

# ‘How Fragile Is Her Future?’ Research U.K.

*Prepared for the International Osteoporosis Foundation*

*and*

*Sponsored by an educational grant from Lilly*

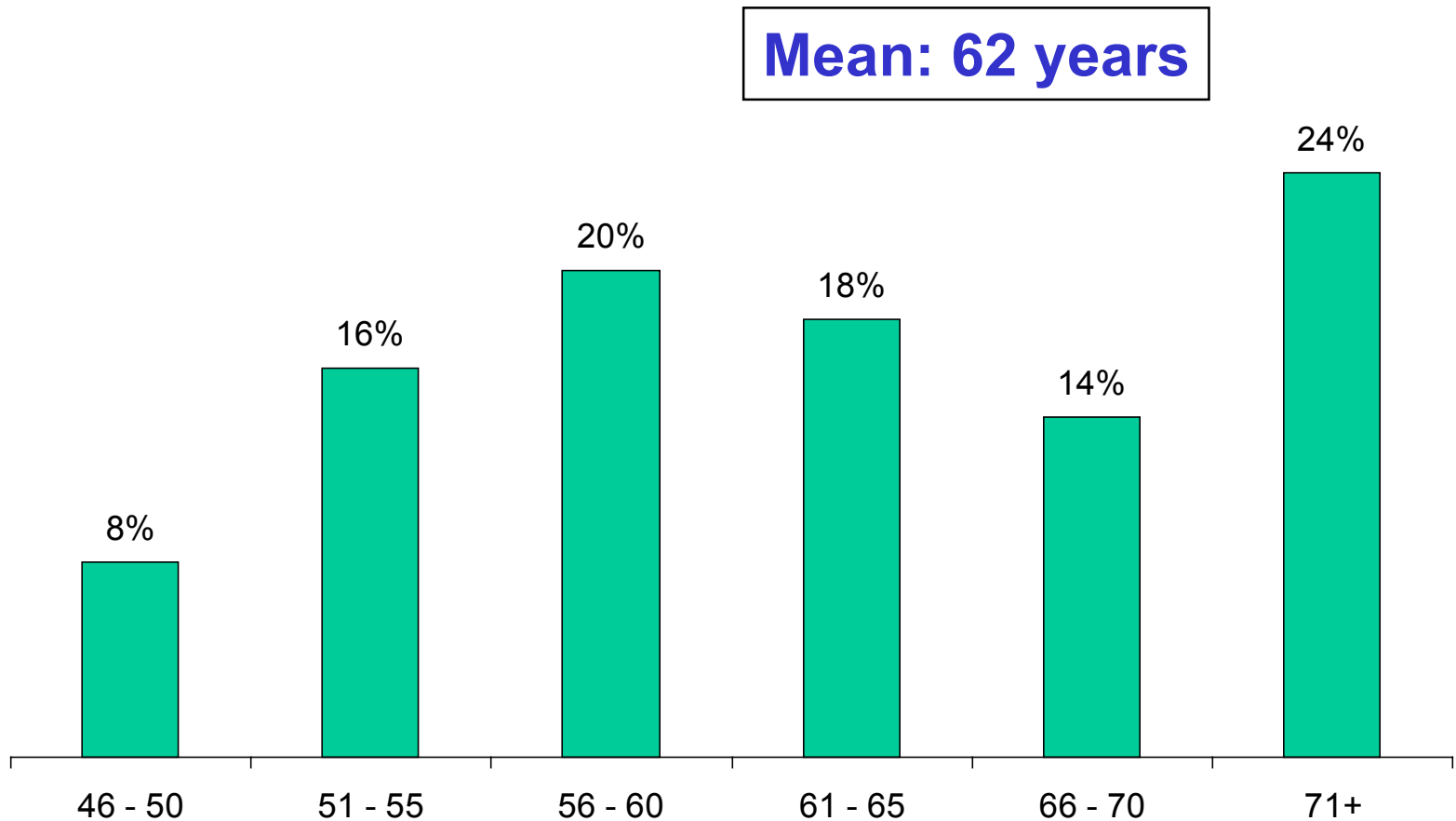
# Research Methodology

- 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

