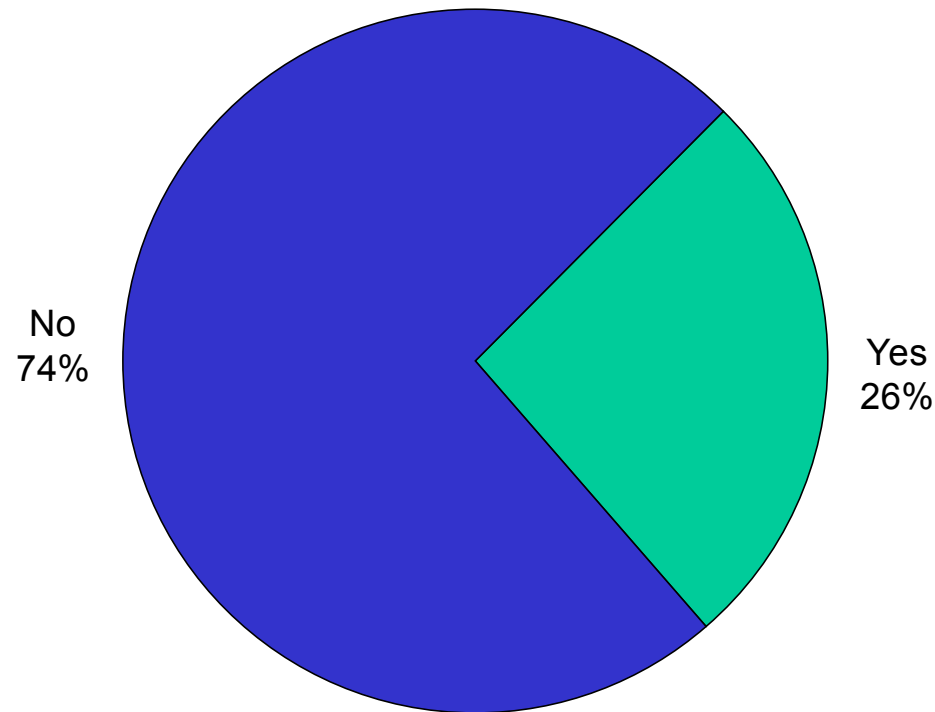
Q.27 Reasons for non-compliance



Base: All GPs (n=100)

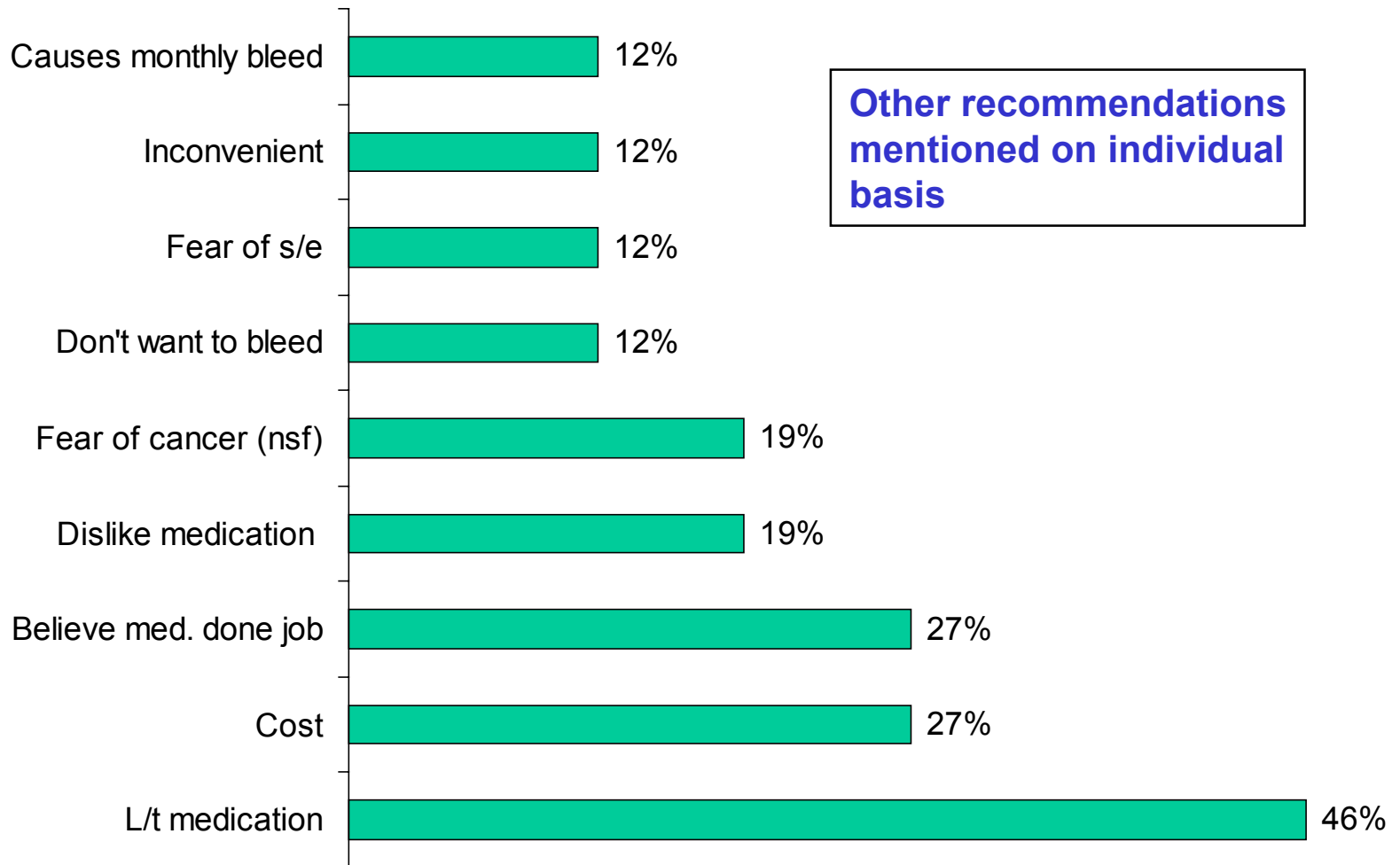
Q.28 Whether patient has refused recommended o/p treatment

