

‘How Fragile Is Her Future?’ Research Spain

*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

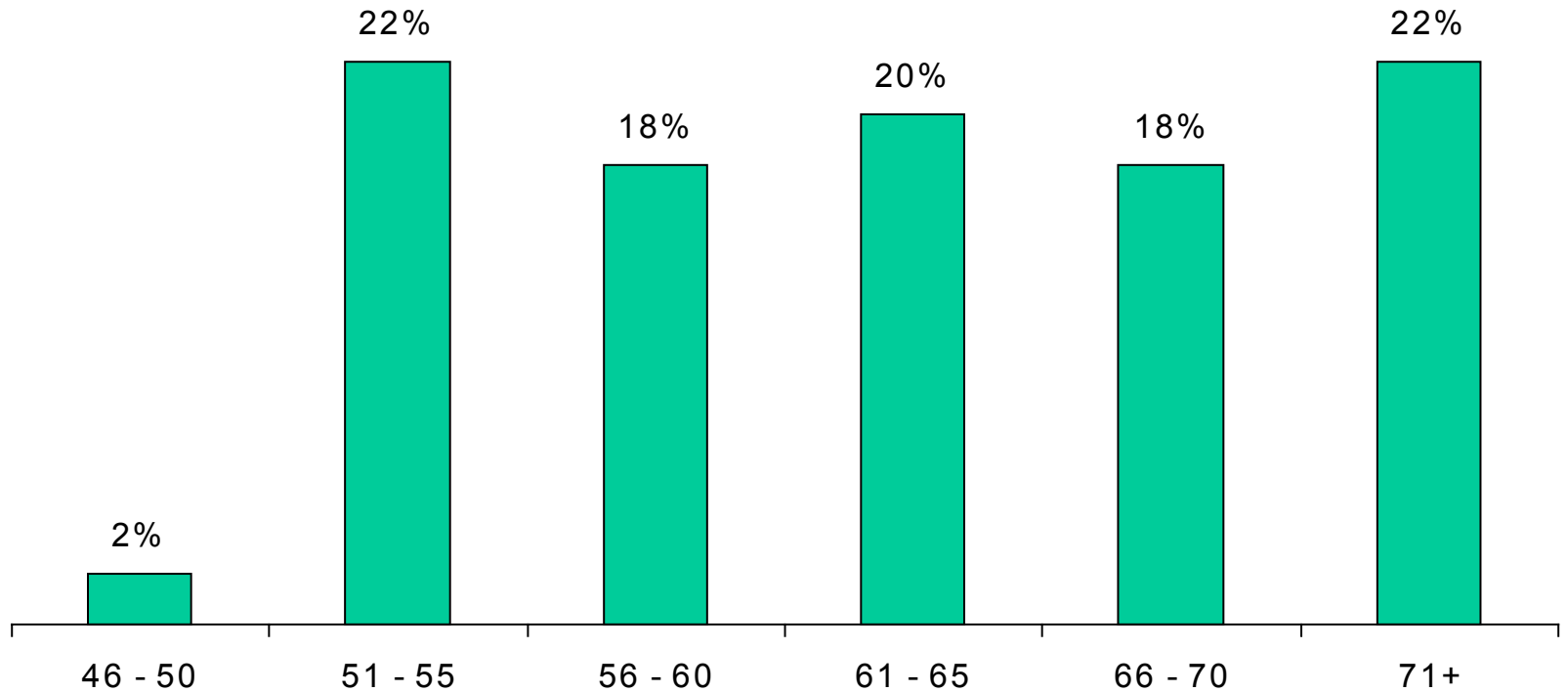


Main Findings

Spanish Consumers

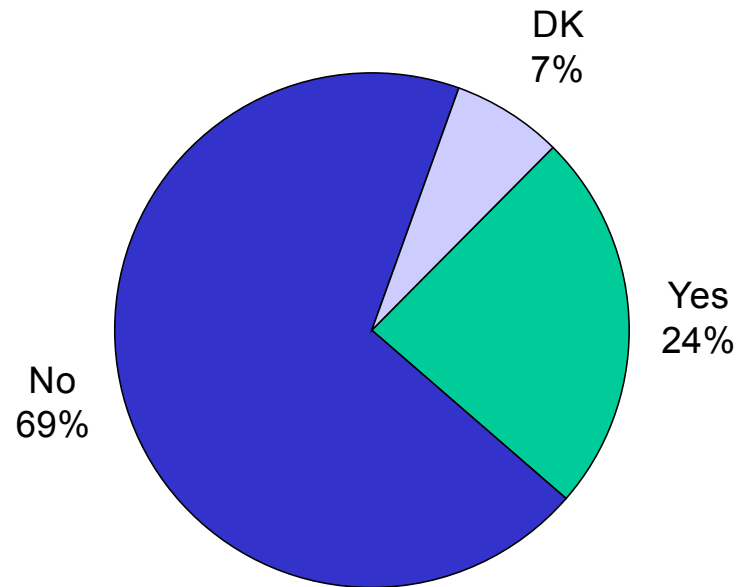
Q.2 Age of respondents

Mean: 63 years



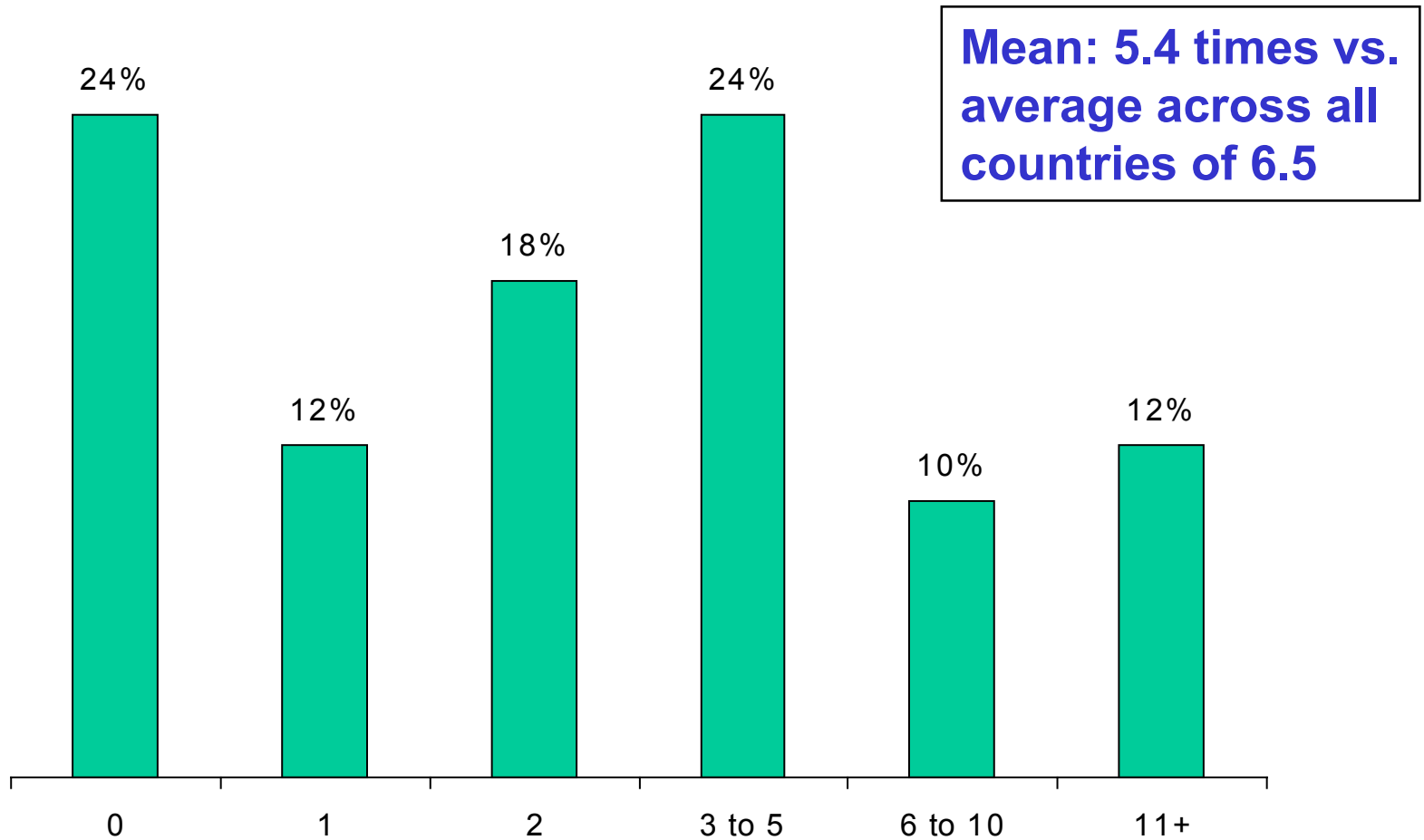
Base: All female respondents (n=51)

Q.4 Whether suffering from osteoporosis



Base: All female respondents aged 41+and have been through menopause (n=51)

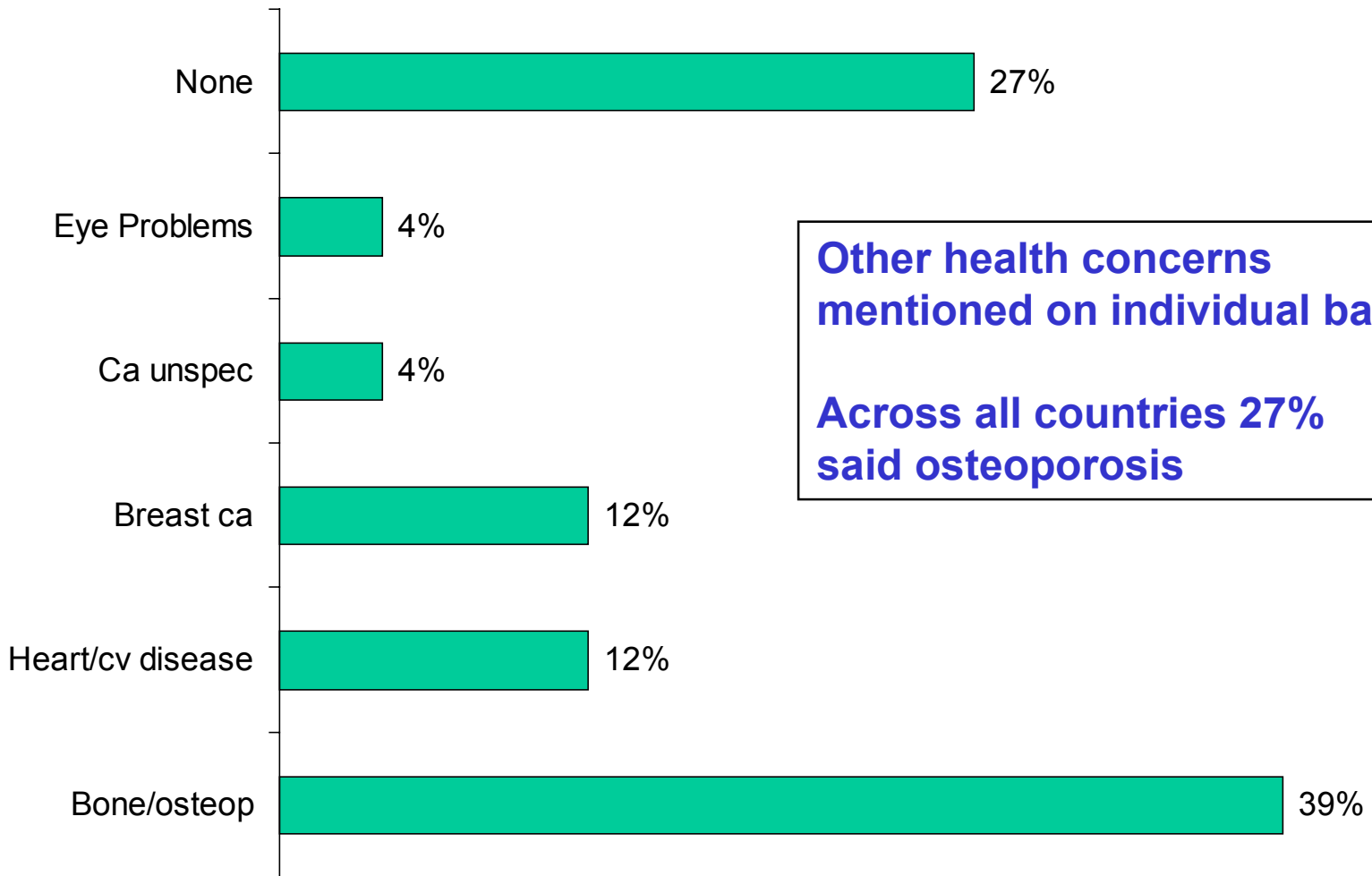
Q.5 Number times visited GP in last 12 months



Base: All female respondents aged 41+ and been through menopause (n=51)

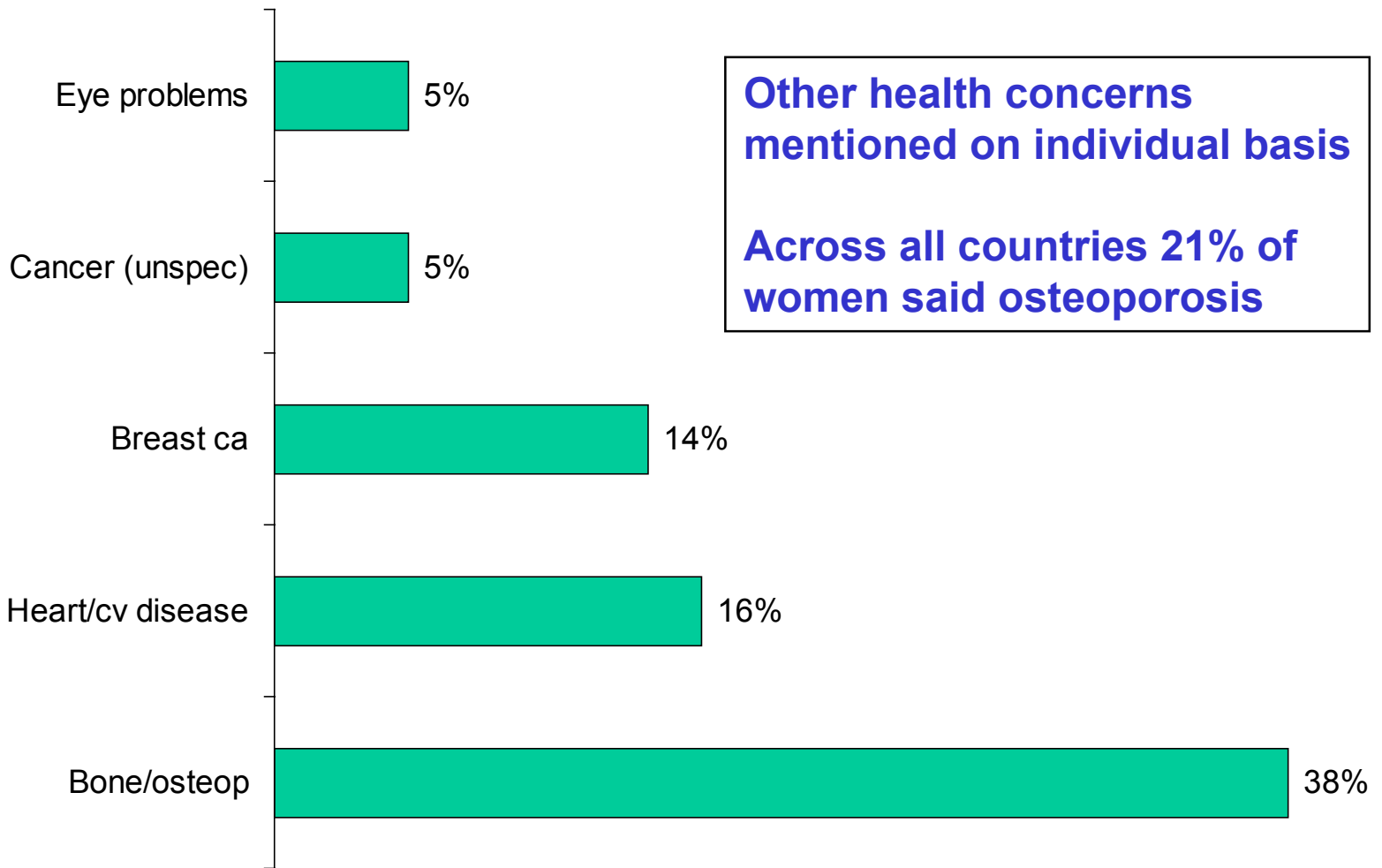


Q.6 Key health concerns (spont)