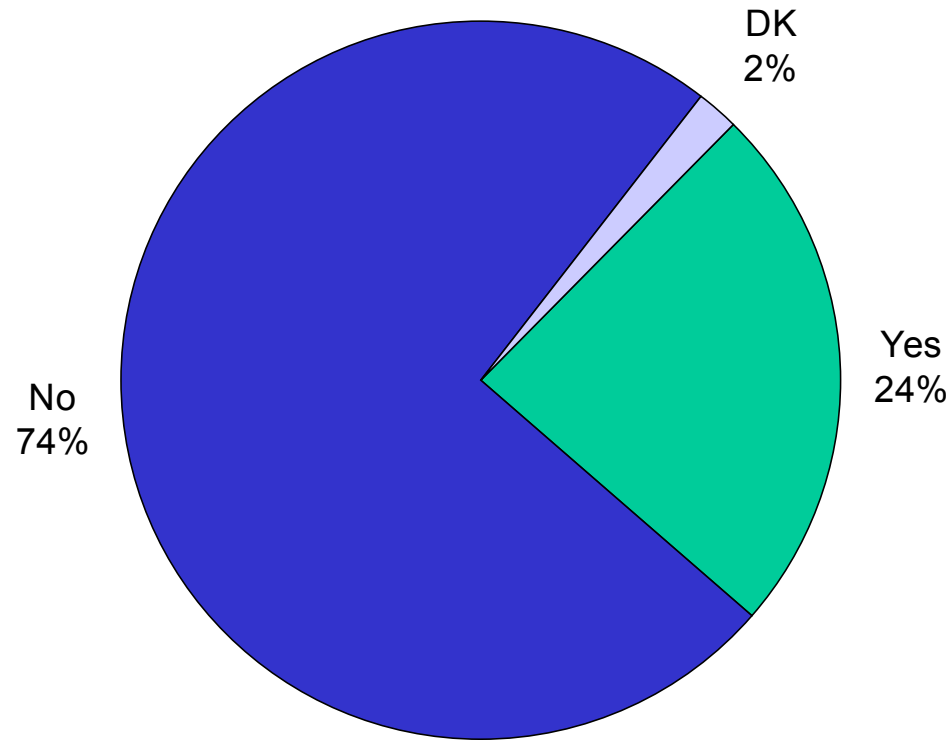
# Main Findings

# U.K. Consumers

# Q.2 Age of respondents

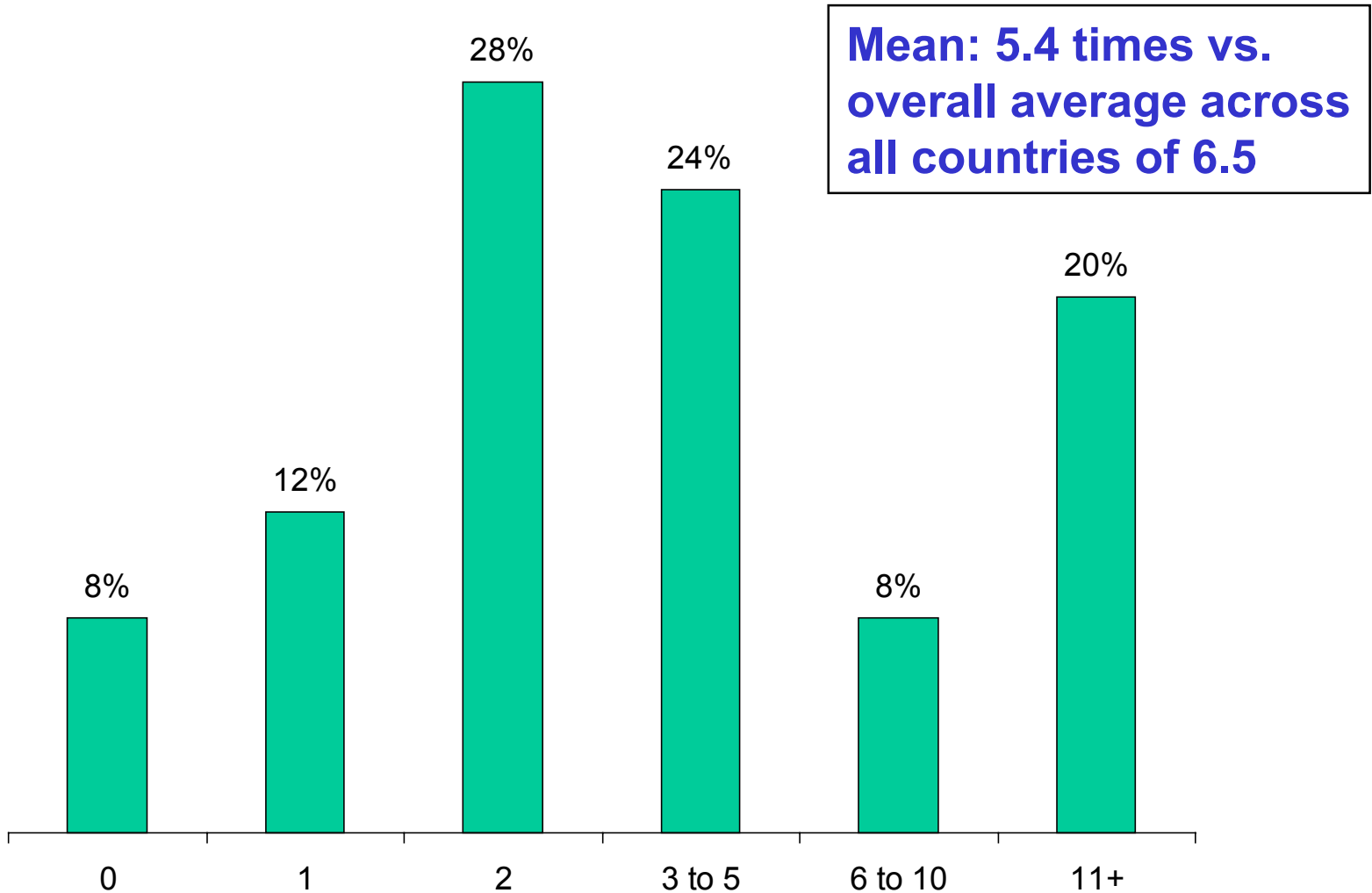


# Q.4 Whether suffering from osteoporosis



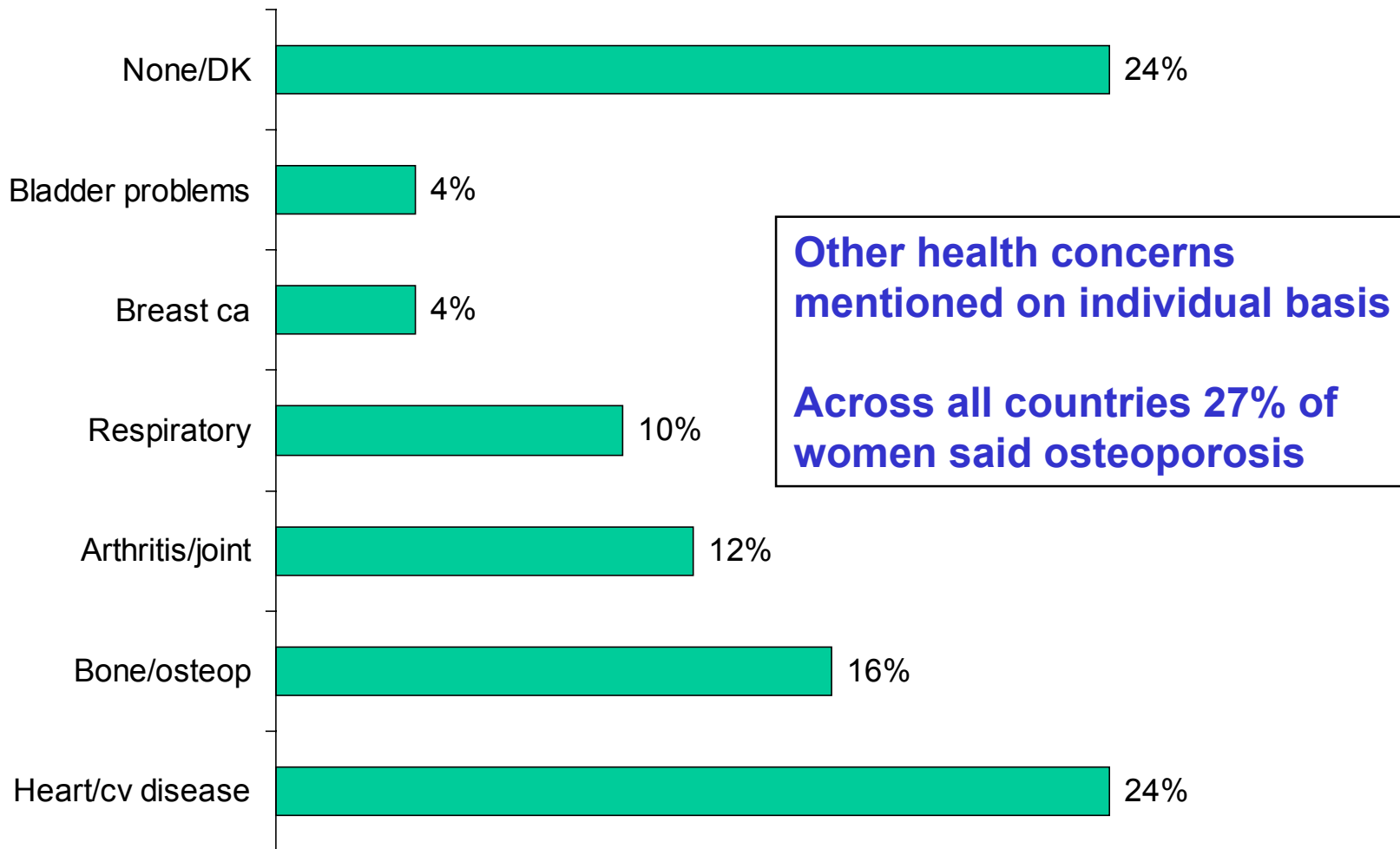
Base: All female respondents aged 41+ and been through the menopause (n=50)