Across all countries 61% of doctors reported women had refused treatment



Base: All GPs (n=100)

Q.29 Reasons why patients refuse treatment



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

Q.30 Agreement with statements

Base: All GPs	100
Osteoporosis should be viewed as a serious condition	99%
Our goal should be to prevent women suffering first fracture	99%
Osteoporosis fractures are a maj. clinical problem	99%
The screening programme for osteoporosis could be improved	98%
The main aim of o/p management is to prevent fractures	97%
If you can prevent vert. fractures you can stop secondary frac.	93%
It is often the case that o/p is not diagnosed until a woman presents with a fracture	81%
Bone fragility is an inevitable factor in growing old	64%
The screening programme for o/p is sufficiently w/spread	30%
A medicine that can treat a disease is generally more effective than one that can just prevent	28%
The screening programme for o/p is sufficiently funded	15%

Summary

- v A fifth of GPs held a menopause surgery in their practice and >tenth an osteoporosis clinic
- v On average the GPs estimated they had 244 postmenopausal women in their practice. This compares to an average of 903 patients across all countries
- v The one key health concern the doctors have for their postmenopausal women is osteoporosis (>third), with the next most frequently mentioned main concern being hot flushes (>tenth)
- v When looking at all health concerns for postmenopausal women, two-thirds stated osteoporosis, >half hot flushes and >quarter hypertension, hormonal and painful bones

Summary

- v Two-thirds of GPs said they either proactively or routinely approached health risk assessment, with the main limit to the reviews conducted being lack of time (mentioned by a fifth of GPs)
- v >half of GPs defined ‘treatment’ as starting medication when a woman is at risk. >third defined it as starting medication when a woman has developed osteoporosis
- v < half of GPs defined ‘prevention’ as advising women on lifestyle changes. A third defined it as starting medication before a woman is at risk
- v >three-quarters of GPs felt that the most negative effect of osteoporosis was fractures, followed by pain (>third) and bone loss (<third)

Summary

- v On average the GPs estimated that 59% of their postmenopausal women would be receiving medication for ‘treatment’ and 42% for ‘prevention’
 - v slightly higher proportion of women on ‘treatment’ in Mexico vs. the average across all countries surveyed (42%)
- v Two-fifths felt that cost was inhibiting them from rxing medication for the prevention of osteoporosis, whilst a quarter of GPs felt that there was nothing inhibiting them.
- v Two-fifths of GPs felt that the biggest challenge they face when treating preventatively after the menopause was the patients lack of understanding of long-term risks, with <1/3 saying patients’ concern about long-term health risks. <fifth also felt that a challenge they face is patients unwillingness