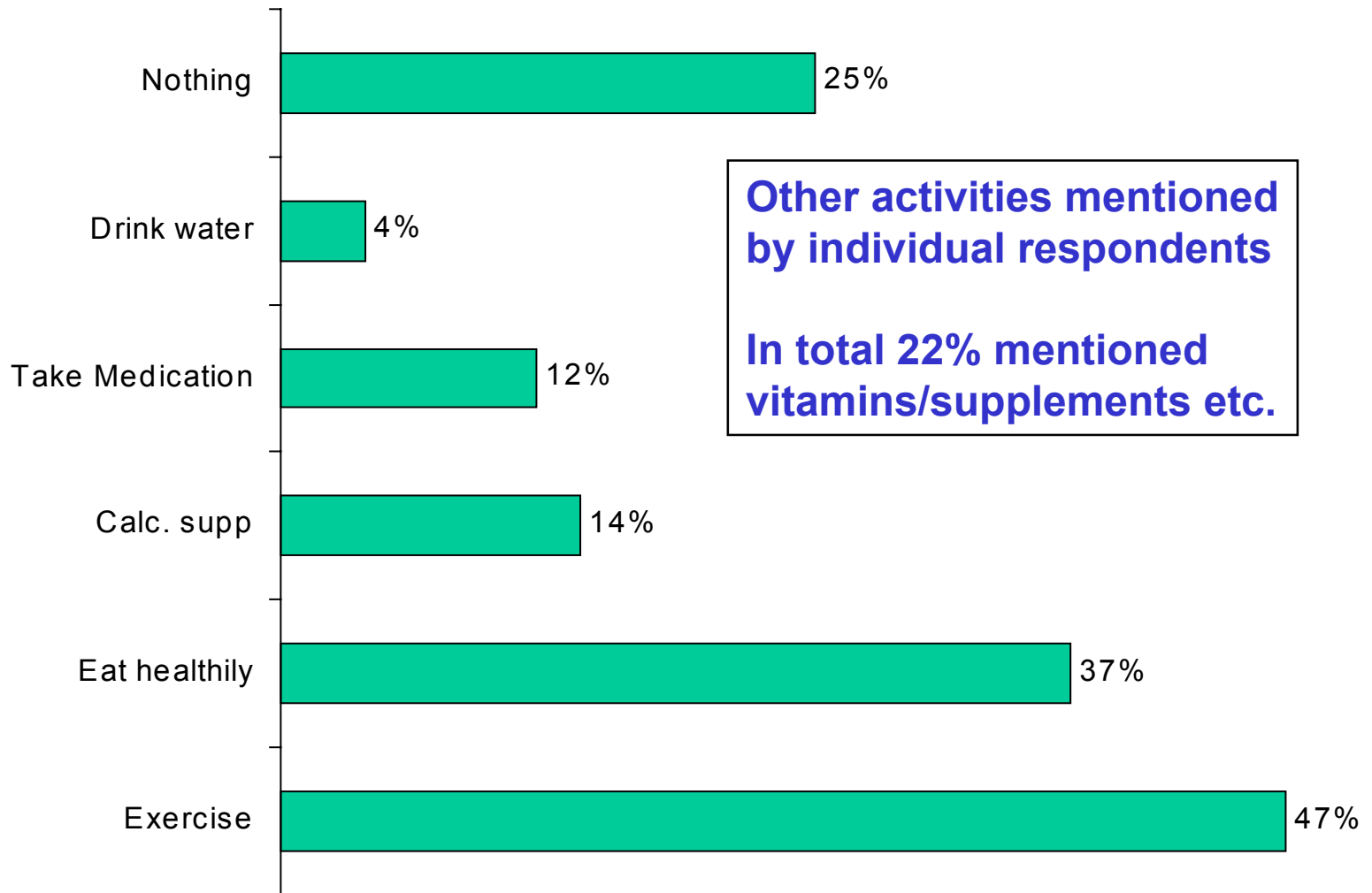


Base: All female respondents aged 41+ and been through menopause (n=51)

Q.7 Main health concern



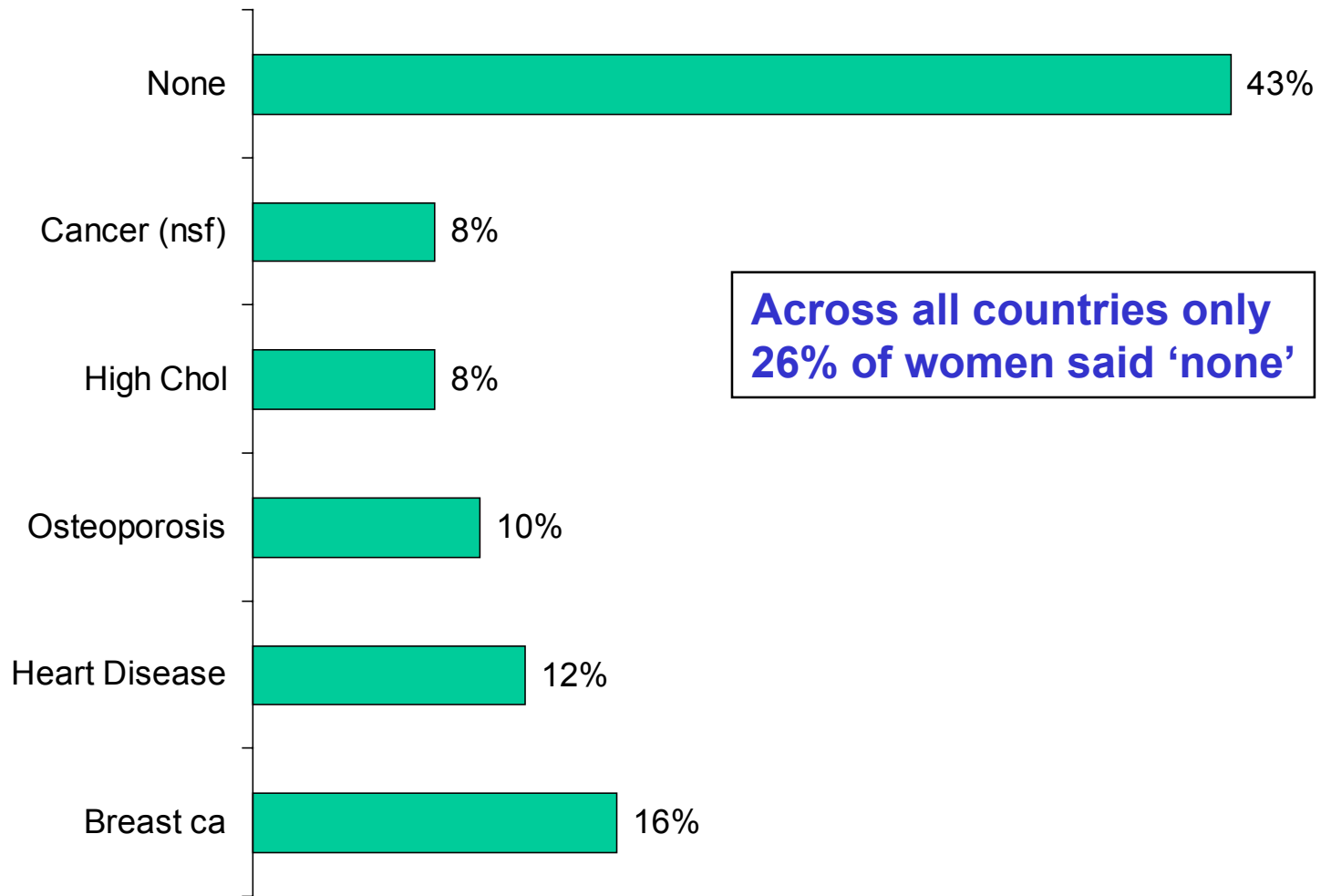
Q.8 Current activities to improve/ maintain long-term health



Base: All female respondents aged 41+ and been through menopause (n=51)



Q.9 Diseases screened for over last 5 years

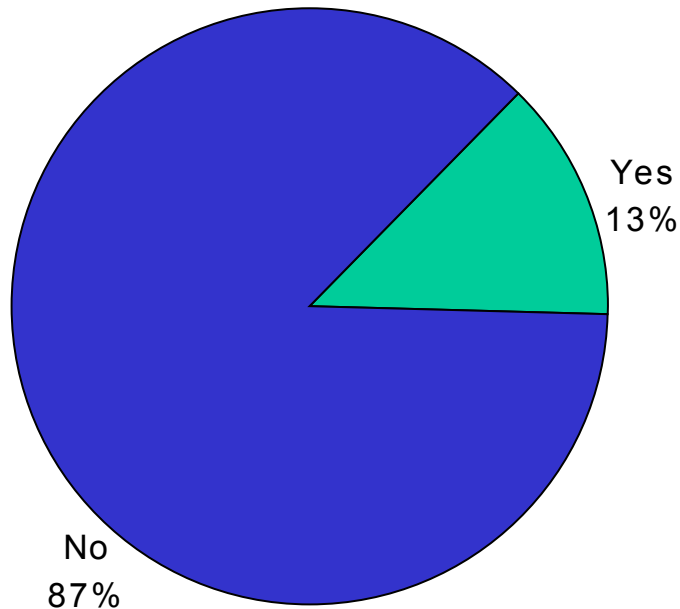


Base: All female respondents aged 41+ and been through menopause (n=51)



Osteoporosis Screening

Q.10 Whether been screened for osteoporosis



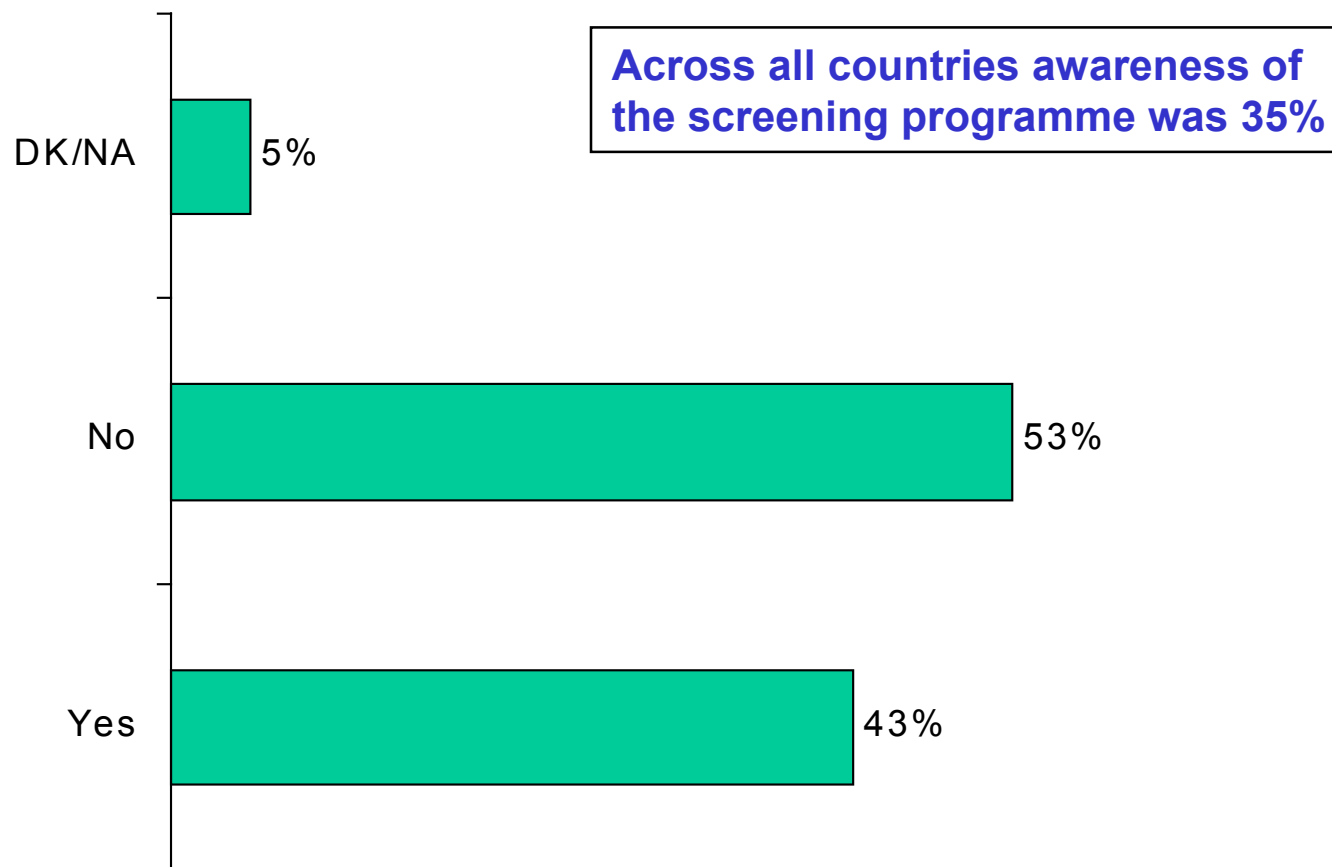
Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=46)

Q.11 Reasons for being screened for osteoporosis

| Reason | Count |
|-------------------------|-----------|
| Base: | 11 |
| Pain | 2 |
| Suffered wrist fracture | 2 |
| Asked to be screened | 2 |
| Rec by Doctor | 2 |
| At risk as post-men. | 1 |
| Suffered hip fracture | 1 |
| Suffered fracture (ns) | 1 |
| Pain in Back | 1 |
| Pain in Legs | 1 |
| Severe Pain | 1 |



Q.12 Awareness of Osteoporosis Screening Programme



Base: Respondents who have not been screened for osteoporosis (n=40)

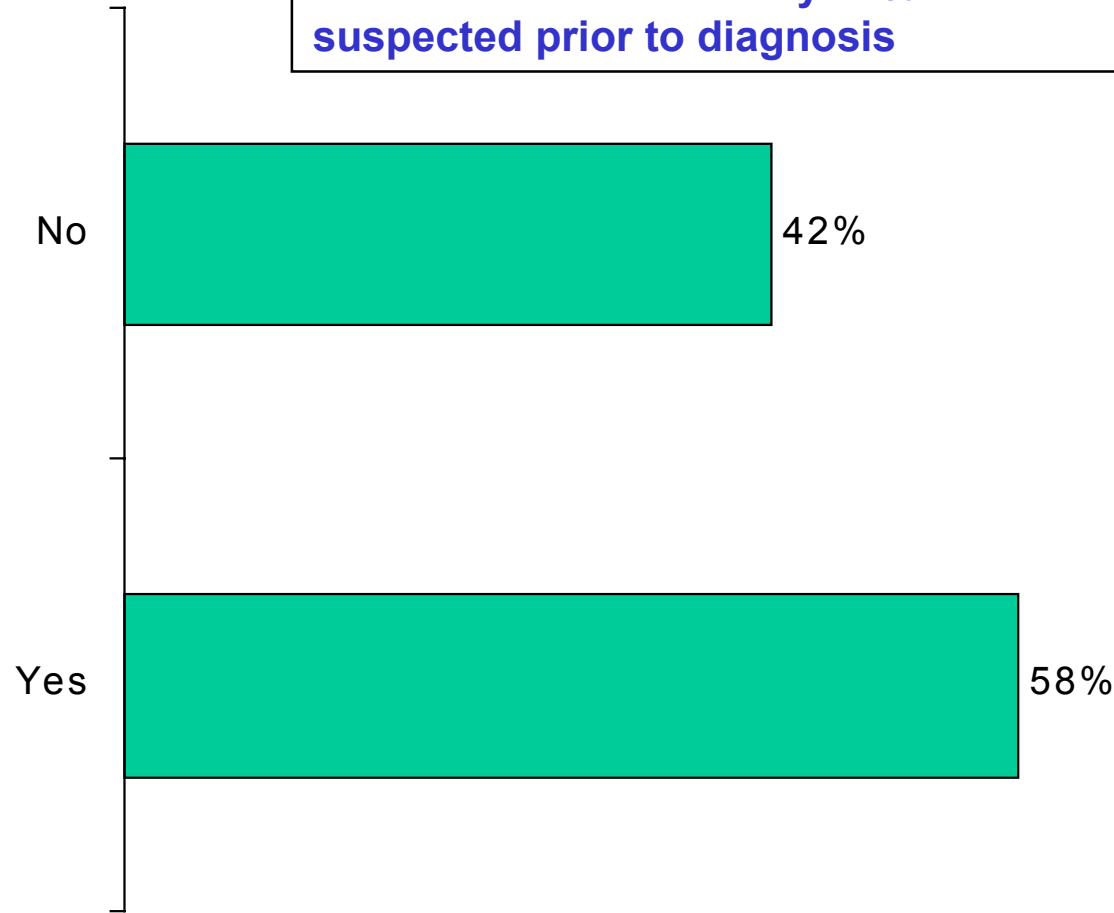


Q.13 Long-term health risks associated with osteoporosis (prompted)

| | |
|--|-----------|
| Base: Postmenopausal women aged 41+ | 51 |
| Fear of next fracture/fall | 75% |
| Increased risk of further fractures | 71% |
| Reduced quality of life | 71% |
| Loss of height | 67% |
| Long term pain | 63% |
| Inability to live independent life | 43% |
| Loss of self esteem | 29% |
| None of the above | 6% |
| DK/NA | 10% |

Q.14 Proportion suspected osteoporosis prior to diagnosis

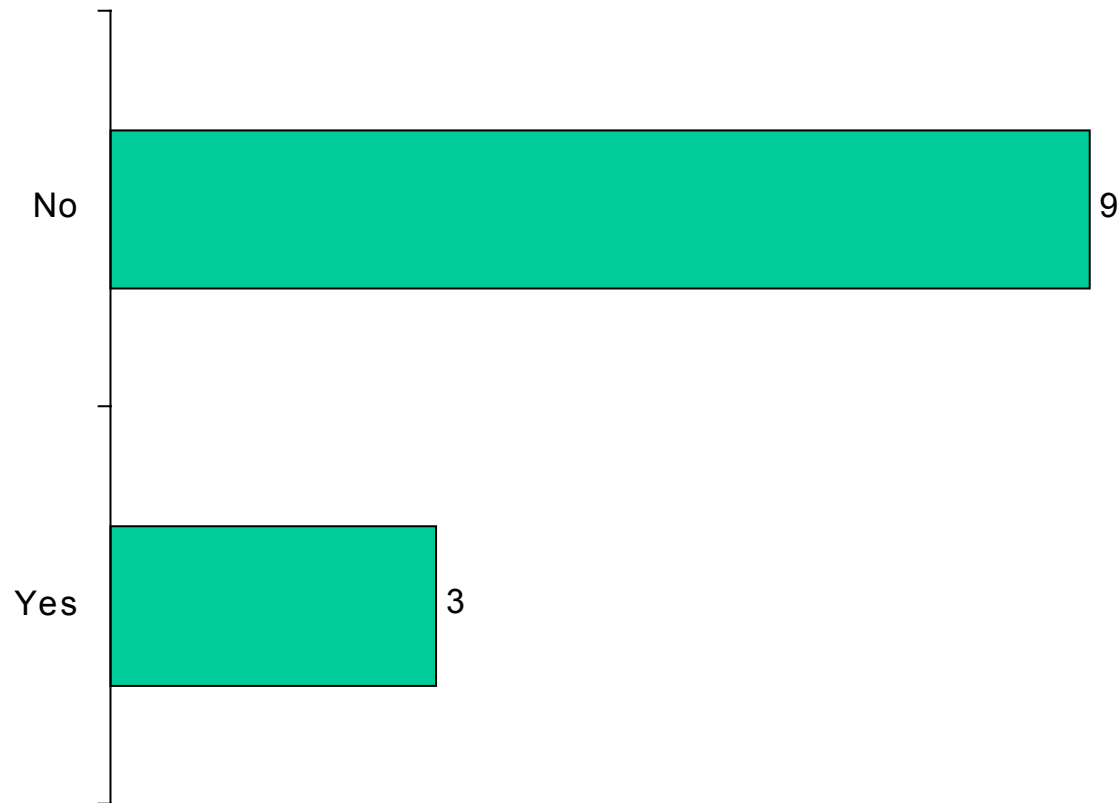
Across all countries only 33% of sufferers suspected prior to diagnosis