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

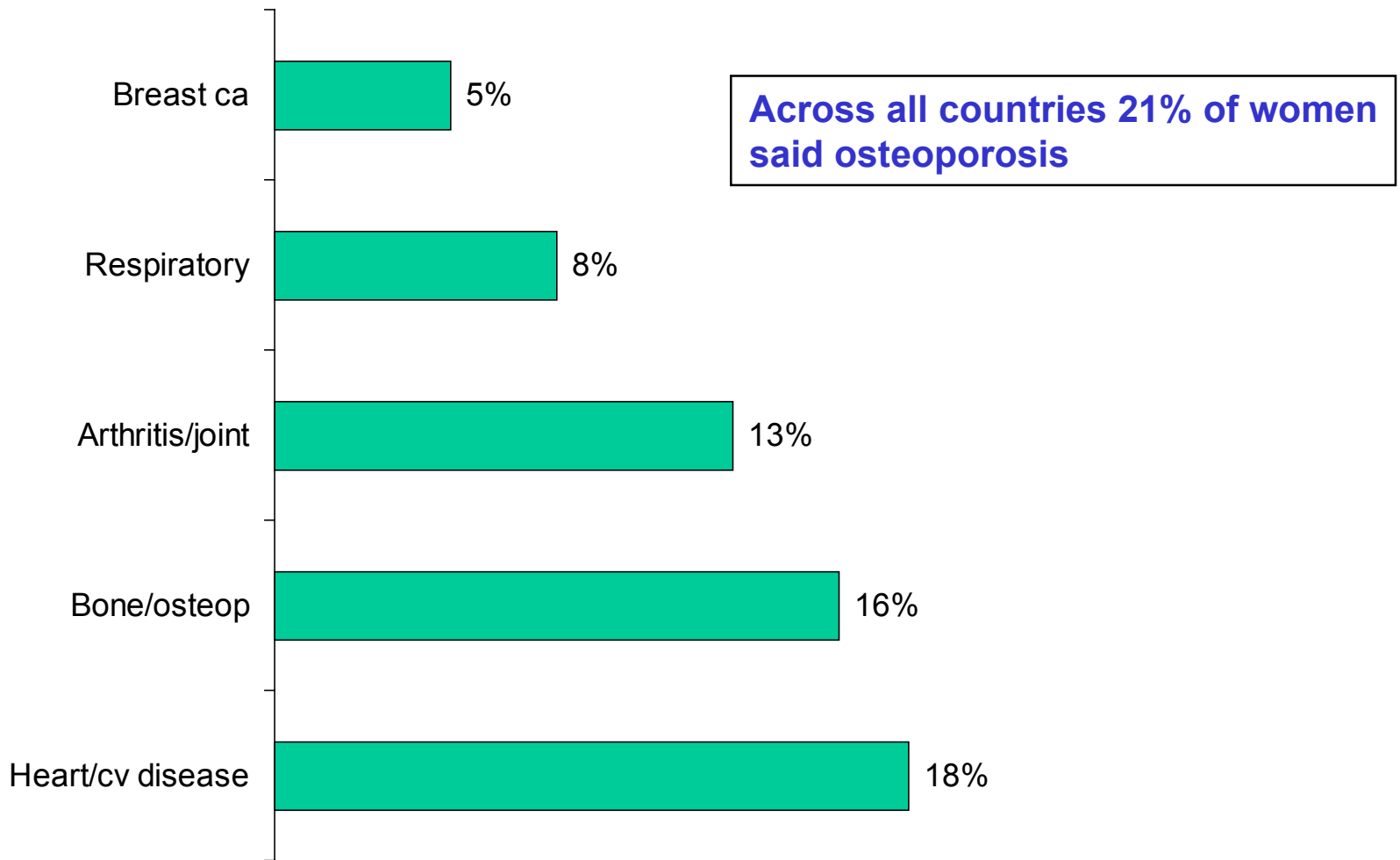


Base: All female respondents aged 41+ and been through menopause (n=50)