Summary

- v Two-thirds of GPs felt that cost was the main factor which affected their decision as to prescribing long term medication. >quarter felt that the seriousness of the condition was a factor, with a similar number stating efficacy and compliance. <fifth of GPs stated ease of use was a factor in their decision
- v 7 out of 10 GPs did not feel that women consulted them at an early enough stage
- v A quarter of GPs felt that the most important feature of an osteoporosis product was efficacy, convenience and cost effectiveness

Summary

- v When looking at all important features, three-quarters of GPs felt that impact on the bone was important, followed by two-thirds saying patient compliance. Two-thirds also felt that cost effectiveness was an important feature
- v There was strong agreement (80%+) that ideal candidates for preventative medication would be women with family history of osteoporosis and asymptomatic postmenopausal women.
- v Four-fifths GPs recommend to postmenopausal women that they increase their exercise, >half recommend women to follow a correct diet/reduce/stop smoking and >two-fifths increase their calcium intake or take Vitamin D

Summary

- v Four-fifths of GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”
- v Half of GPs felt that the reason for patient non-compliance was because of cost of treatment, whilst a similar number said women ignore the severity of the condition. A quarter said patients dislike their medication
- v A quarter of GPs have had the situation where women have refused recommended osteoporosis treatment. Just under a half of these GPs felt this was because they dislike taking long term medication, with a quarter saying the cost and/or that they believe the medication has done the job

Summary

- v Almost all the GPs (99%) agreed that osteoporosis should be viewed as a serious condition, that their goal should be to prevent women suffering a first fracture and that osteoporosis fractures are a major clinical problem
- v 98% of GPs agreed that the screening programme in Mexico could be improved and 97% agreed that their main aim of management is to prevent fractures
- v 9 out of 10 GPs agree that if you can prevent vertebral fractures you can prevent secondary fractures
- v 8 out of 10 GPs agreed that often women are not diagnosed until they have a fracture
- v 6 out of 10 GPs felt that bone fragility was part of the ageing process

Summary

- v 7 out of 10 GPs did not feel the screening programme was sufficiently widespread and 8 out of 10 GPs did not feel 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 85% of all women suffering from osteoporosis were not aware they were at risk
- v 54% of sufferers were not aware that they had the disease prior to diagnosis
- v 99% of doctors think that osteoporosis should be viewed as a serious condition
- v 99% 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 two-fifths 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, 45% 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 there was a lack of time with the doctor
- v 1 in 3 women will develop osteoporosis
 - v only a quarter of women feel they are very likely to develop the condition and only a third 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 patients lack of understanding OR a lack of concern of the long term health risks of osteoporosis
 - 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 and bone loss
- v Two-thirds of women associate osteoporosis with an increased risk of fracture, followed by a quarter of women associating it with fear of the next fracture and a fifth long term pain or reduced quality of life
- v Of the women with osteoporosis, 92% stated that it had impacted on their quality of life (living in fear of breaking a bone, cannot lift heavy weights, cannot go for long walks)
- v Four-fifths of women who have suffered a fracture as a result of osteoporosis said it took over two months to recover from the fracture

Impact on Daily Life

- v Three-quarters 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 59% of postmenopausal women on medication for treatment (vs. a quarter 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-thirds 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 15% of patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 8 out of 10 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, 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 70% of women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 58% of women strongly agree that osteoporosis can be prevented
- v 70% 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 Four-fifths 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 99% of doctors believe that osteoporosis fractures are a major clinical concern but only 42% of postmenopausal women are on preventative medicine
- v Half the doctors defined prevention as giving lifestyle advice rather than rxing medication
- v However three-quarters of osteoporotics would have taken preventative medicine if they had known they were at risk
- v Women would take preventative medicine if their doctor recommended it
- v A quarter of doctors have experienced patients refusing to take long term preventative medicine, mainly because the women don't want to take long term medication



Effective prevention and treatment

- v **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 42% of their postmenopausal women patients are on preventative medication and 59% are rxd treatment



Effective prevention and treatment

- v 7 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 quarter indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors

Prescribing inhibitors

- v Two-fifths of doctors say cost/lack of funding is the greatest factor affecting their decision to rx a medication
- v 41% of doctors think that the biggest challenge they face is patients' lack of understanding of the disease
- v This in turn leads to an average of 41% of patients NOT being rxd medication for the treatment of osteoporosis and 58% NOT being prescribed preventative medicine
- v A quarter of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v Half of the doctors cite cost of treatment and the fact that women ignore the severity of the disease as being the main reasons for non-compliance and a quarter claim non-compliance is caused because women don't want to take medication
- 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