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

| | |
|--------------------------------------|-----------|
| Base: Osteoporosis sufferers | 12 |
| Back pain | 7 |
| Pain in Legs | 3 |
| Worry about the future | 2 |
| Cannot lift heavy weights | 1 |
| Less able to get from place to place | 1 |
| Feel less attractive | 1 |
| Pain in shoulders / neck | 1 |
| Fatigue | 1 |
| None | 2 |

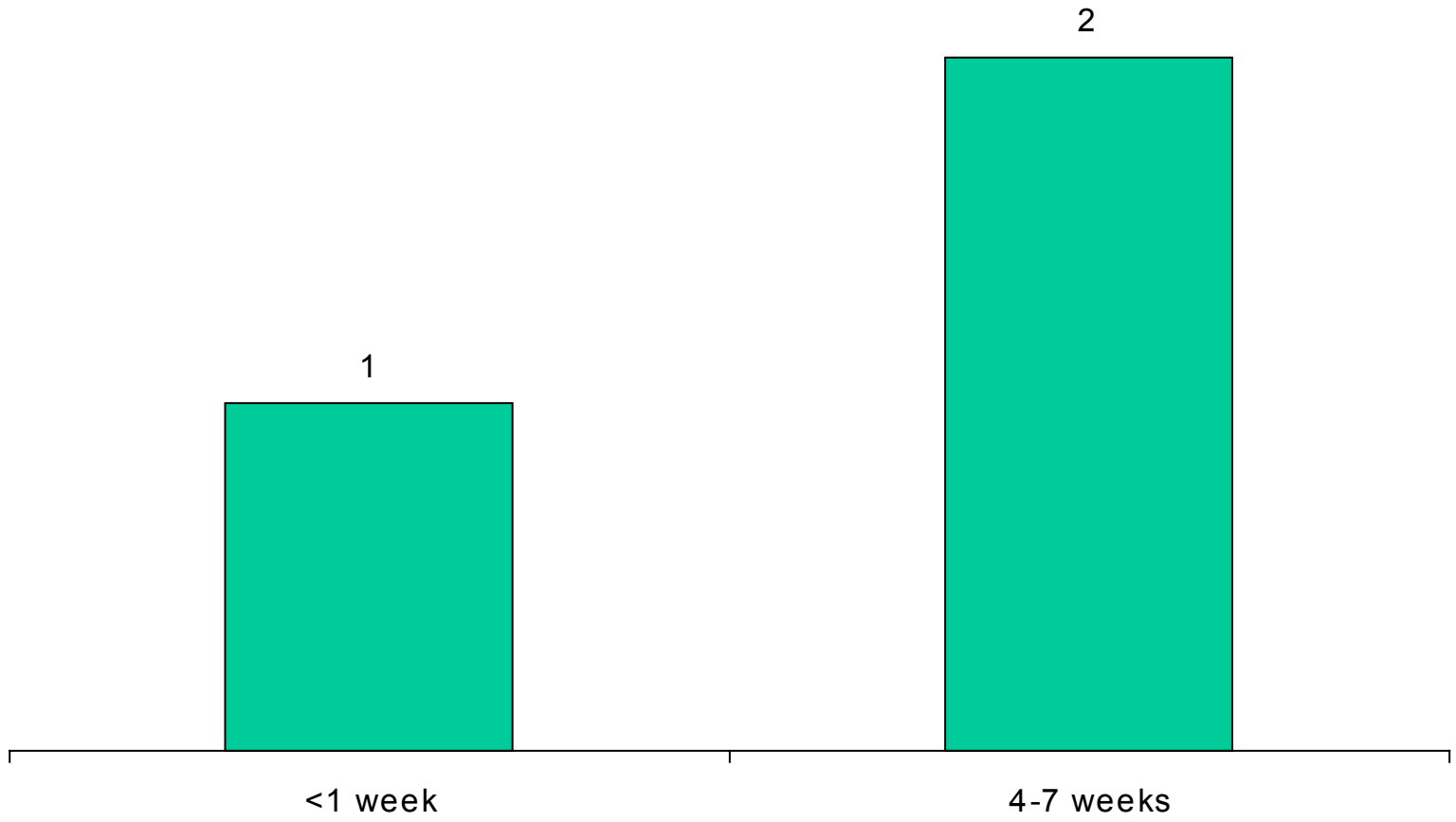
Q.15b Whether suffered from a fracture caused by osteoporosis



Base: Osteoporosis sufferers (n=12)

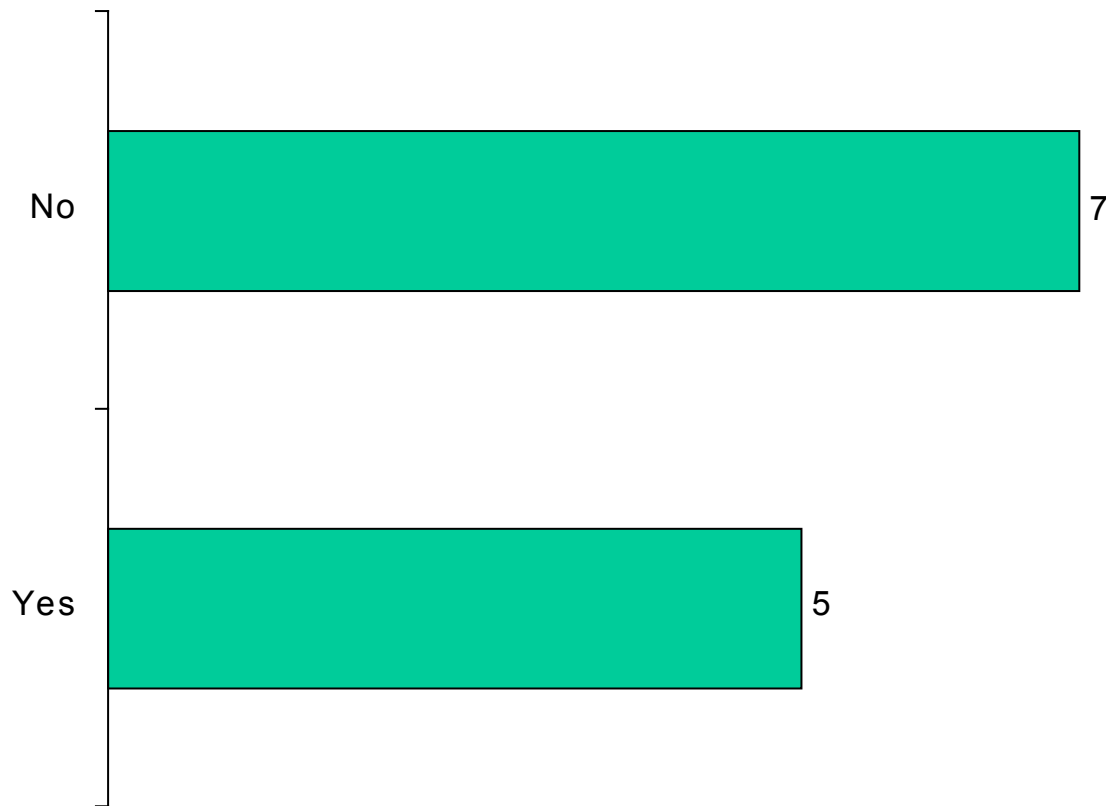


Q.15c Length of time taken to recover from fracture



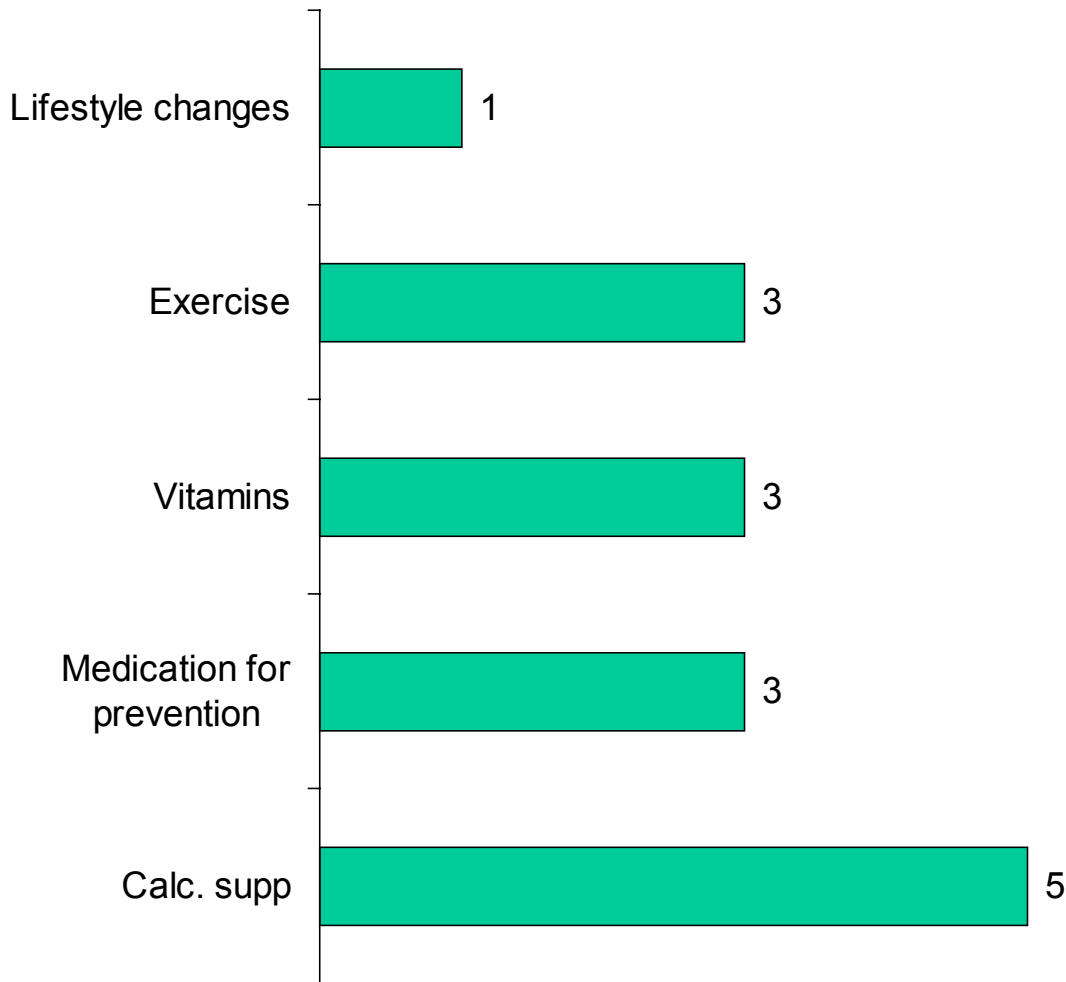
Base: Respondents suffered from fracture caused by osteoporosis (n=3)

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



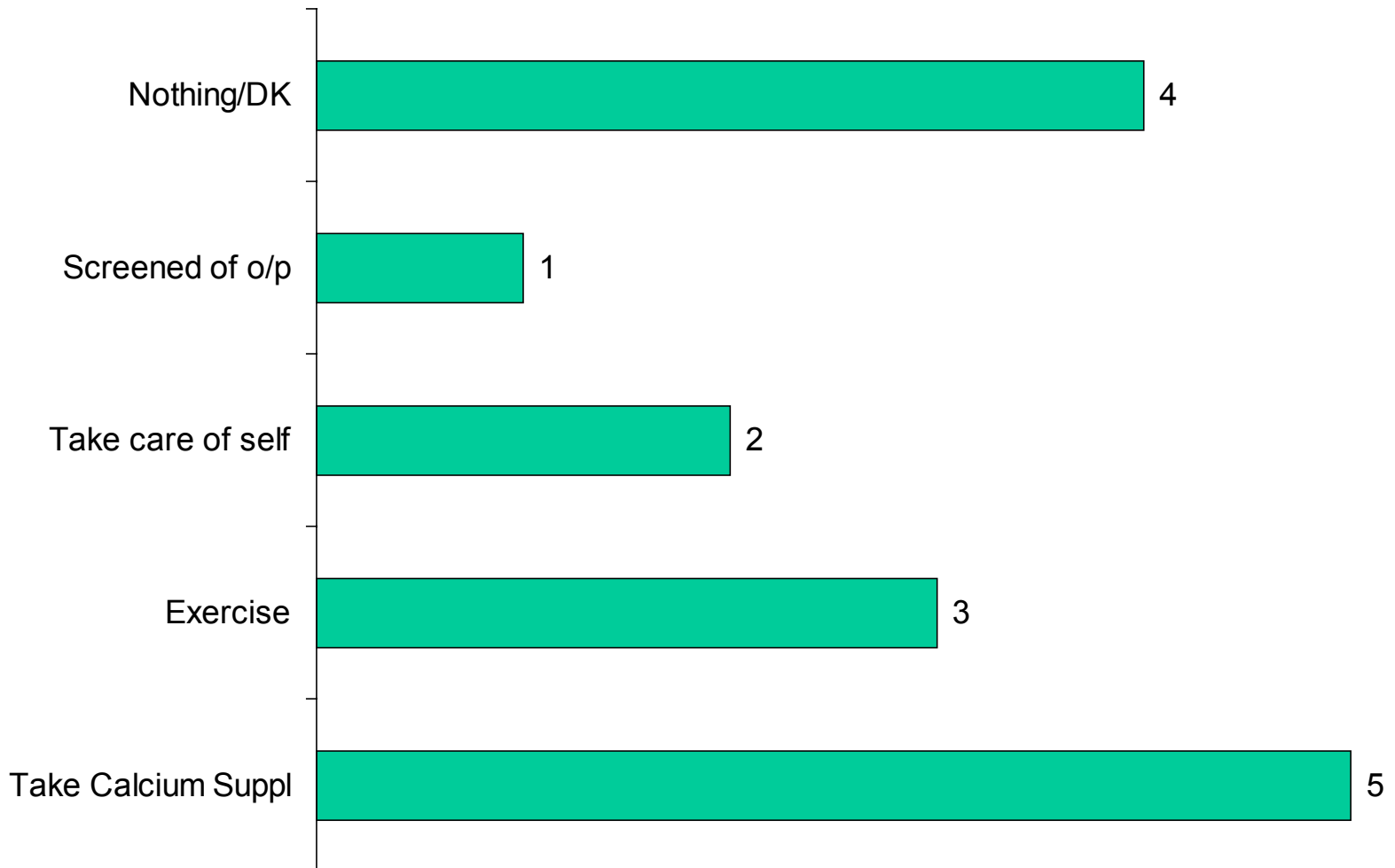
Base: Osteoporosis sufferers (n=12)

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



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

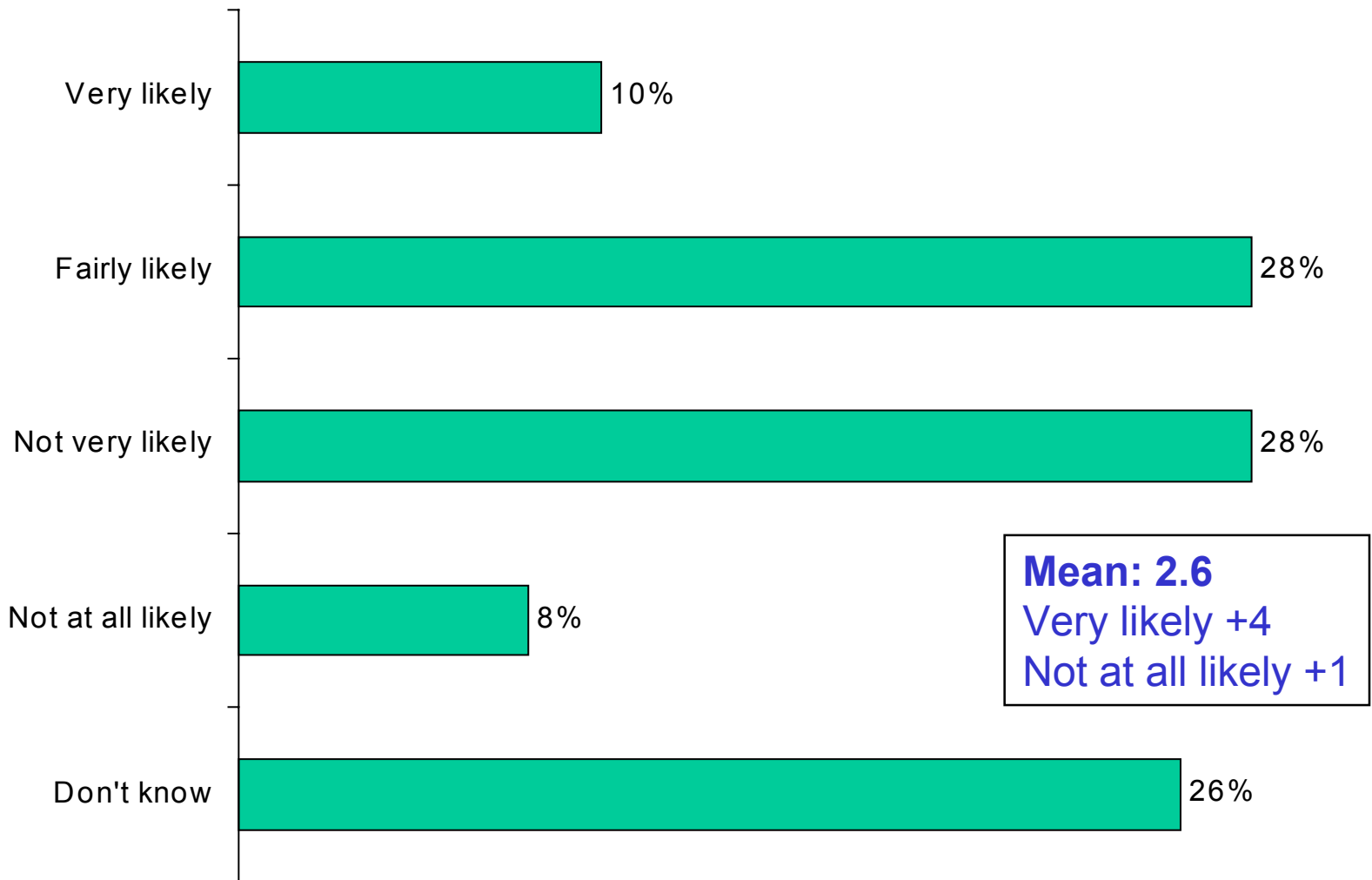
Q.17b One thing sufferers would tell other women about osteoporosis