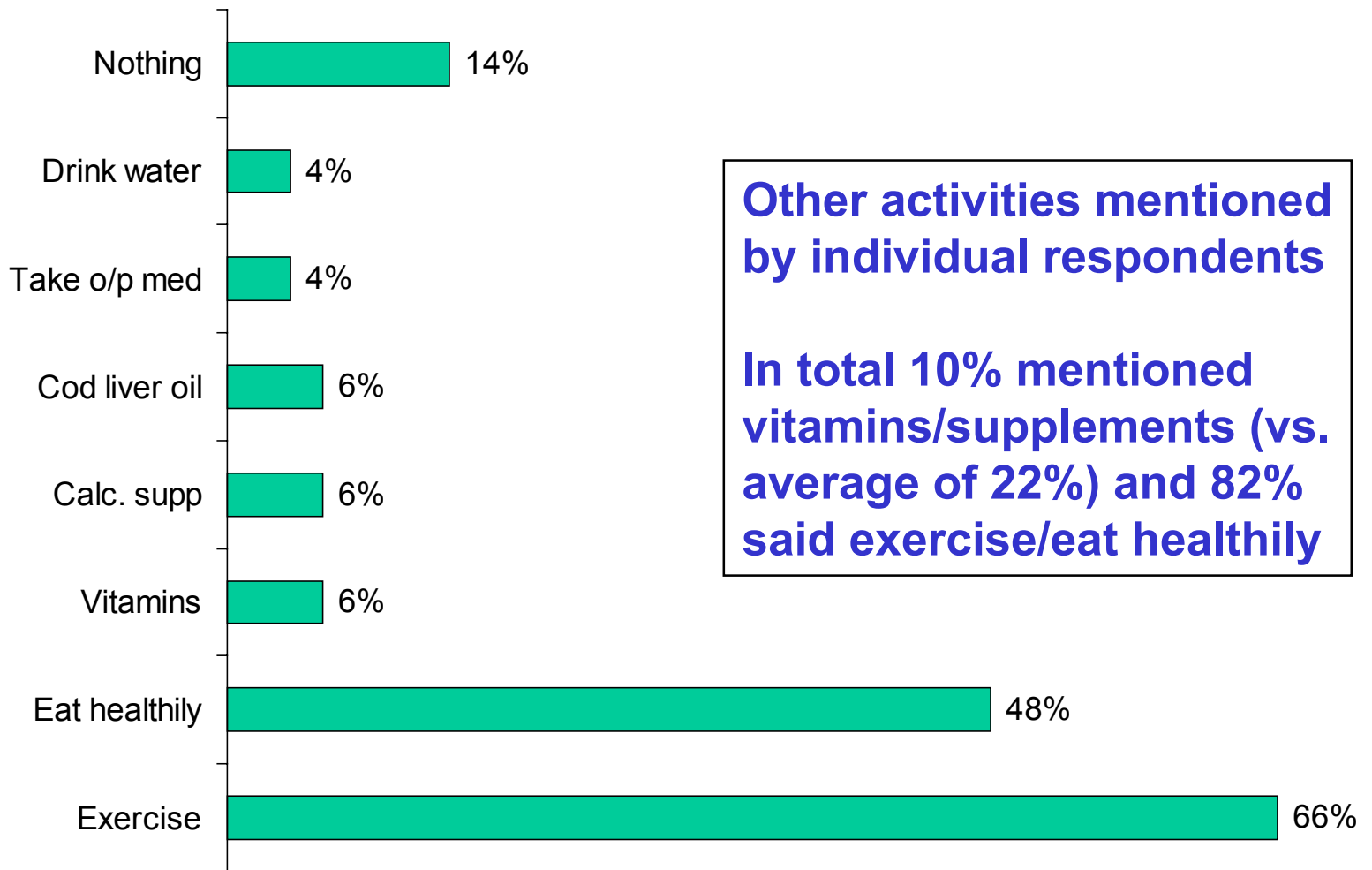
## Q.6 Key health concerns (spont)