Base: Osteoporosis sufferers (n=12)

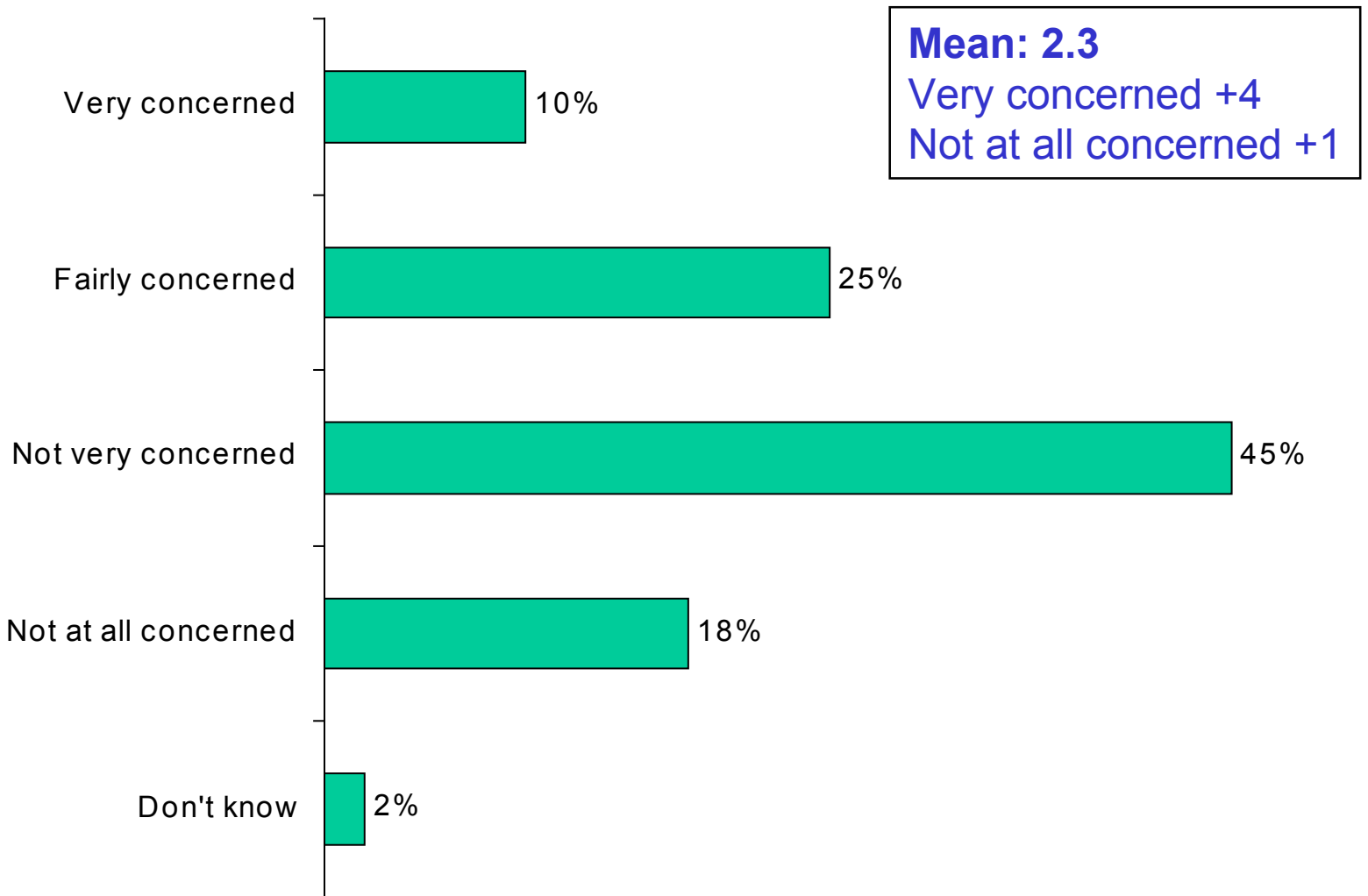


Q.18 Likelihood of developing osteoporosis



Base: Non-osteoporosis sufferers (n=39)

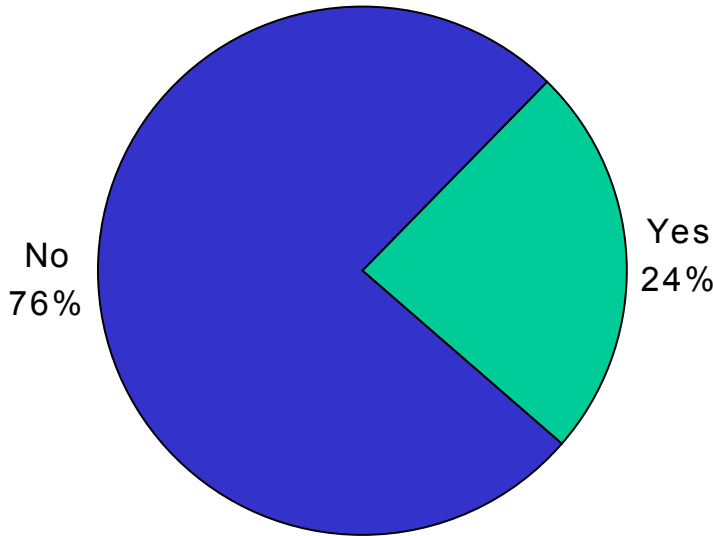
Q.19 Degree of concern about long-term health risks of osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=51)

Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor



Average of 44% of women had discussed it with their doctor across all countries

Base: All female respondents aged 41+ who have been through the menopause (n=51)

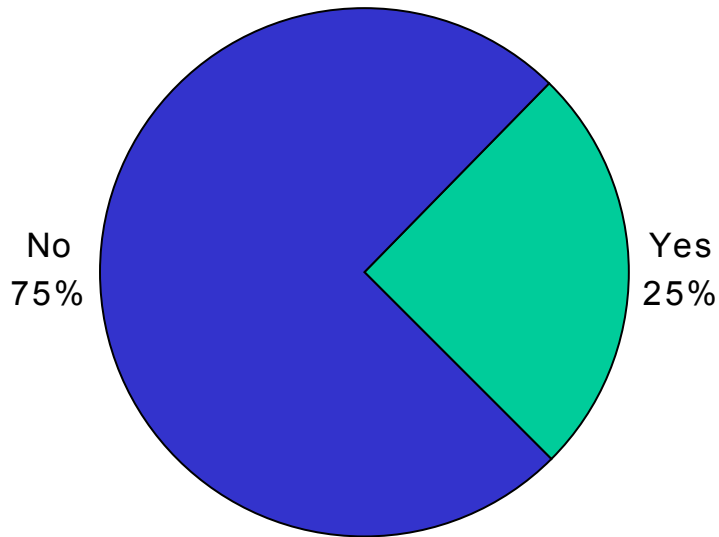
Q.21 Reasons for discussing osteoporosis with a doctor

| | |
|------------------------------|----|
| Base | 12 |
| Swollen knees/joints | 3 |
| Back Pain | 2 |
| Quality of life | 2 |
| Interested in Medicine | 2 |
| Read/heard about it | 2 |
| Felt was at risk of fracture | 1 |
| Already had fracture | 1 |
| Doctor initiated discussion | 1 |
| Had finished menopause | 1 |
| Thought might be at risk | 1 |
| Menopause | 1 |



Whether discussed long-term health risks 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

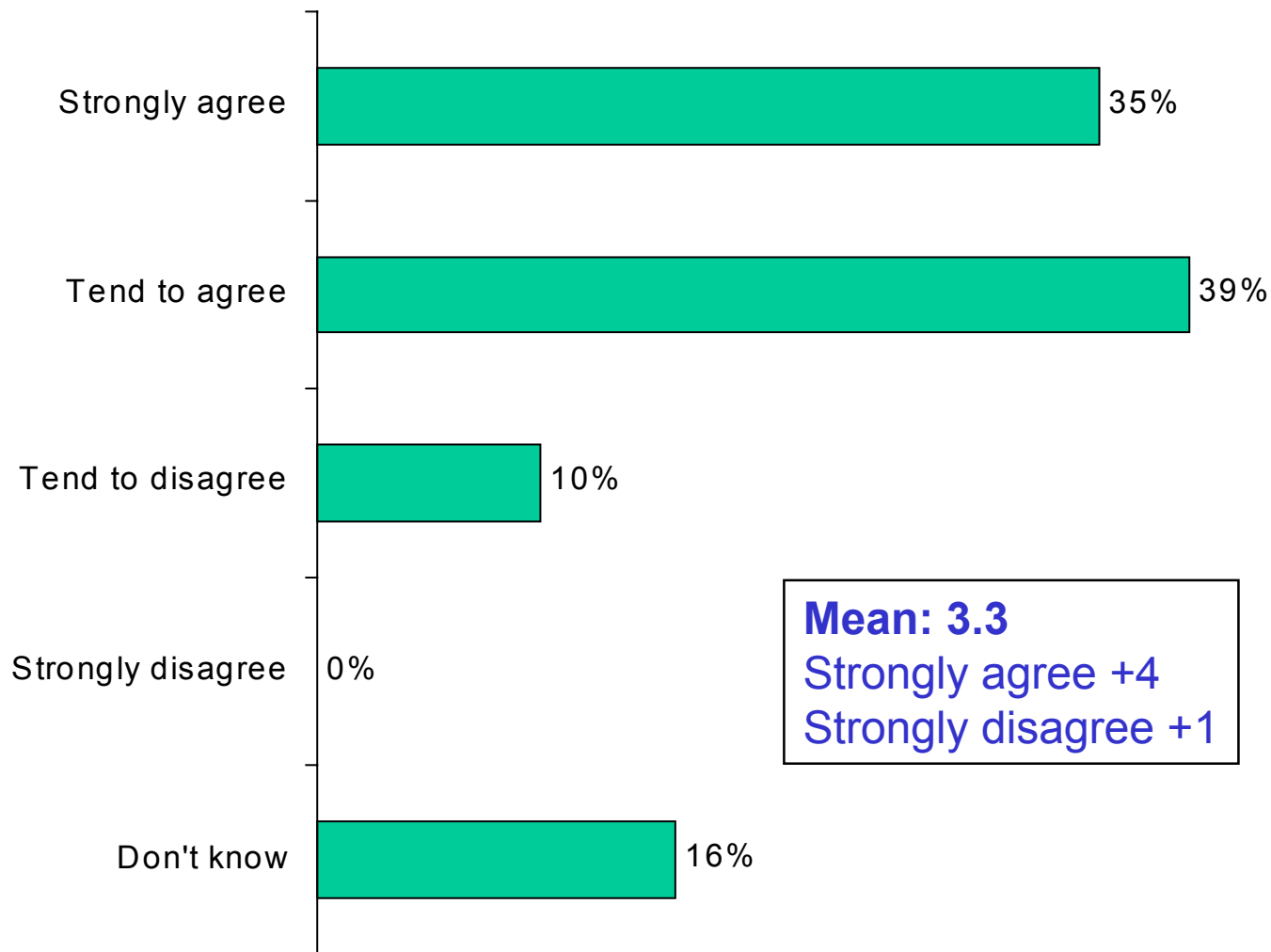
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| | |
|------------------------------|---|
| Doctor didn't raise it | 2 |
| Didn't think of health risks | 2 |
| Already aware | 2 |
| Too many other problems | 1 |
| Too scared | 1 |
| Never thought about it | 1 |

Across all countries an average of 51% of women had discussed long term health risks

Base: Respondents who have discussed osteoporosis with their doctor (n=12)

Q.24 Extent of agreement that osteoporosis can be prevented



Base: All female respondents aged 41+ and been through menopause (n=51)

Q.25 Best ways of preventing osteoporosis

Base: Respondents who agree osteoporosis can be prevented

| | |
|---------------------|-----|
| Healthy diet | 39% |
| Regular check-ups | 26% |
| Exercise | 24% |
| Calcium supplements | 18% |
| More information | 8% |
| Vitamin D | 5% |
| SERMs | 5% |
| Don't smoke | 3% |
| Don't drink | 3% |
| Don't know | 13% |

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



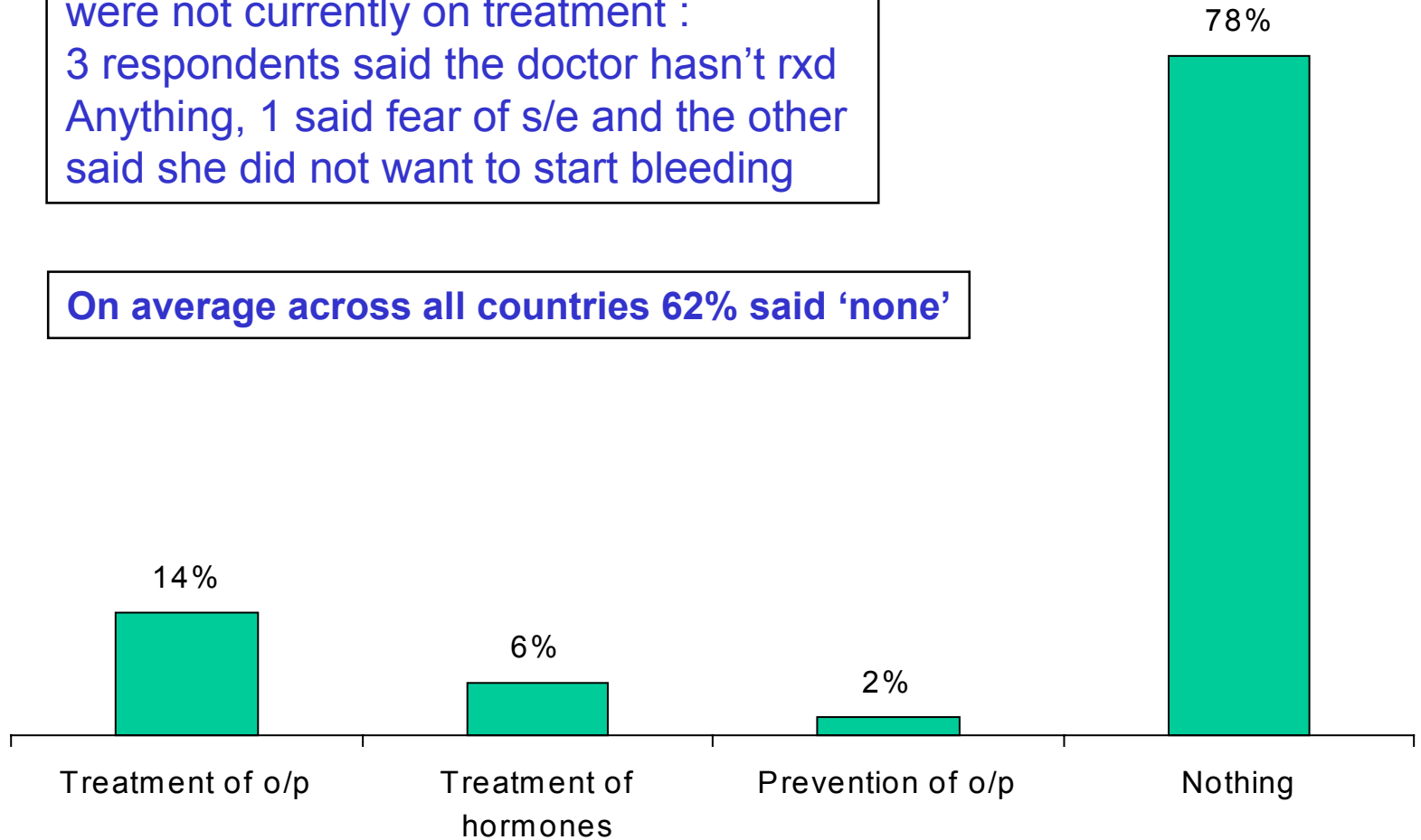
Base: Respondents who have discussed osteoporosis with their doctor (n=12)



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

Of the 12 osteoporosis sufferers 5 were not currently on treatment :
3 respondents said the doctor hasn't rxd Anything, 1 said fear of s/e and the other said she did not want to start bleeding

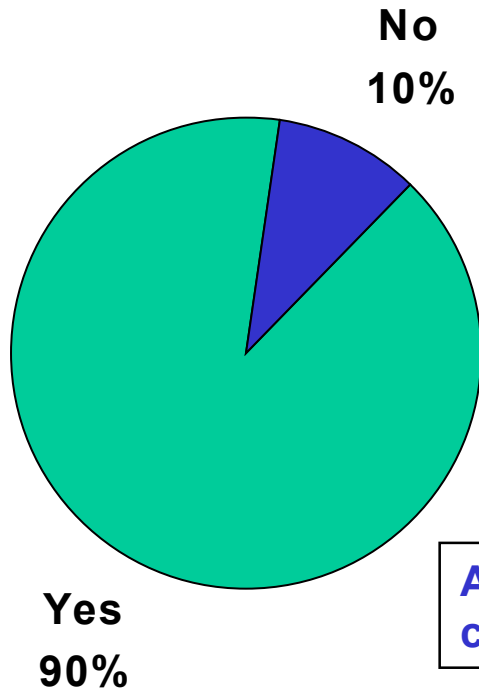
On average across all countries 62% said 'none'



Base: All female respondents aged 41+ and been through menopause (n=51)