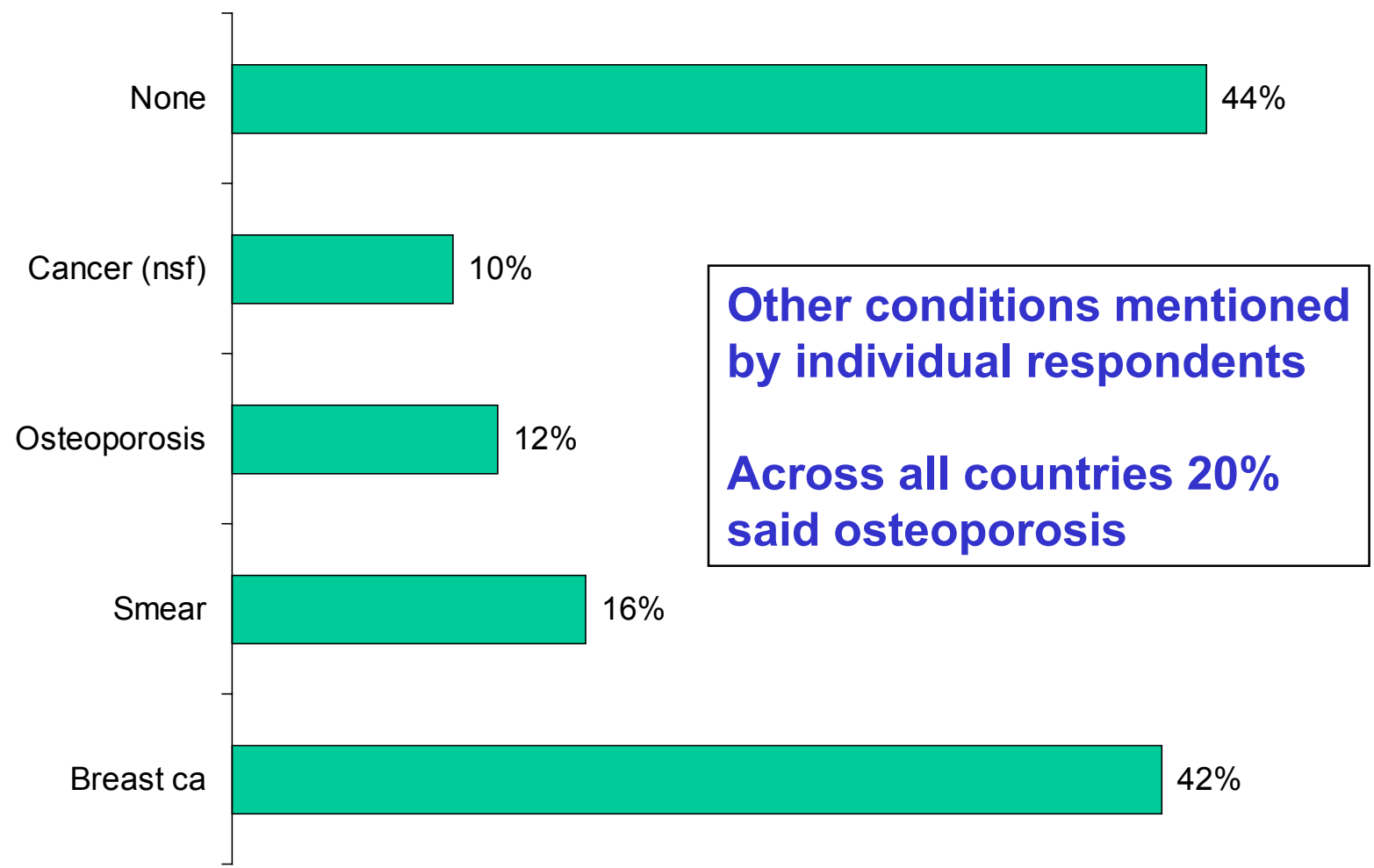
# Q.7 Main health concern



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



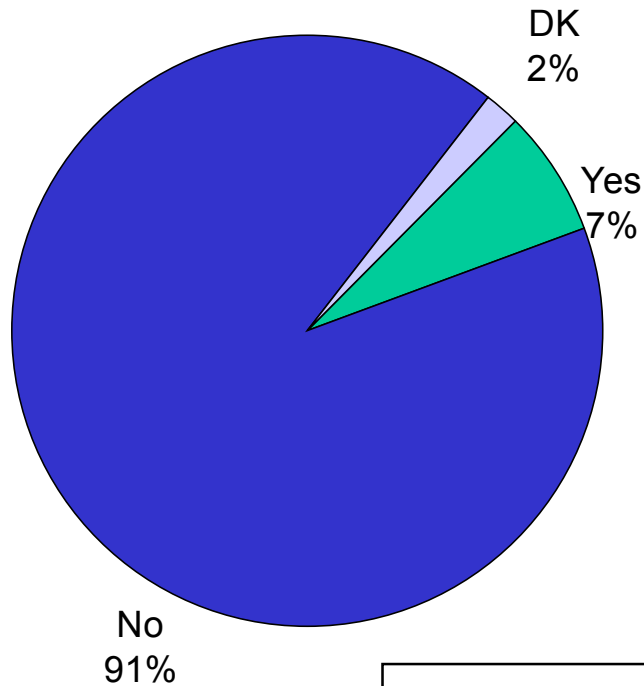
# Q.9 Diseases screened for over last 5 years (spontaneous)



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

# Osteoporosis Screening

## Q.10 Whether been screened for osteoporosis



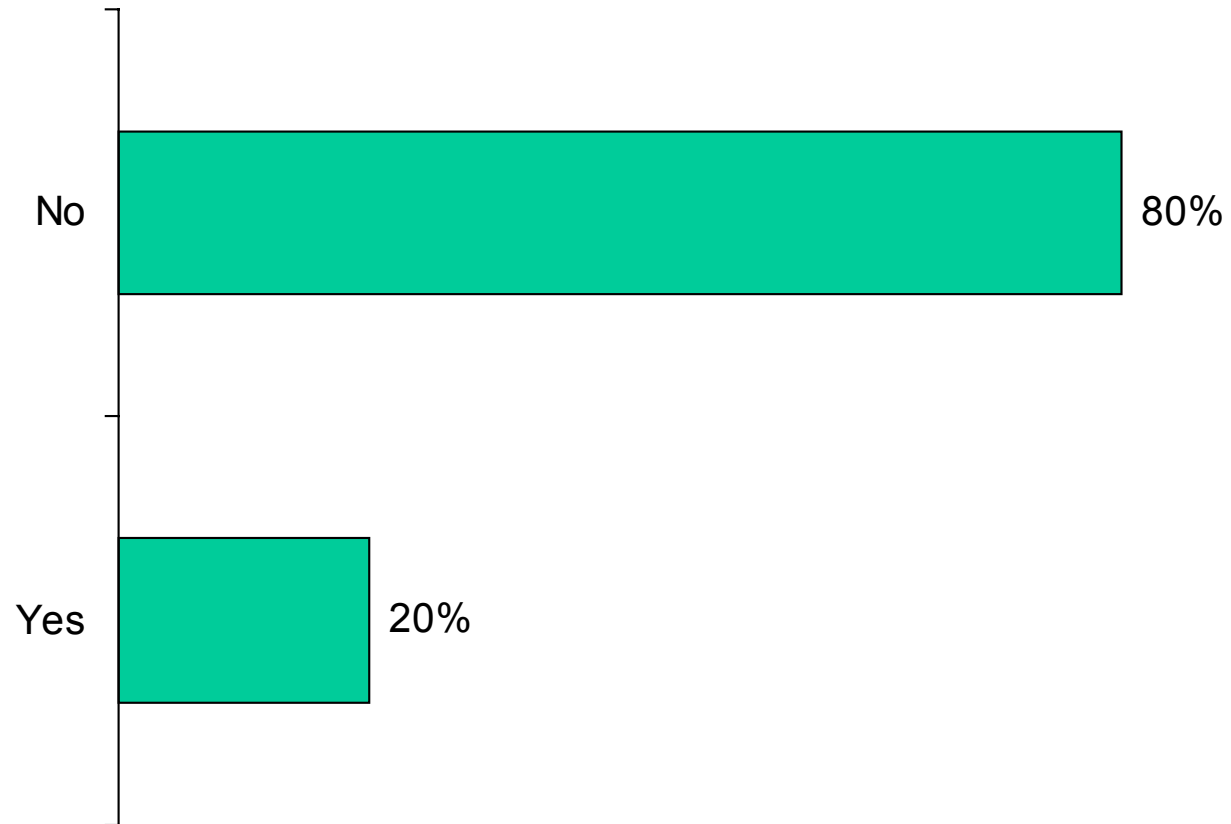
**Across all countries 18% said 'yes'**

Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=44)

## Q.11 Reasons for being screened for osteoporosis

| Reason                | Count |
|-----------------------|-------|
| Base:                 | 9     |
| Suffer pain in back   | 4     |
| Family history of o/p | 2     |
| Suffered fracture     | 1     |
| Asked to be screened  | 1     |
| Saw specialist        | 1     |
| At risk as post-men.  | 1     |
| Aching shoulder/neck  | 1     |

# Q.12 Awareness of Osteoporosis Screening Programme



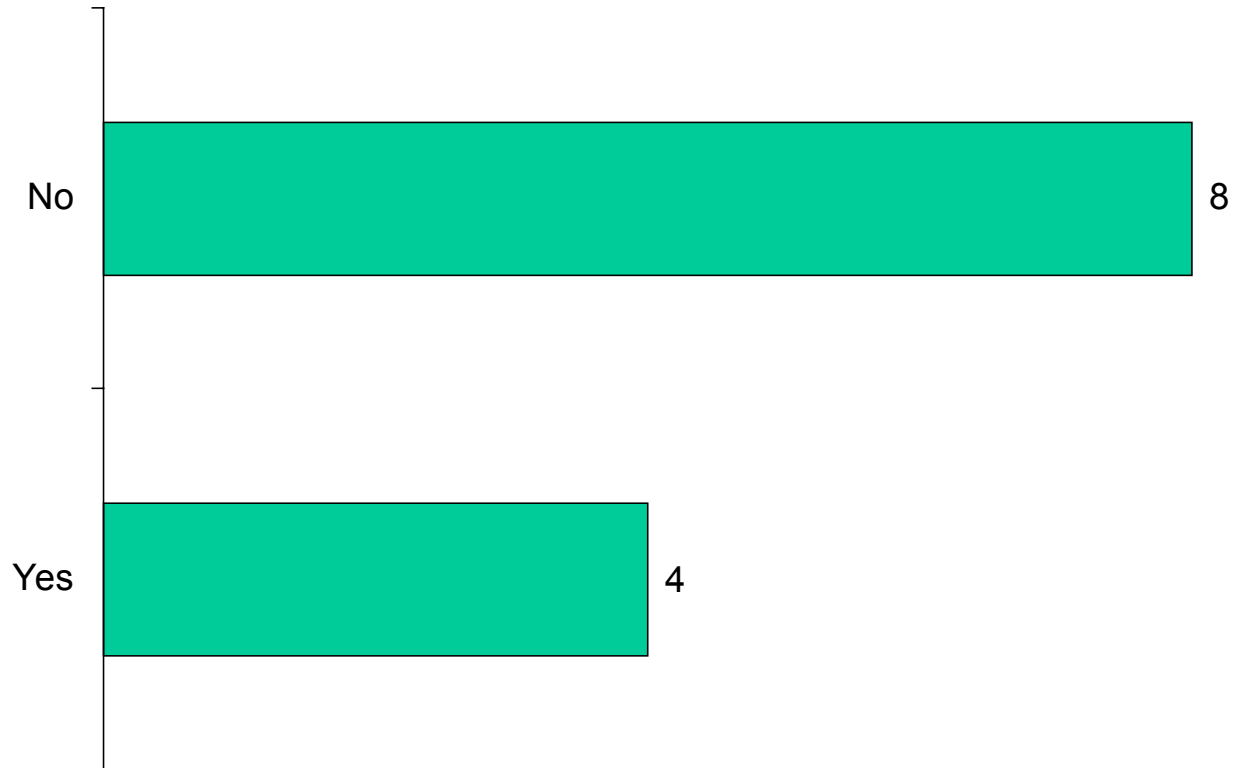
Base: Respondents who have not been screened for osteoporosis (n=41)

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

**Base: Postmenopausal women aged 41+ 50**

|                                     | <u>U.K.</u> | <u>All Count</u> |
|-------------------------------------|-------------|------------------|
| Reduced quality of life             | 70%         | 48%              |
| Fear of next fracture/fall          | 70%         | 50%              |
| Loss of height                      | 66%         | 46%              |
| Long term pain                      | 62%         | 53%              |
| Increased risk of further fractures | 62%         | 58%              |
| Inability to live independent life  | 58%         | 32%              |
| Loss of self esteem                 | 58%         | 27%              |
| None of the above/DK                | 16%         | 14%              |

# Q.14 Proportion suspected osteoporosis prior to diagnosis

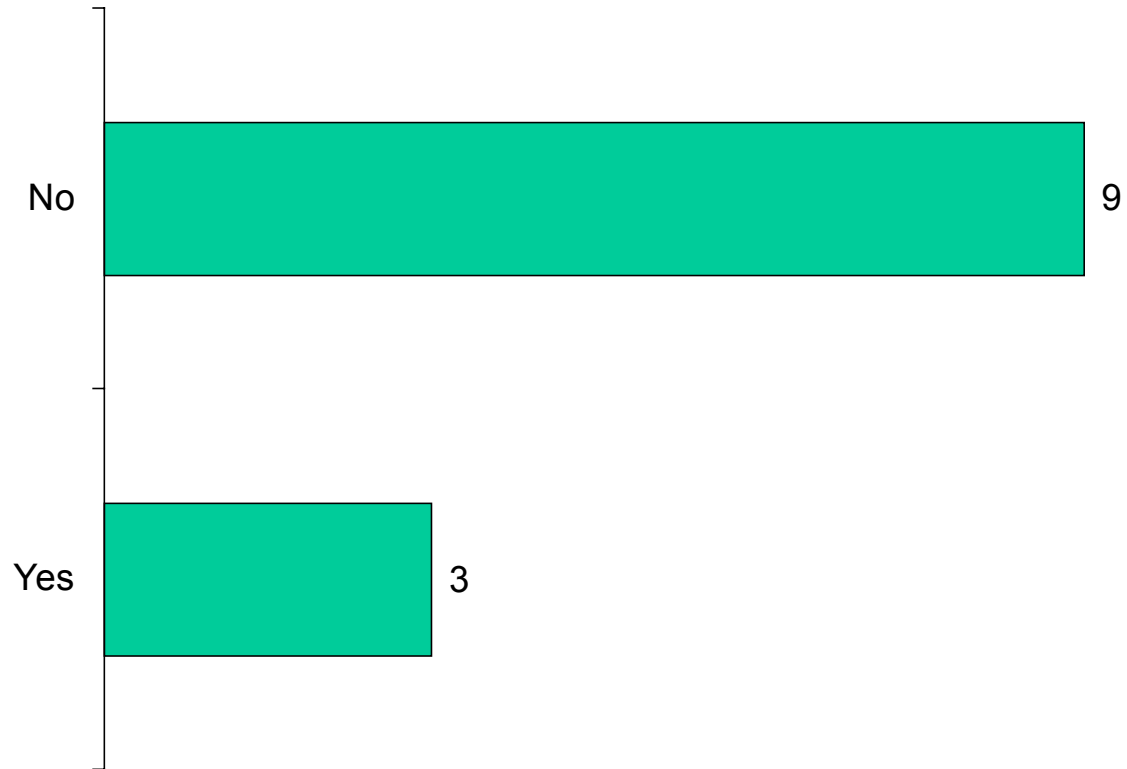


Base: Osteoporosis sufferers (n=12)