Attitude towards long-term preventative therapy for osteoporosis

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



An average of 77% of women said yes across all countries

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

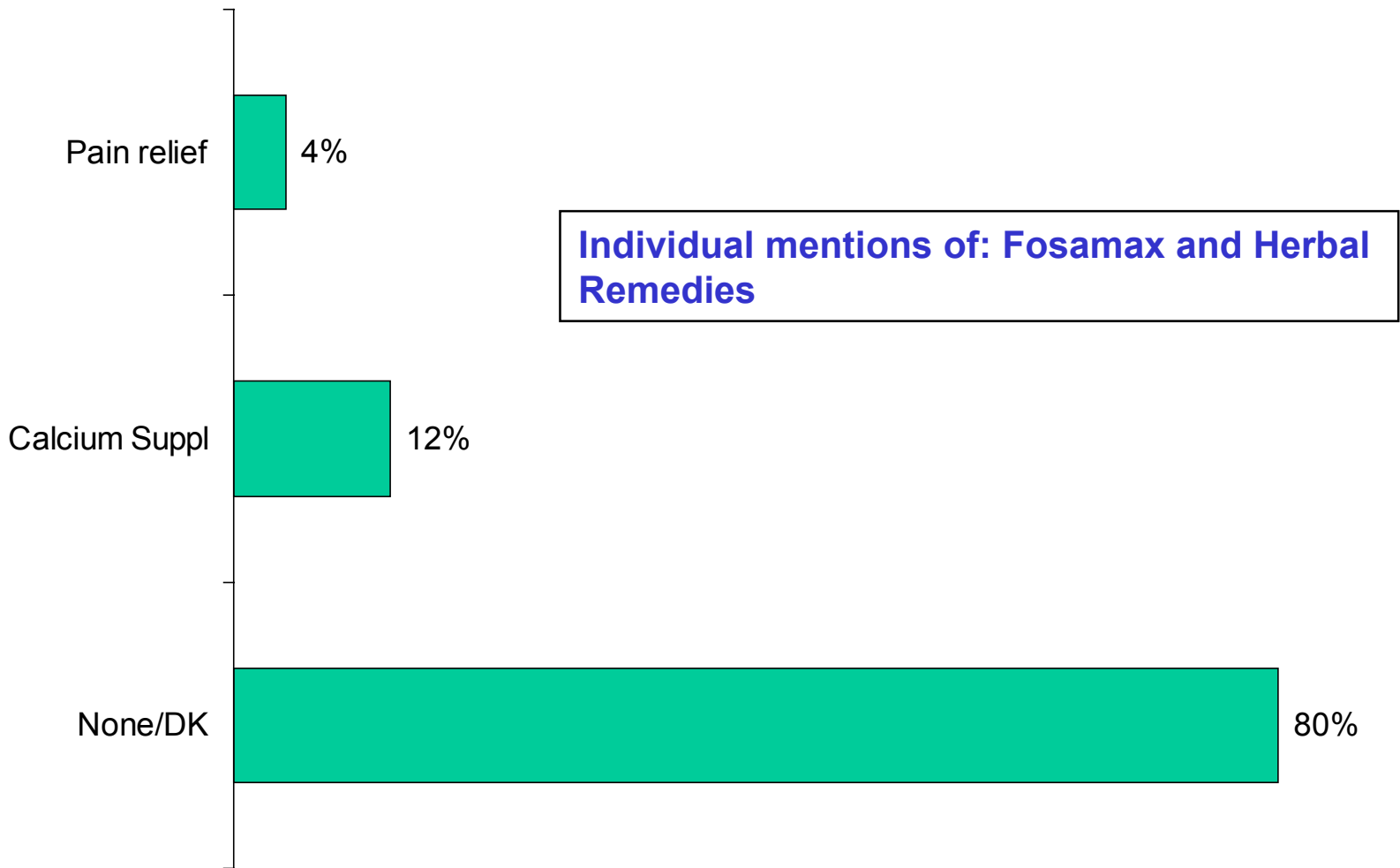
Base: Respondents not on long-term prevention

| | |
|-----------------------------|-----|
| Side effects | 28% |
| Don't want to take med l/t | 8% |
| Inconvenience of taking med | 4% |
| Nothing | 50% |
| Don't know | 4% |

Base: Respondents not taking long-term prevention of osteoporosis (n=50)



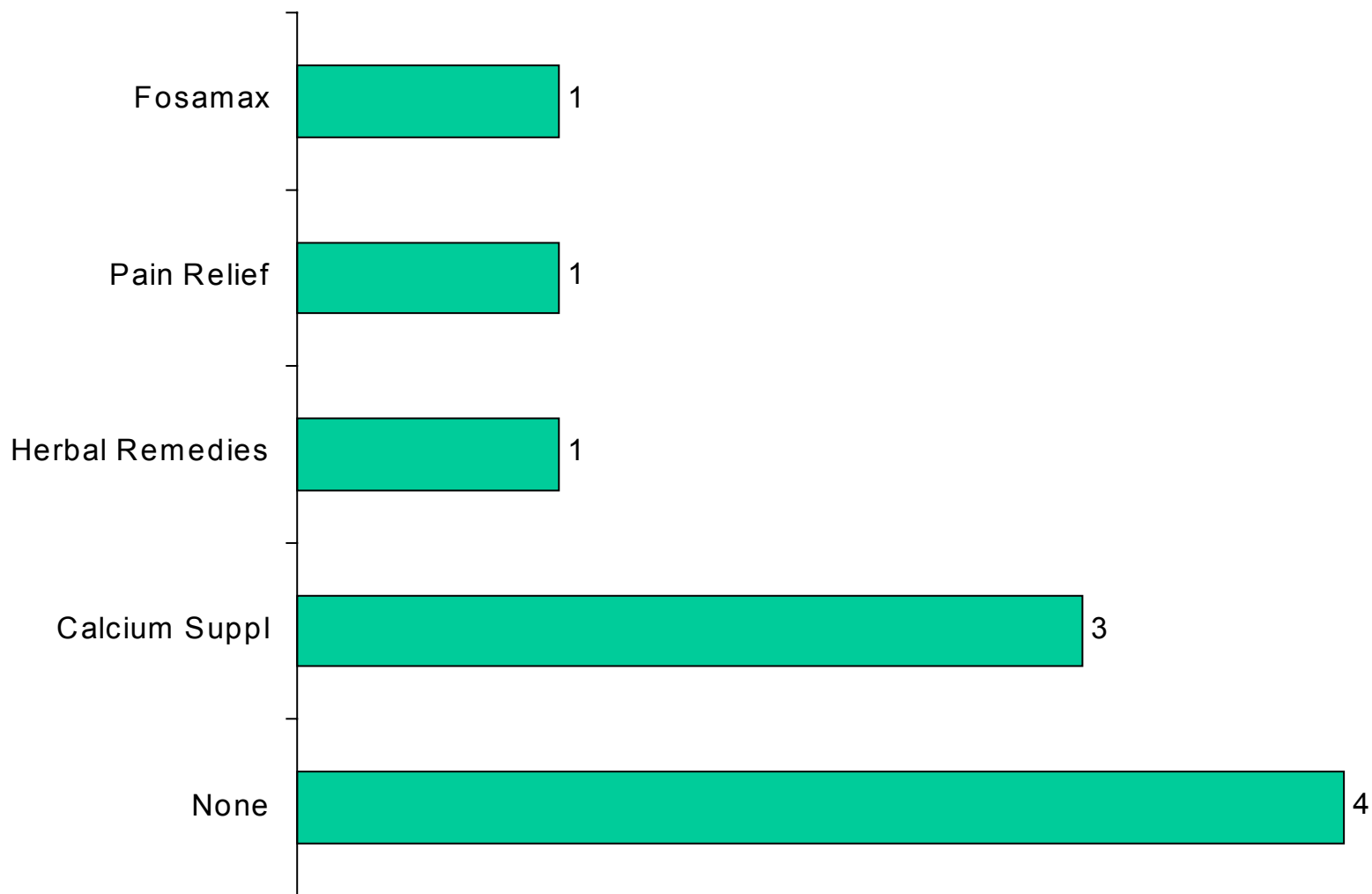
Q.31 Products ever used for the prevention/treatment of osteoporosis



Base: All female respondents aged 41+ and been through menopause (n=51)



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



Base: Respondents who have ever taken therapy for osteoporosis (n=10)

Q.33 Agreement with statements

| Base: Postmenopausal women aged 41+ | 51 |
|---|-----------|
| Osteoporosis should be viewed as a serious condition | 98% |
| It is very important to effectively prevent osteoporosis | 96% |
| It is very important to effectively prevent spinal fractures | 96% |
| Getting fragile/brittle bones is inevitable part of ageing process | 93% |
| If I had a vertebral fracture I am sure I would know about it | 92% |
| If you can prevent or treat vertebral fract you can prev hips | 69% |
| I would like to be/wish I had been screened for o/p | 67% |
| A medicine that can treat a disease is generally more effective than one that can just prevent it | 59% |
| I am concerned re l/t risk to my health of taking HRT | 55% |
| I wish I had taken medication earlier to prevent osteoporosis | 55% |
| Drs generally have enough resources to effectively manage o/p | 53% |
| Doctors in this country do not seem to take o/p seriously | 47% |
| Osteoporosis is not a life-threatening condition | 47% |
| I feel I have enough info and knowledge on osteoporosis | 30% |

Summary

Summary

- v The average age of the women taking part in the survey was 63, of whom 24% were suffering from osteoporosis
- v On average the women had visited their GP >5 times in the last year
- v The women's health concerns were osteoporosis (two-fifths) and heart disease or breast cancer (>tenth). >quarter of women claimed to have no health concerns
 - v women in Spain appear to be more concerned re. osteoporosis than the average across all surveys (39% vs. 27%)
- v The one main health concern that the women had was again osteoporosis (38% vs. 21% across all countries), followed by heart disease (>tenth)



Summary

- v <Half of women said that they exercised to improve or maintain long term health. >third said they eat healthily
 - v only a fifth of women said they used vitamins/supplements/medication to improve or maintain long term health
 - v a two-fifths of women said they did nothing to improve their long term health
- v >fifth of women said they had been screened for osteoporosis - much lower than that reported across all countries (34%). 1 in 4 women had not been screened for anything in the last 5 years
 - v only two of the women had been recommended to be screened via their doctor

Summary

- v Of those who had not been screened two-fifths were aware that there was a screening programme - slightly higher than the average across all countries at 35%
- v Spanish women appear to associate health risks with o/p to a greater extent than their counterparts. Three-quarters of Spanish women associate osteoporosis with fear of next fracture vs. 50% across all countries. 71% reduced quality of life vs. 48% average. Two-thirds mention loss of height in comparison to less than a half of all women. Long term pain was mentioned by two-thirds compared to a half on average and an inability to lead an independent life was mentioned by 43% in comparison with 32% on average across all countries.



Summary

- v >half the women with osteoporosis suspected they had the disease prior to diagnosis
- v Four-fifths of sufferers said that the disease had a major impact on their quality of life - with the main impact being back pain
- v 5 of the 12 sufferers said they were aware that they were at risk prior to diagnosis.
- v 3 of the 7 women unaware that they were at risk said they would have taken medication for prevention if they had known.
- v 5 of the 12 women sufferers said they would suggest to other women that they should be take calcium supplements. Only one woman would recommend they should be screened - with no mention of recommending specific osteoporosis

Summary

- v 38% of women said they felt they were likely to develop osteoporosis in the future and 35% of women were concerned about the long term health risks of the disease
- v A quarter of the women had discussed osteoporosis with a doctor (cf average of 44% across all countries)
- v One-quarter the women who had discussed the disease with a doctor went on to discuss the long term health risks (cf half across all countries surveyed)
- v Three-quarters of the women believed that osteoporosis can be prevented, with the best way of preventing being healthy diet (39%). A further quarter of women specified the best ways of preventing was via regular check-ups or exercise.

Summary

- v Of the 12 women who have discussed osteoporosis with a doctor 3 of the 12 did not discuss therapy options. In total only a quarter of women were actually taking medication for osteoporosis/hormonal problems, however only >tenth were on treatment and 2% on prevention for osteoporosis
- v 5 of the 12 osteoporosis sufferers were not currently taking medication for the condition. with 3 respondents saying the doctor hadn't rxd anything
- v 9 out of 10 women would consider taking long term preventative therapy if recommended by their doctor, with side effects being the main concern that they would have (>quarter). Half of women said nothing would stop them taking long term prevention of recommended by their doctor

Summary

- v Almost all the women believed that osteoporosis should be viewed as a serious condition
- v Over 9 out of 10 women felt that it was very important to effectively prevent spinal fractures, prevent osteoporosis, that brittle bones were an inevitable part of ageing and that they would know if they had a spinal fracture
- v 7 out of 10 women believed that if you prevent fractures spinal fractures you can prevent secondary fractures, with a similar number saying they wished they had been screened
- v Half the women were concerned about the long term risks to their health of taking HRT, with a similar number saying they wished they had taken medication earlier



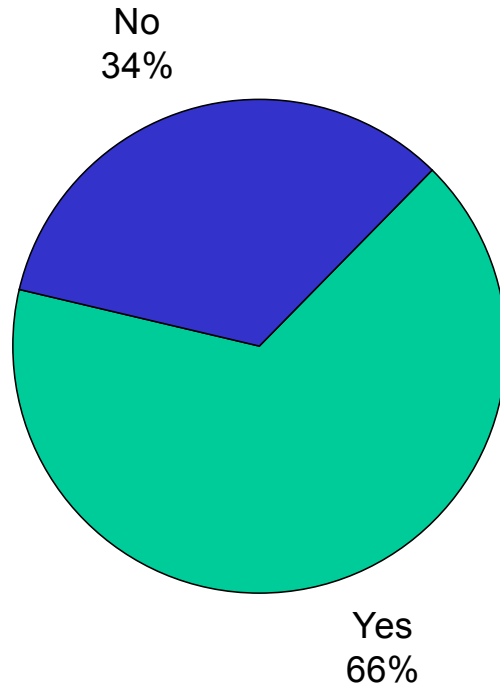
Summary

- v 5 out of 10 women did not feel that doctors had enough resources to effectively manage the disease, with a similar number saying they didn't think doctors in Spain took the condition seriously enough
- v 5 out of 10 women believe osteoporosis to be a life-threatening disease
- v Only 3 out of 10 women felt they had enough information on the disease

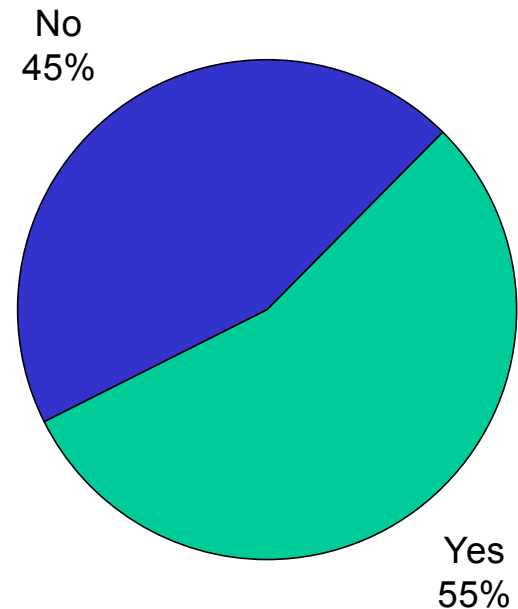
Spanish GPs

Clinics held in surgery

Menopause Clinic



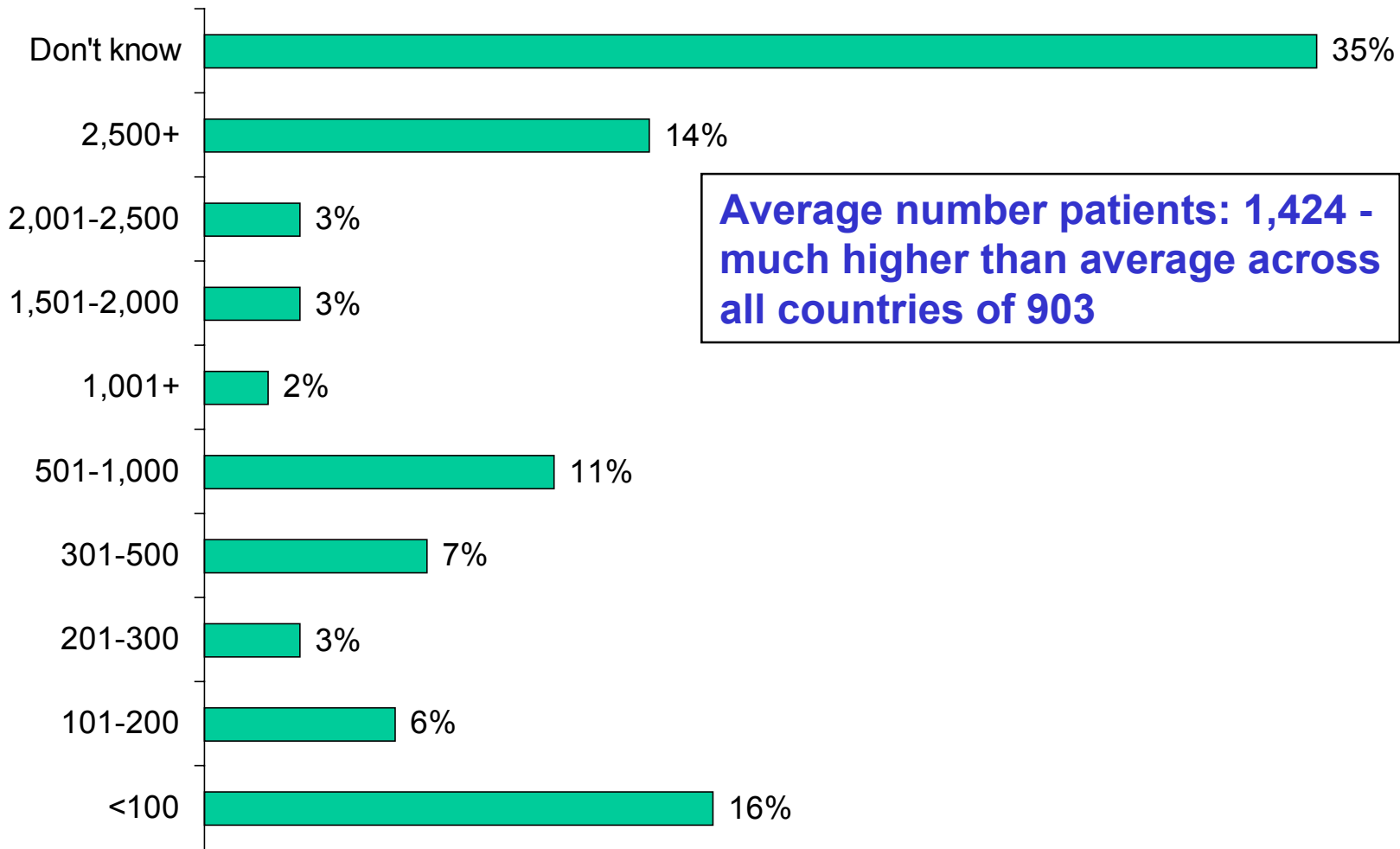
Osteoporosis Clinic



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

Base: GPs aged <65 (n=100)