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

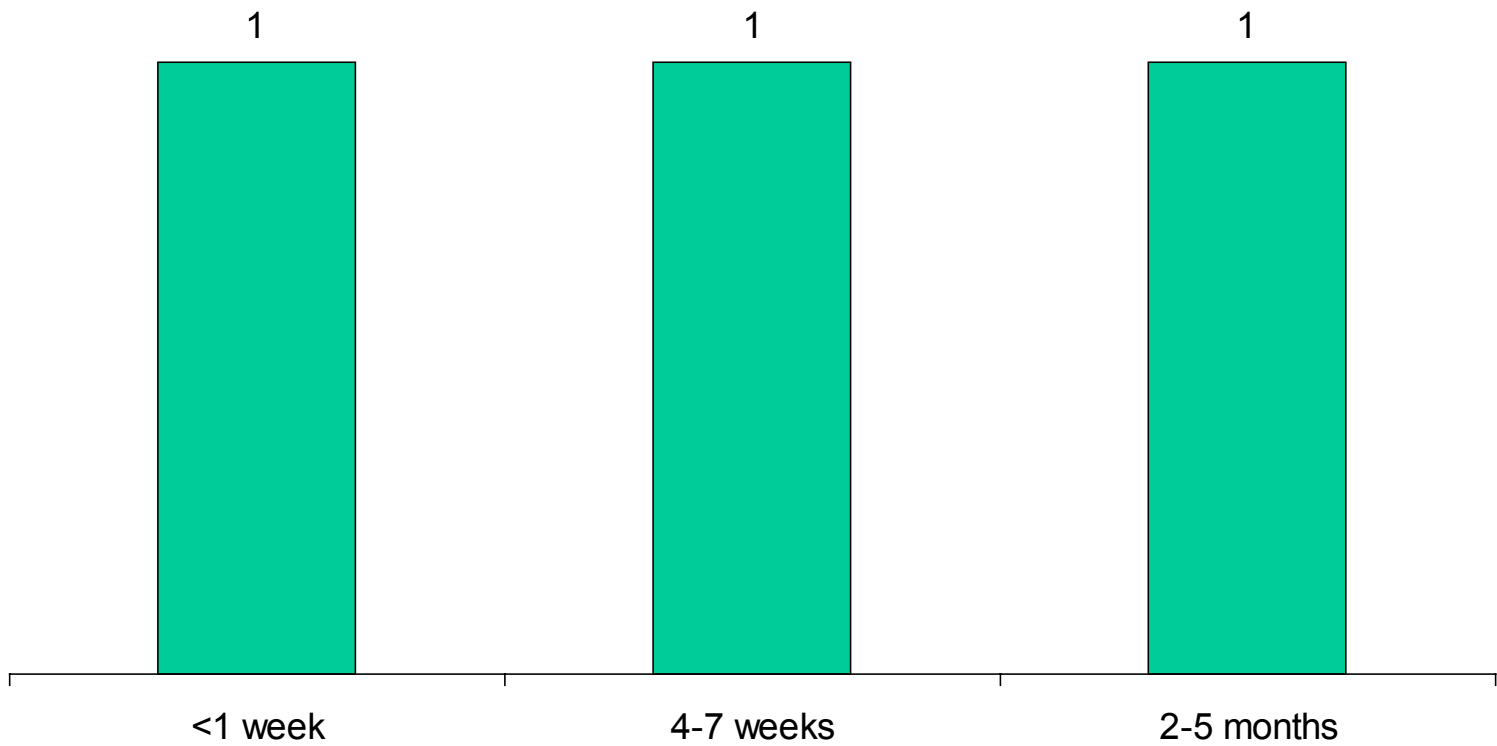
|  |           |
|--|-----------|
| <b>Base: Osteoporosis sufferers</b>            | <b>12</b> |
| Can't go for long walks                        | 5         |
| Back pain                                      | 3         |
| Worry about the future                         | 1         |
| Cannot lift heavy weights                      | 1         |
| Less able to get from place to place           | 1         |
| Living independently without relying on carers | 1         |
| Reluctant to go out of icy                     | 1         |
| None   | 1         |

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



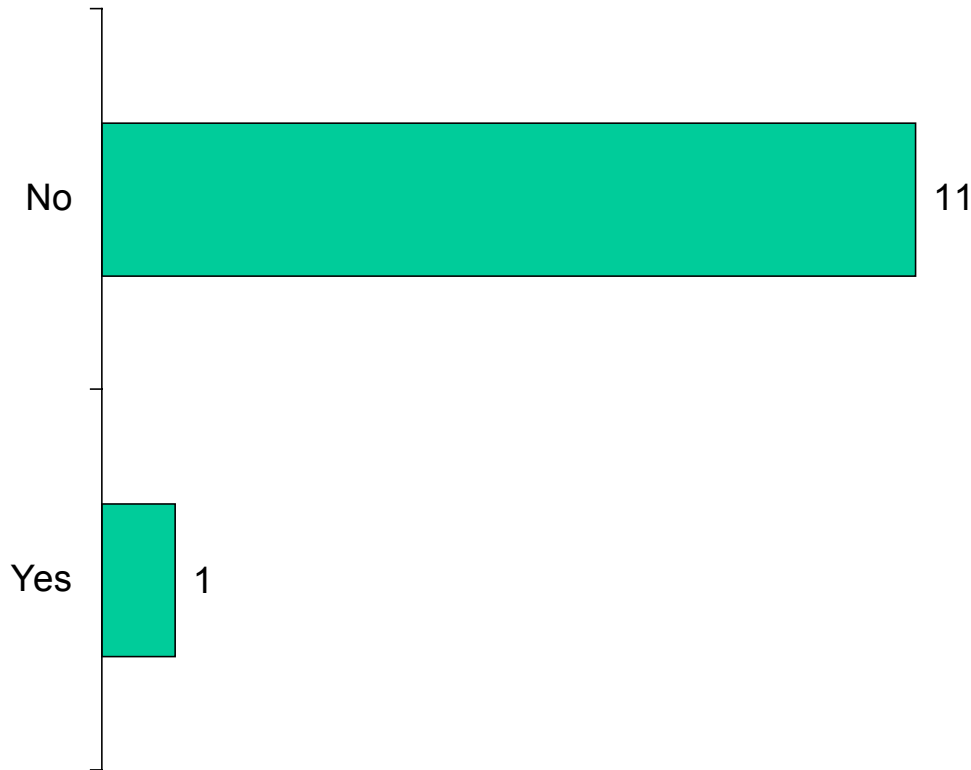
Base: Osteoporosis sufferers  
(n=12)