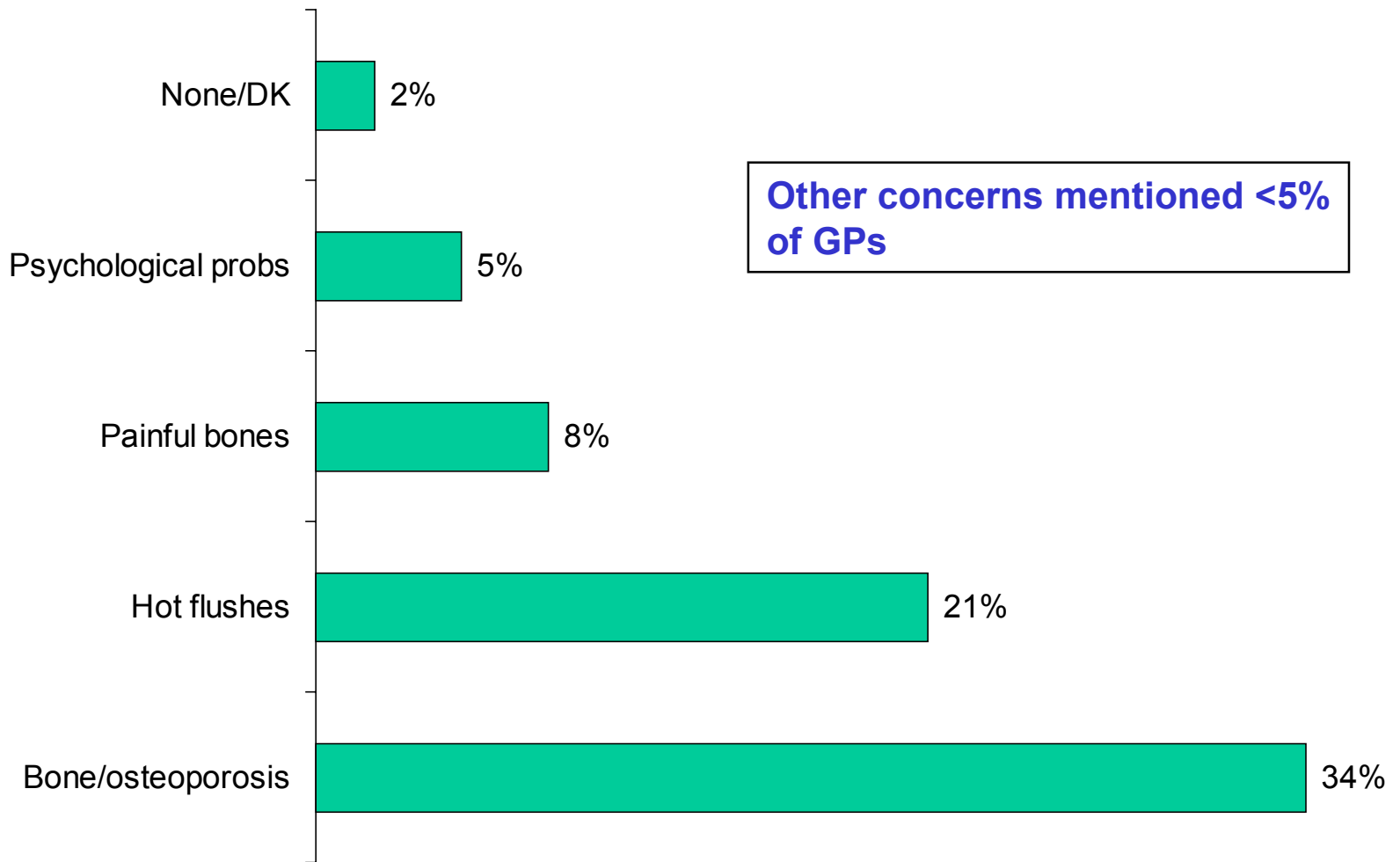
Q.3 Number post-menopausal women in practice



Base: GPs aged <65 (n=100)



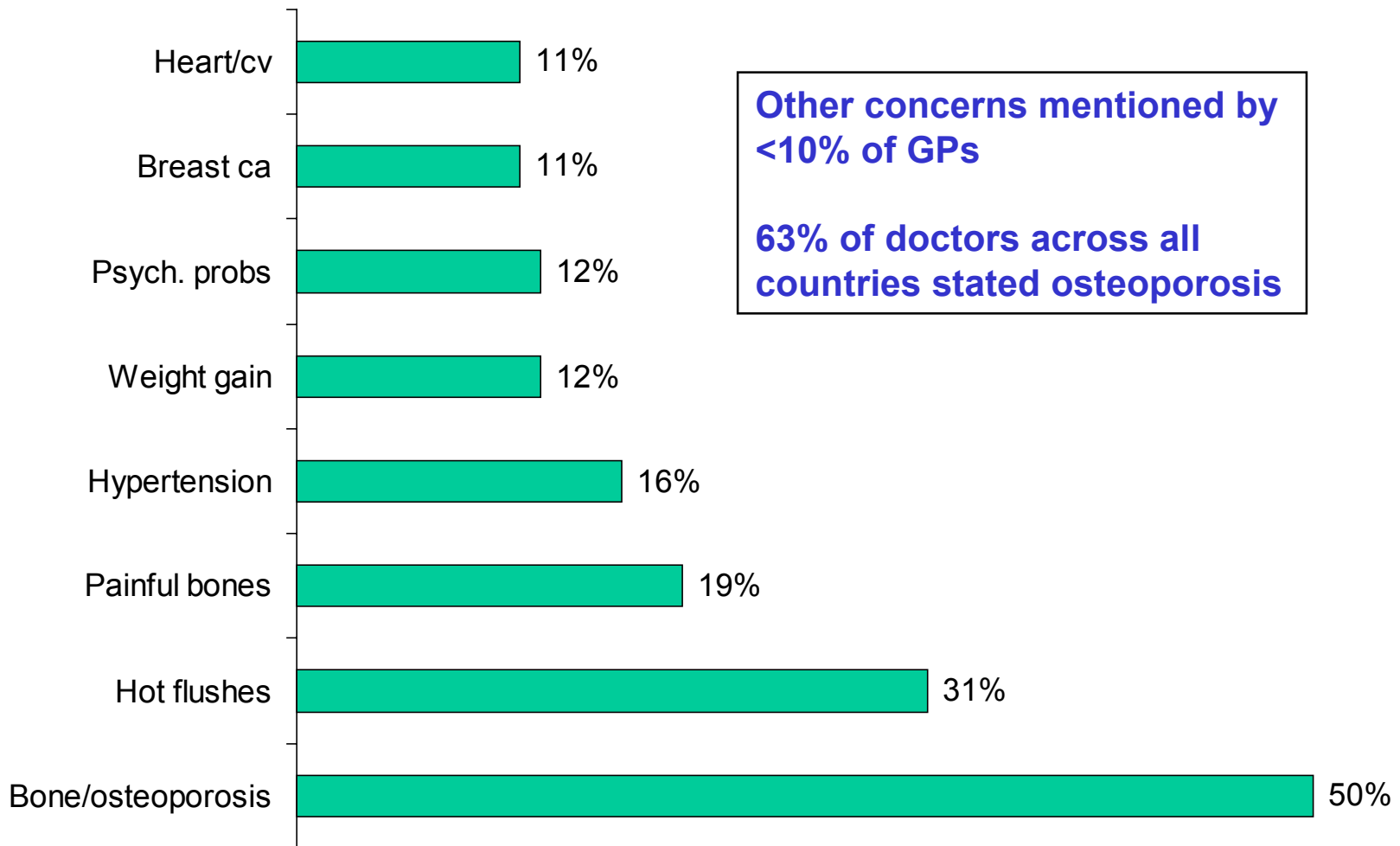
Q.4 Key health concern discussed



Base: GPs aged <65 (n=100)

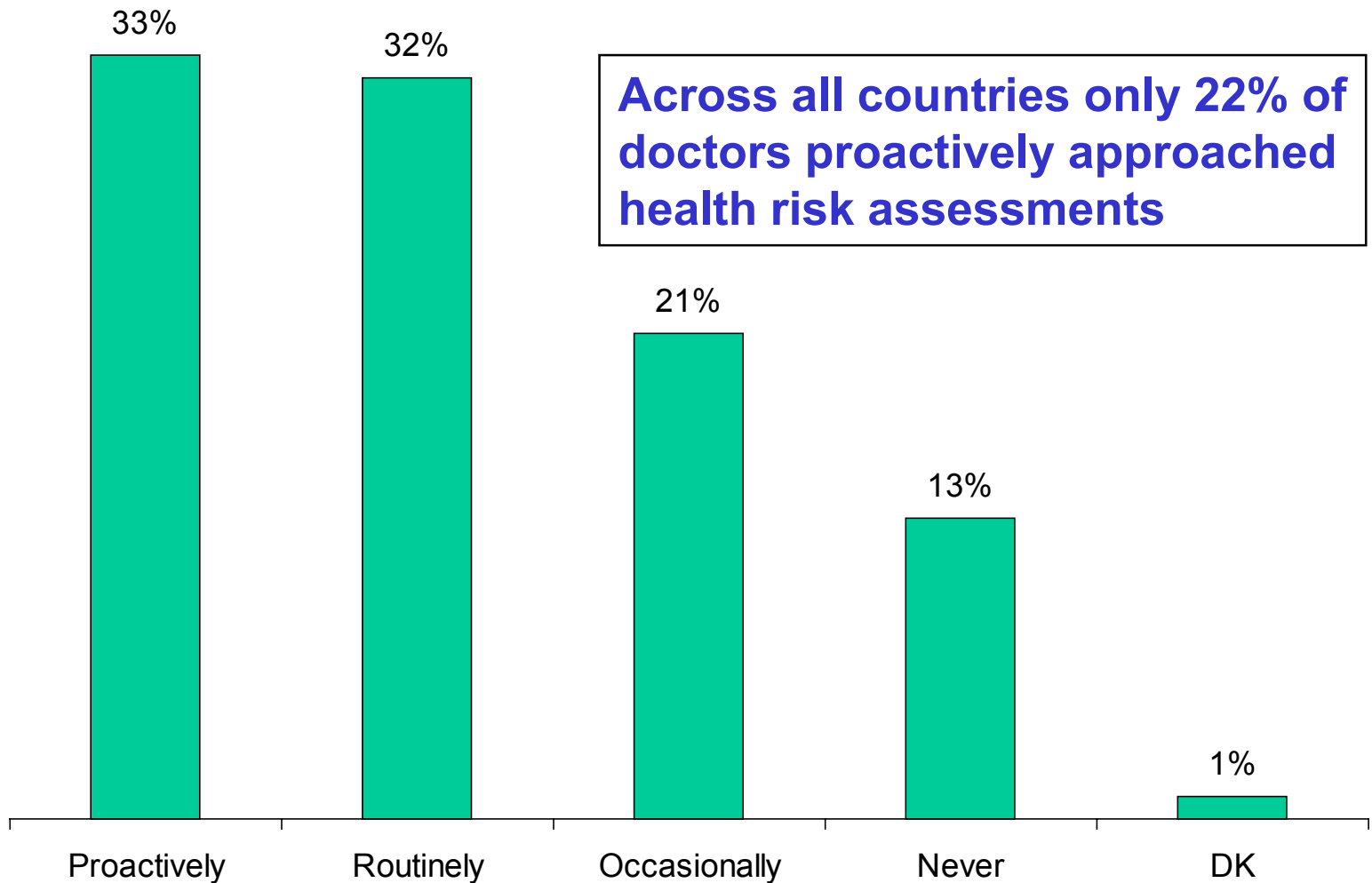


Q.4/5 Total mentions of health concerns



Base: GPs aged <65 (n=100)

Q.6 Approach to health risk assessment



Base: GPs aged <65 (n=100)

Q.7 Limiters on health status reviews

| | |
|--------------------------------------|------------|
| Base: All GPs | 100 |
| None | 42% |
| Don't have facilities/equipment | 22% |
| Lack of time | 15% |
| Refer to nurse/specialist to do this | 10% |
| Reimbursement/lack of funding | 5% |
| Waiting lists | 5% |
| Lack of knowledge | 5% |
| Reluctance from patients | 3% |

Across all countries only 17% of doctors said 'nothing'

Other comments made on individual basis



Q.8a Definition of treatment

| | |
|--|------------|
| Base: All GPs | 100 |
| Specific drug/class mentioned | 22% |
| Starting medication when woman has already developed osteoporosis | 15% |
| Starting medication when woman is at risk of developing osteoporosis | 13% |
| Lifestyle changes | 10% |
| Improving bone density | 4% |
| Stopping bone loss | 3% |

Q.8b Definition of prevention

| | |
|--|------------|
| Base: All GPs | 100 |
| Advising women on lifestyle changes | 42% |
| Non-specific prevention | 21% |
| Specific drug class rxd | 18% |
| Screening patients when they reach the menopause | 14% |
| Prevention is better than cure | 8% |
| HRT | 6% |
| Starting medication before the woman is at risk | 2% |

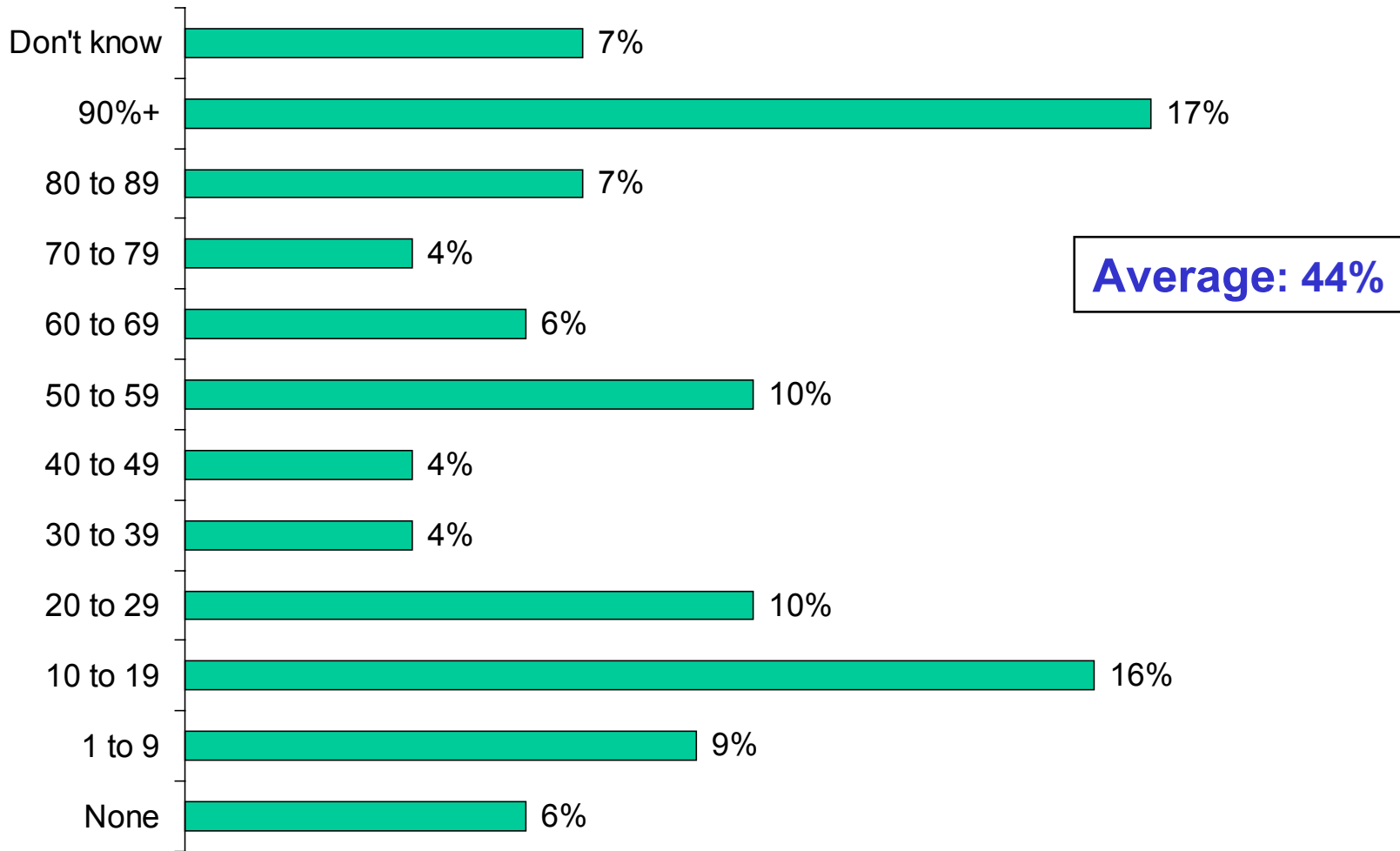
Across all countries 33% of doctors said ‘starting medication before a woman is at risk’ and a further 13% said ‘starting

Q.9 Most negative effects of osteoporosis

| | |
|---------------------------------|------------|
| Base: All GPs | 100 |
| Fracture/breaking a bone | 79% |
| Pain | 46% |
| Limiting affecting on lifestyle | 14% |
| Less mobility | 5% |
| Bone loss | 5% |
| Loss of height | 4% |

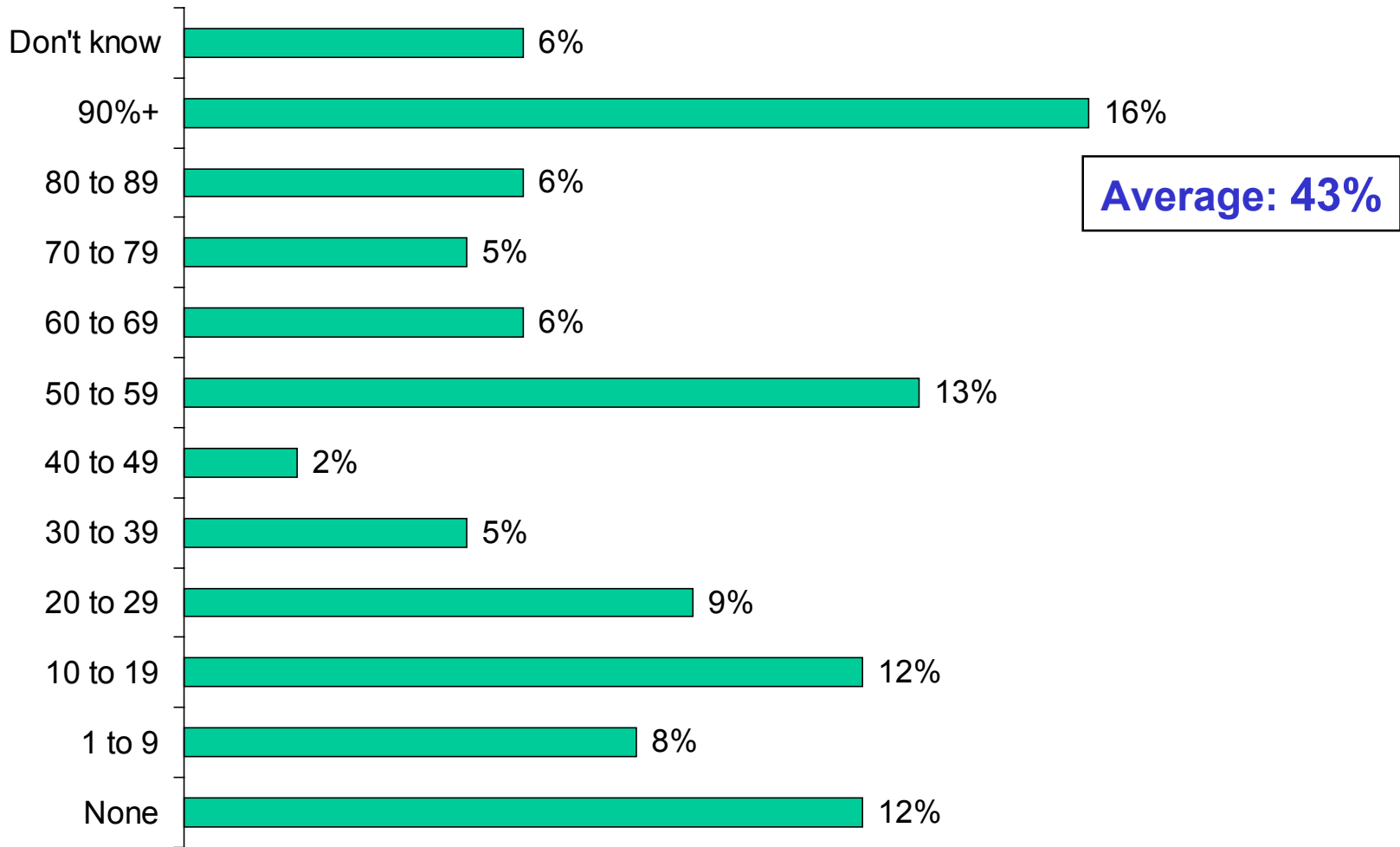
Other comments mentioned by 3 or less GPs

Q.10 % patients rxd medication for treatment of osteoporosis



Base: GPs aged <65 (n=100)

Q.11 % patients rxd medication for prevention of osteoporosis



Base: GPs aged <65 (n=100)

Q.12a Inhibitors of rxing medication for prevention

| | |
|--------------------------------------|------------|
| Base: All GPs | 100 |
| None | 41% |
| Contraindications | 13% |
| Prefer to advocate lifestyle changes | 6% |
| Cost | 6% |
| Lack of facilities | 6% |
| Side effects | 5% |

Across all countries only 20% of doctors said ‘nothing’

Other points mentioned by <5% of GPs



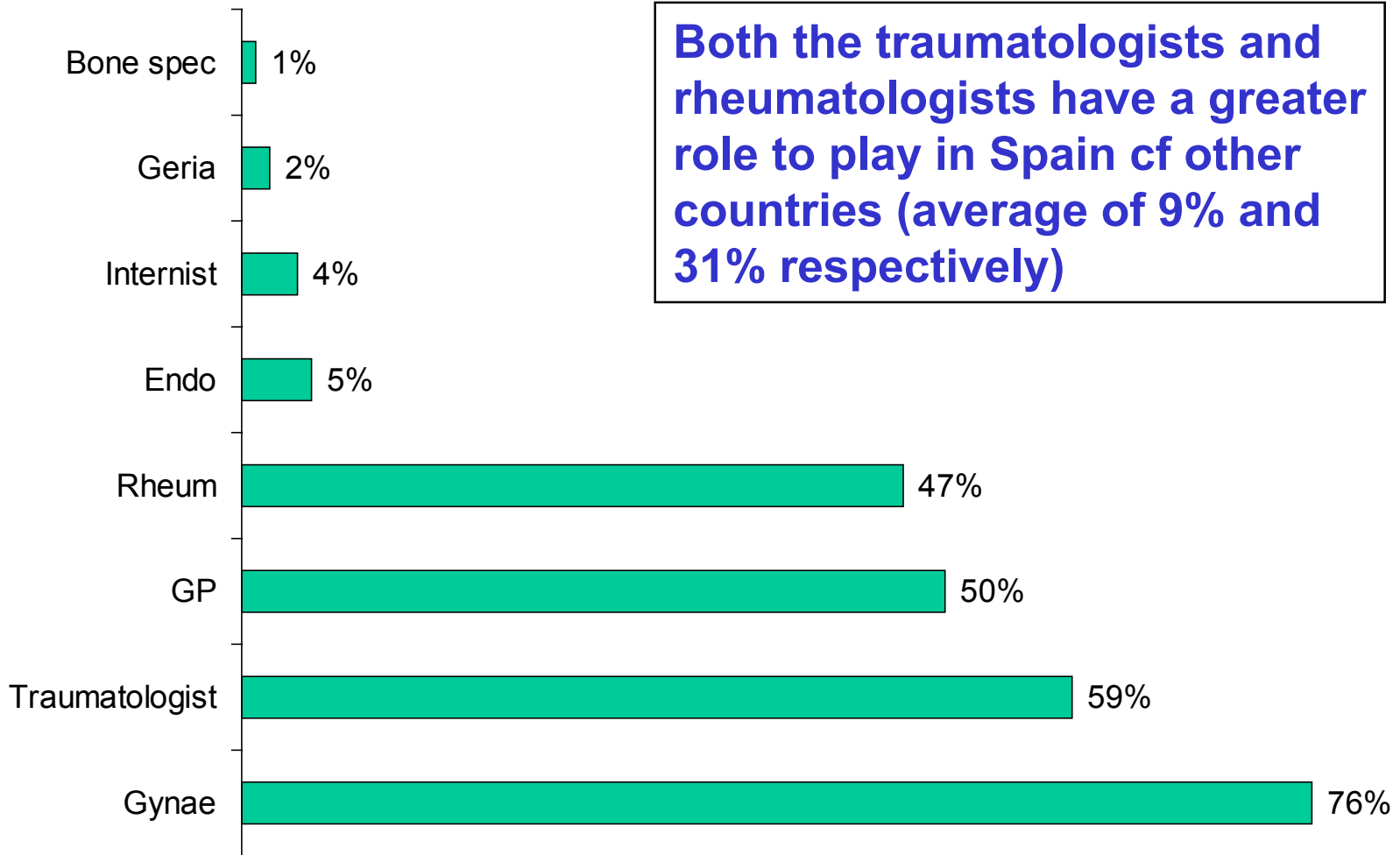
Q.12b Biggest challenge when treating preventatively after menopause

| | |
|------------------------------------|------------|
| Base: All GPs | 100 |
| Compliance | 23% |
| Patient education | 18% |
| Maintaining quality of life | 17% |
| Prevention of osteoporosis | 7% |
| Risk of fractures | 6% |
| Patients see no need for treatment | 5% |
| Nothing | 8% |
| Don't know | 3% |

Other comments made by <4% of GPs



Q.19 Physicians most likely to rx medication for osteoporosis



Base: All GPs (n=100)

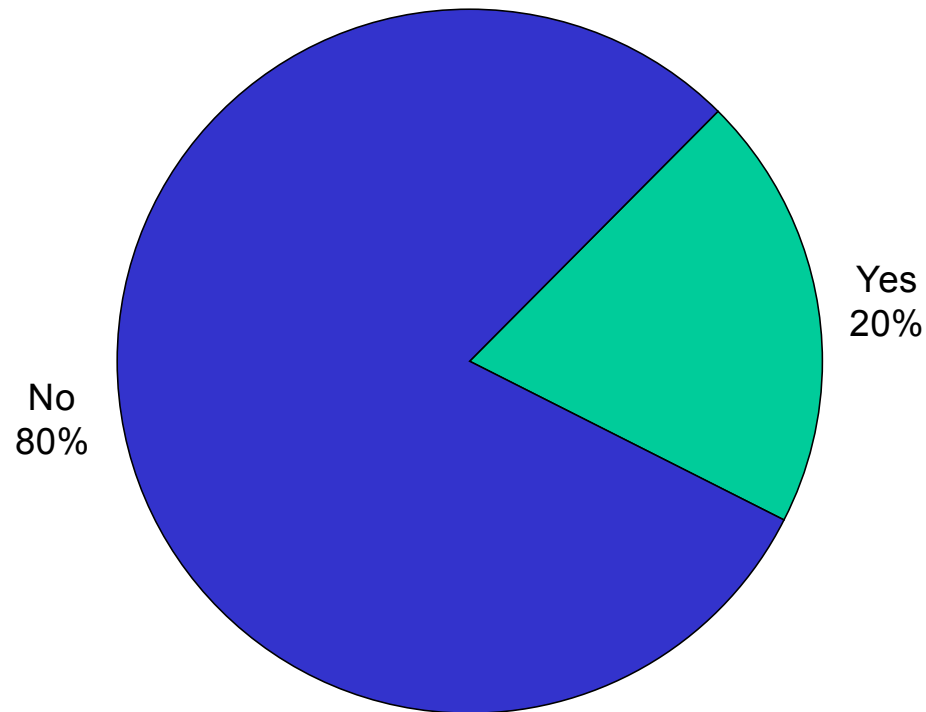
Q.20 Factors affecting decision to rx long term medication

| | |
|--------------------------------------|------------|
| Base: All GPs | 100 |
| Seriousness of condition | 23% |
| Patients age | 12% |
| Risk of developing osteoporosis | 9% |
| Bone scan report | 8% |
| Side effects | 7% |
| Compliance | 6% |
| Effectiveness | 6% |
| Patient's general health | 6% |
| Co-existing diseases | 6% |
| Other responses mentioned by <4% GPs | |



Q.21 Whether women consult at early enough stage

Across all countries average of 38% of doctors said 'yes'



Base: All GPs (n=100)

Q.22 Most important feature of osteoporosis product

| | |
|------------------------|------------|
| Base: All GPs | 100 |
| Increases BMD | 49% |
| Efficacy | 14% |
| Has no GI side effects | 6% |
| Prevents pain | 6% |
| Convenient to take | 4% |
| Stops fractures | 4% |
| Side effects | 4% |

Higher mentions of ‘increases BMD’ in Spain cf all countries (20%)

Other features mentioned by <3% of GPs.

Q.22/23 Important features of osteoporosis product

| | |
|--------------------------|------------|
| Base: All GPs | 100 |
| Increases BMD * | 61% |
| Side effects | 37% |
| Convenient to take ^ | 30% |
| Efficacy * | 26% |
| Cost effective | 21% |
| Has no GI side effects ^ | 20% |
| Tolerability ^ | 14% |
| Prevents pain | 13% |
| Stops fractures * | 10% |

*** Mentioned by 83% of GPs**

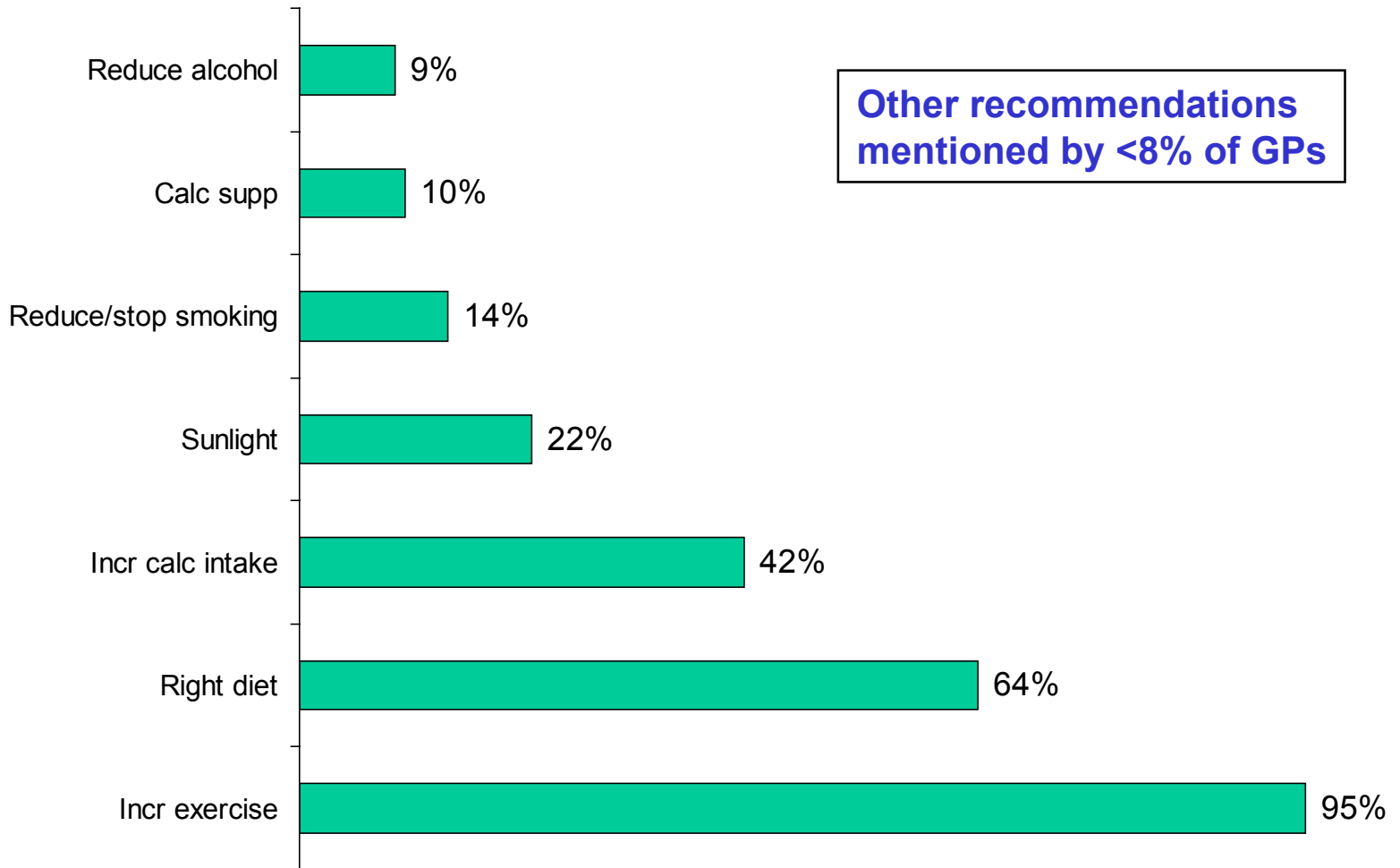
^ Mentioned by 50% of GPs (vs. average of 62%)

Other responses mentioned by <10% of GPs

Q.24 Ideal candidates for preventative medication (prompted)

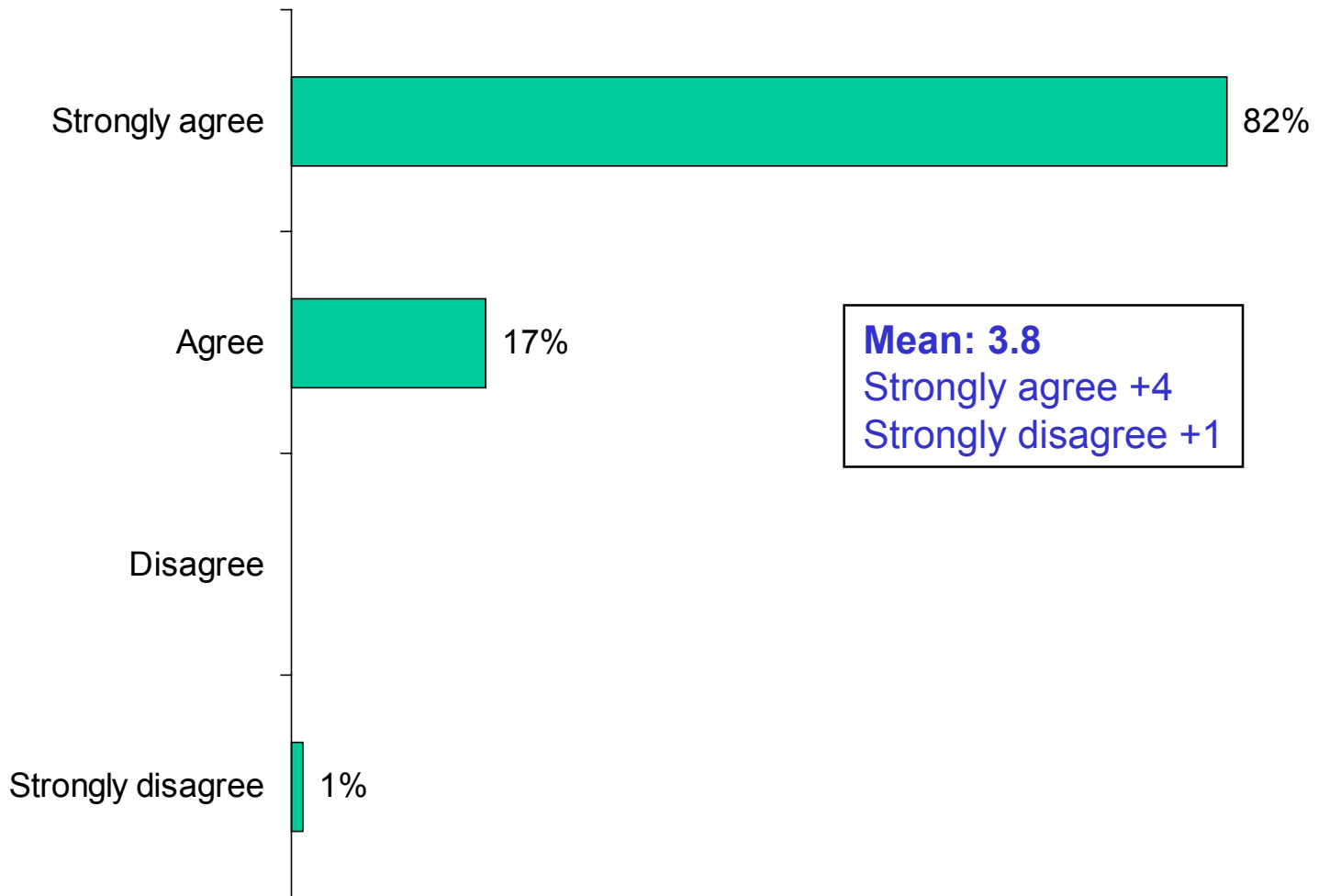
| | |
|--|------------|
| Base: All GPs | 100 |
| Women who are at high risk of vertebral fracture | 93% |
| Women who are at high risk of hip fracture | 92% |
| Women going through early menopause | 92% |
| Women with family history of osteoporosis | 88% |
| Women with history of hip fracture | 87% |
| Women with vertebral fracture | 79% |
| Asymptomatic postmenopausal women | 63% |
| Women at risk from developing cardiac problems | 59% |
| Peri-menopausal women | 53% |
| Women at risk from developing breast problems | 45% |

Q.25 Therapy/lifestyle recommendations suggest to women



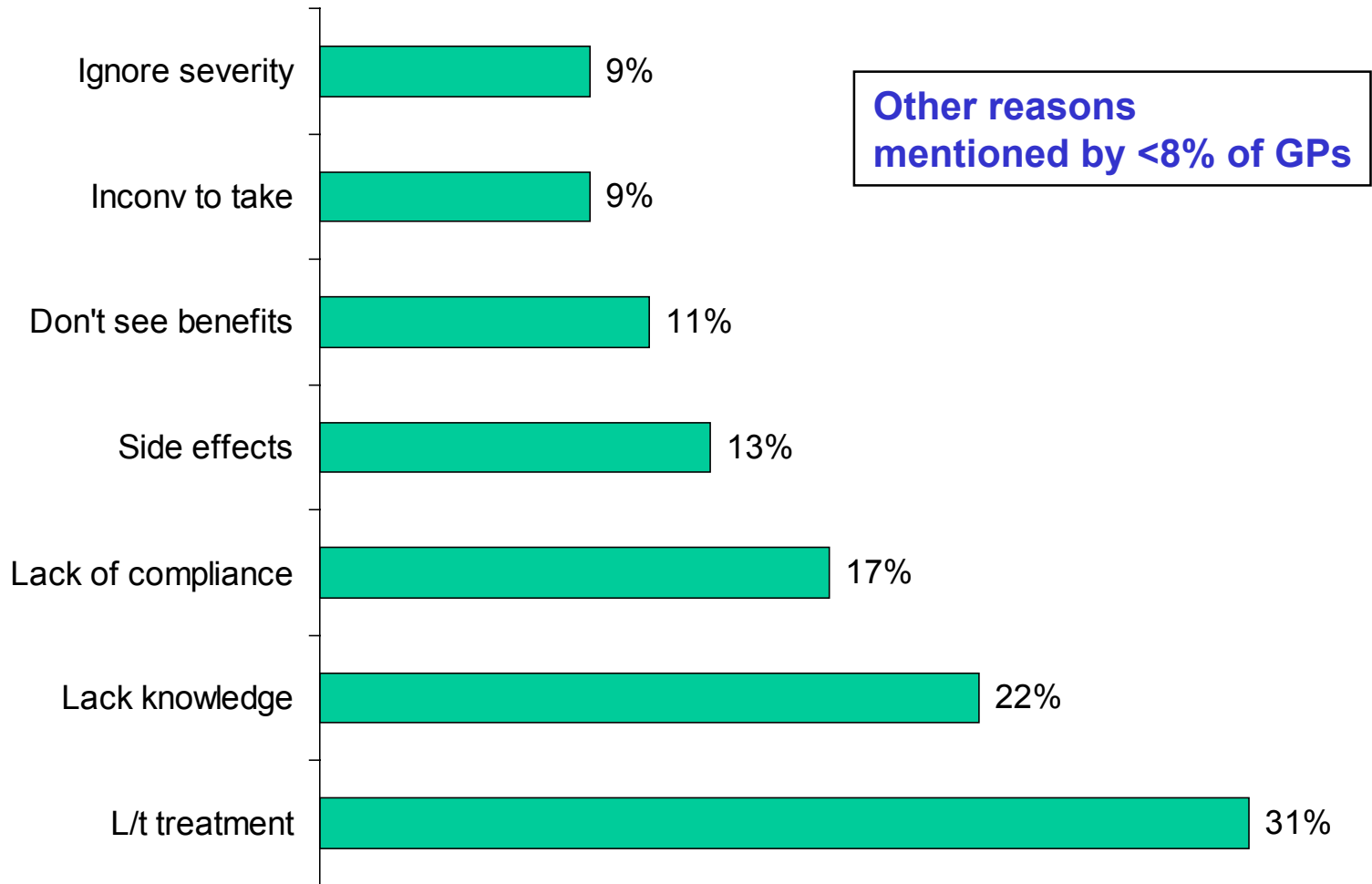
Base: All GPs (n=100)

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



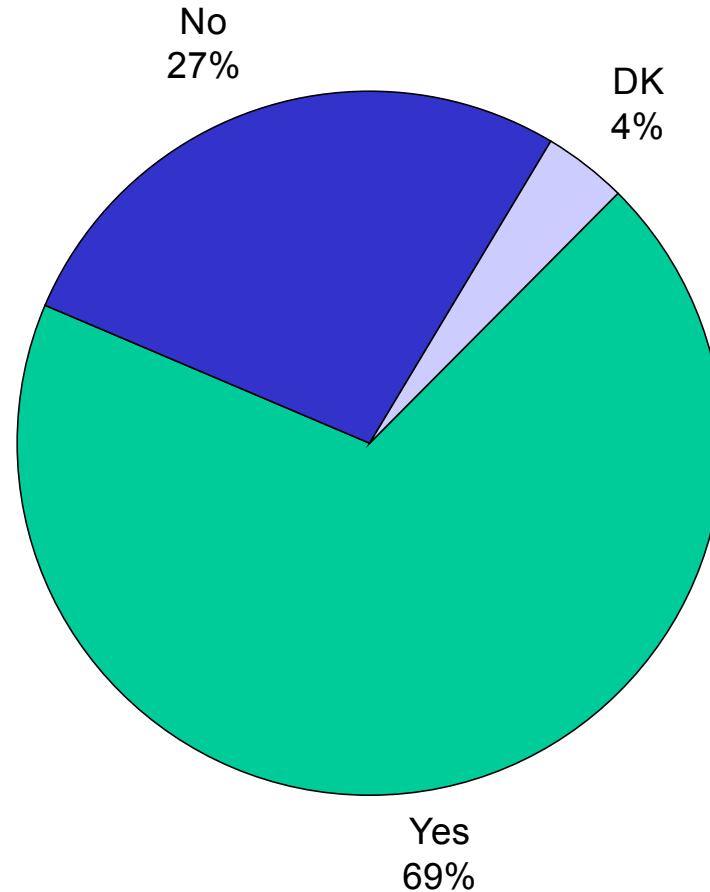
Base: All GPs (n=100)

Q.27 Reasons for non-compliance



Base: All GPs (n=100)

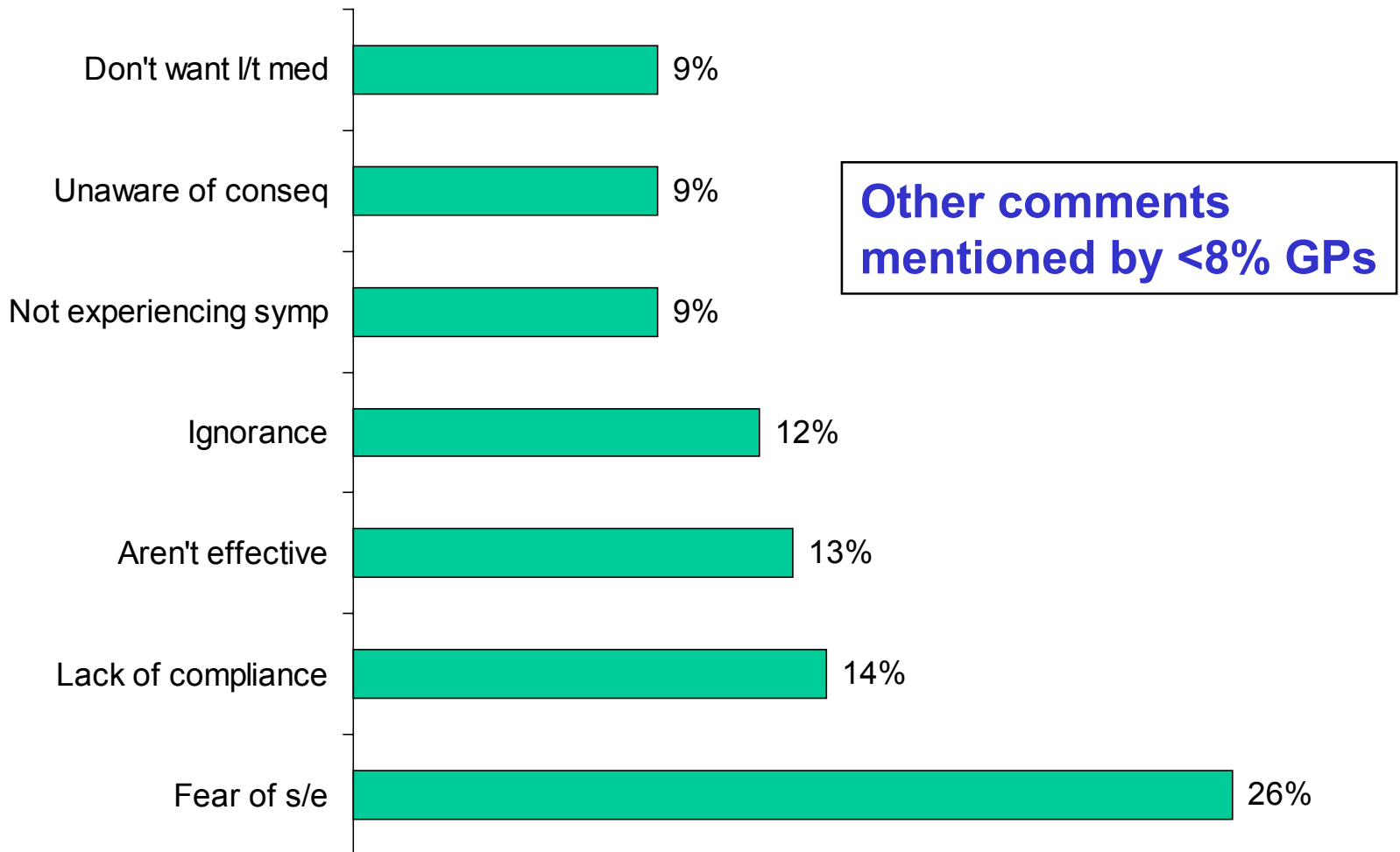
Q.28 Whether patient has refused recommended o/p treatment



Base: All GPs (n=100)



Q.29 Reasons why patients refuse treatment



Base: Doctors whose patients have refused recommended medication (n=69)

Q.30 Agreement with statements

| Base: All GPs | 100 |
|--|------|
| Osteoporosis should be viewed as a serious condition | 100% |
| The screening programme for osteoporosis could be improved | 98% |
| Osteoporosis fractures are a maj. clinical problem | 98% |
| The main aim of o/p management is to prevent fractures | 98% |
| If you can prevent vert. fractures you can stop secondary frac. | 98% |
| Our goal should be to prevent women suffering first fracture | 97% |
| It is often the case that o/p is not diagnosed until a woman presents with a fracture | 64% |
| Bone fragility is an inevitable factor in growing old | 48% |
| A medicine that can treat a disease is generally more effective than one that can just prevent | 26% |
| The screening programme for o/p is sufficiently w/spread | 10% |
| The screening programme for o/p is sufficiently funded | 9% |

Summary

Summary

- v 66% of GPs held a menopause surgery in their practice and 55% an osteoporosis clinic. This compares to 23% and 20% respectively as being the average across all countries surveyed
- v On average the GPs estimated they had 1424 postmenopausal women in their practice - much higher postmenopausal population than the average across all countries surveyed of 903
- 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 (fifth)
- v When looking at all health concerns for postmenopausal women, half stated osteoporosis, a third hot flushes and <

Summary

- v Two-thirds of GPs said they either proactively or routinely conducted health risk assessments. <half the doctors did not feel anything limited the number of reviews they conduct, whilst just >fifth felt that lack of facilities limited them
- v >fifth of GPs defined ‘treatment’ being treating a woman with a specific drug/class. 15% of doctors defined treatment as ‘starting medication when a woman has developed osteoporosis’ with just less than this ‘starting medication when a woman is at risk’
- v < half of GPs defined ‘prevention’ as advising women on lifestyle changes. A fifth defined it as non-specific prevention. >tenth of GPs defined prevention as screening patients when they reach the menopause



Summary

- v >three-quarters of GPs felt the most negative effects of osteoporosis was fracture/breaking a bone, with <half saying pain
- v On average the GPs estimated that 44% of their postmenopausal women would be receiving medication for ‘treatment’ and 43% for ‘prevention’
- v Two-fifths felt that nothing was inhibiting them from rxing medication for the prevention of osteoporosis cf 20% across all countries. >tenth of GPs felt that contraindications with medications inhibited them from rxing for prevention
- v A quarter of GPs felt that the biggest challenge they face when treating preventatively after the menopause was compliance with <a fifth saying patient education and maintaining quality of life

Summary

- v Three-quarters of the GPs said the most likely physician type to rx for osteoporosis was gynaecologists, followed by traumatologists (<two-thirds), GPs and rheumatologists (half)

Summary

- v A quarter of GPs felt that seriousness of the condition affected their decision as to which product to rx for long term medication. > tenth felt the patient's age was a factor in their decision
- v Four-fifths of GPs felt that women did not consult them at an early enough stage
- v A half of GPs felt that the most important feature of an osteoporosis product was that it increases BMD, with >tenth saying its efficacy
- v In total, 8 out of 10 GPs felt that impact on the bone was an important feature of an osteoporosis medication, followed by convenience/tolerability at half of the doctors. Lack of side effects was also felt to be important by a third of doctors, with cost effective being mentioned by a fifth

Summary

- v 9 out of 10 GPs feel that ideal candidates for preventative medication are women at high risk of vertebral fractures, at risk from hip fractures and those going through an early menopause
- v Almost all GPs recommend to postmenopausal women that they increase their exercise, two-thirds to follow a correct diet and >two-fifths increase their calcium intake.
- v Four-fifths of GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”
- v <third of GPs felt that the reason for patient non-compliance was because of length of treatment, whilst a fifth said lack of knowledge

Summary

- v Two-thirds of GPs have had the situation where women have refused recommended osteoporosis treatment. Just over a quarter of these GPs felt this was because of their fear of side-effects
- v All of the GPs agreed that osteoporosis should be viewed as a serious condition
- v Almost all the GPs (98%) agreed that the screening programme in Spain could be improved, that osteoporosis fractures are a major clinical problem, the main aim of management is prevention and if you can stop vertebral fractures you can stop secondary fractures
- v 97% of GPs said that their goal should be to prevent a woman suffering from a first fracture

Summary

- v 6 out of 10 GPs said it was often the case that a woman was not diagnosed until she suffered a first fracture
- v 5 out of 10 GPs felt that brittle bones was an inevitable part of the ageing process
- v 90% of GPs did not feel that the screening programme in Spain was sufficiently widespread and 91% felt that it was not sufficiently funded

Conclusions and Recommendations

Awareness



Awareness

- v 9 out of 10 women said that osteoporosis is a serious disease
- v 58%% of all women suffering from osteoporosis were not aware they were at risk
- v 42%% of sufferers were not aware that they had the disease prior to diagnosis
- v All doctors think that osteoporosis should be viewed as a serious condition
- v 98% of the doctors feel that osteoporosis fractures are a major clinical problem
- v Half the 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 Only a quarter of the women had discussed osteoporosis with a doctor and of these, only one respondent said their doctor initiated the discussion
- v Three-quarters of the women who have discussed the disease with a doctor have NOT discussed long term risks
- v 1 in 3 women will develop osteoporosis
 - v only a tenth of women feel they are very likely to develop the condition and only a tenth 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 are patients lack of compliance and lack of education
 - 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, with a similar number saying increased risk of further fractures and a reduced quality of life. Two thirds associate osteoporosis with loss of height and long term pain and two-fifths an inability to live an independent life
- v Of the women with osteoporosis, four-fifths stated that it had impacted on their quality of life (back pain and leg pain)
- v Two-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 44% 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 a fifth of women have been screened for osteoporosis and on screening, three-quarters of women were identified as suffering from the disease
- v If screening identifies the disease - why have only 18% of patients been recommended screening by their own doctor?
- v 98% of doctors believe the screening programme should be improved
- v 91% of doctors believe that the screening programme is NOT sufficiently funded
- v 9 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 14% said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v 58% of women were not aware that screening is even available
- v Due to this lack of awareness, it is not surprising that only 35% of women strongly agree that osteoporosis can be prevented
- v Four-fifths 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 92% 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 98% of doctors believe that osteoporosis fractures are a major clinical concern but only 43% of postmenopausal women are on preventative medicine
- v Two-fifths of the doctors defined prevention as giving lifestyle advice rather than rxing medication
- v Two-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 a fear of side effects



Effective prevention and treatment

- v 93% 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 8% of women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 43% of their postmenopausal women patients are on preventative medication and 44% are rxd treatment

Effective prevention and treatment

- v 5 out of 10 women are concerned about the long term effects of HRT
 - v **doctors need to be made aware of these concerns so that patients comply with treatment**

- v When asked which features doctors consider important in an osteoporosis treatment, half 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 5% indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

Prescribing Inhibitors



Prescribing inhibitors

- v Over a tenth of doctors say contraindications with current medications is the greatest factor affecting their decision to rx a medication
- v A quarter of doctors think that the biggest challenge they face is patients' lack of compliance, followed a a fifth specifying patient education
- v This in turn leads to an average of 56% of patients NOT being rxd medication for the treatment of osteoporosis and 57% NOT being prescribed preventative medicine
- v Two-thirds of doctors have experienced patients refusing to take long term medication

Prescribing inhibitors

- v A third of doctors cite the fact that patients will be on long term treatment as being the main reason for non-compliance, followed by patients' lack of knowledge (fifth)
- 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