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



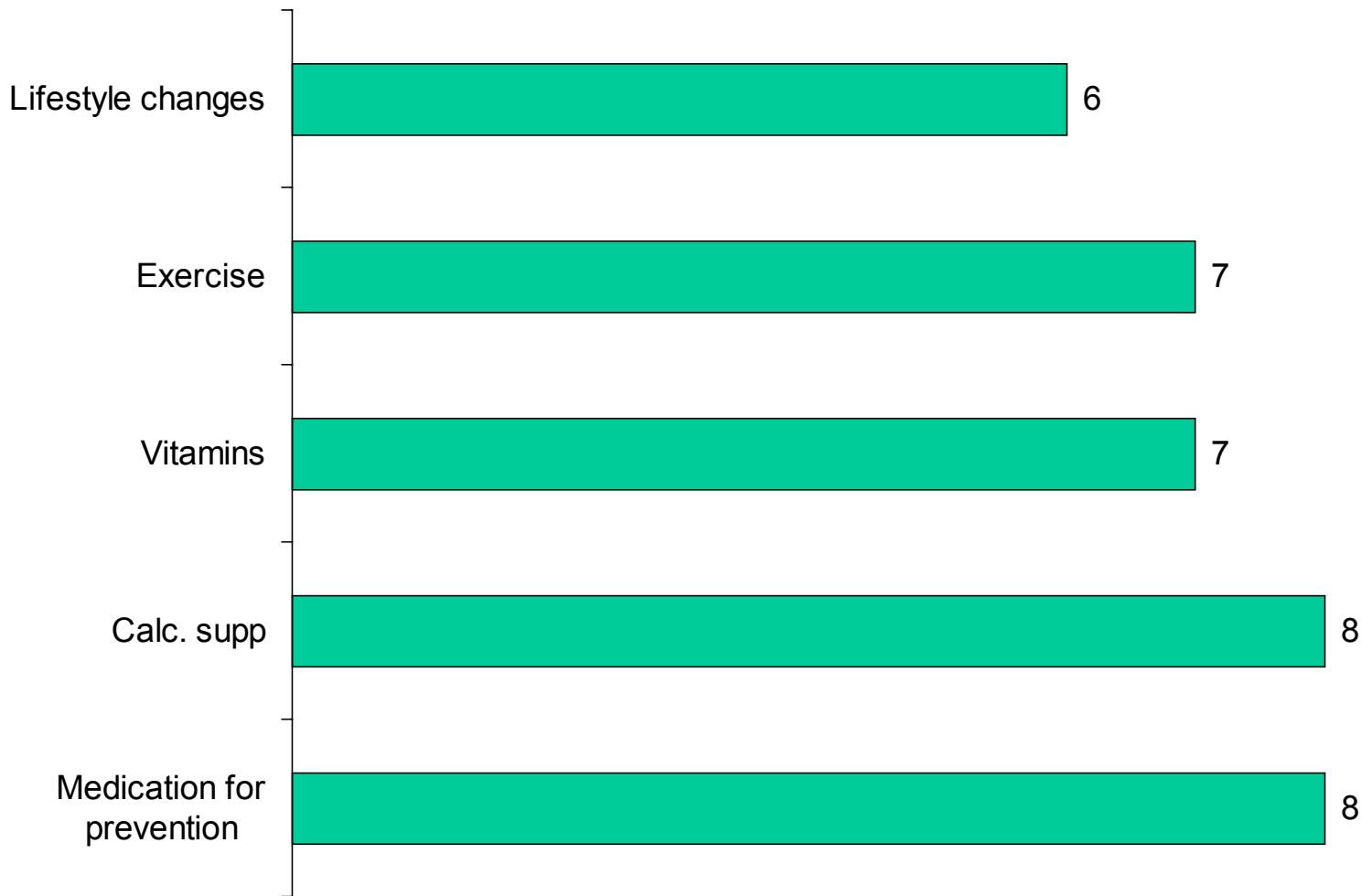
Base: Respondents suffered from fracture caused by osteoporosis (n=3)

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



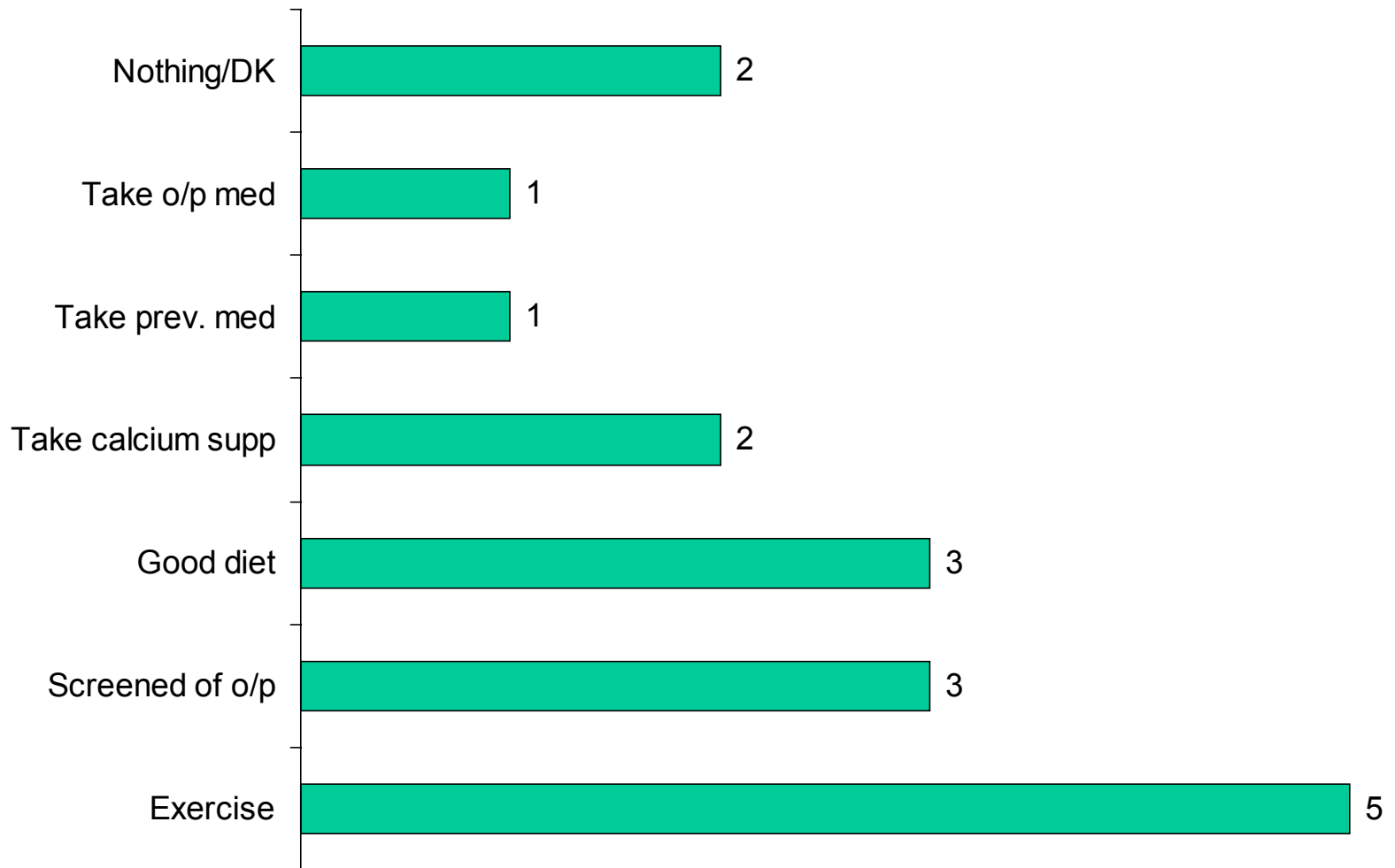
Base: Osteoporosis sufferers  
(n=12)

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



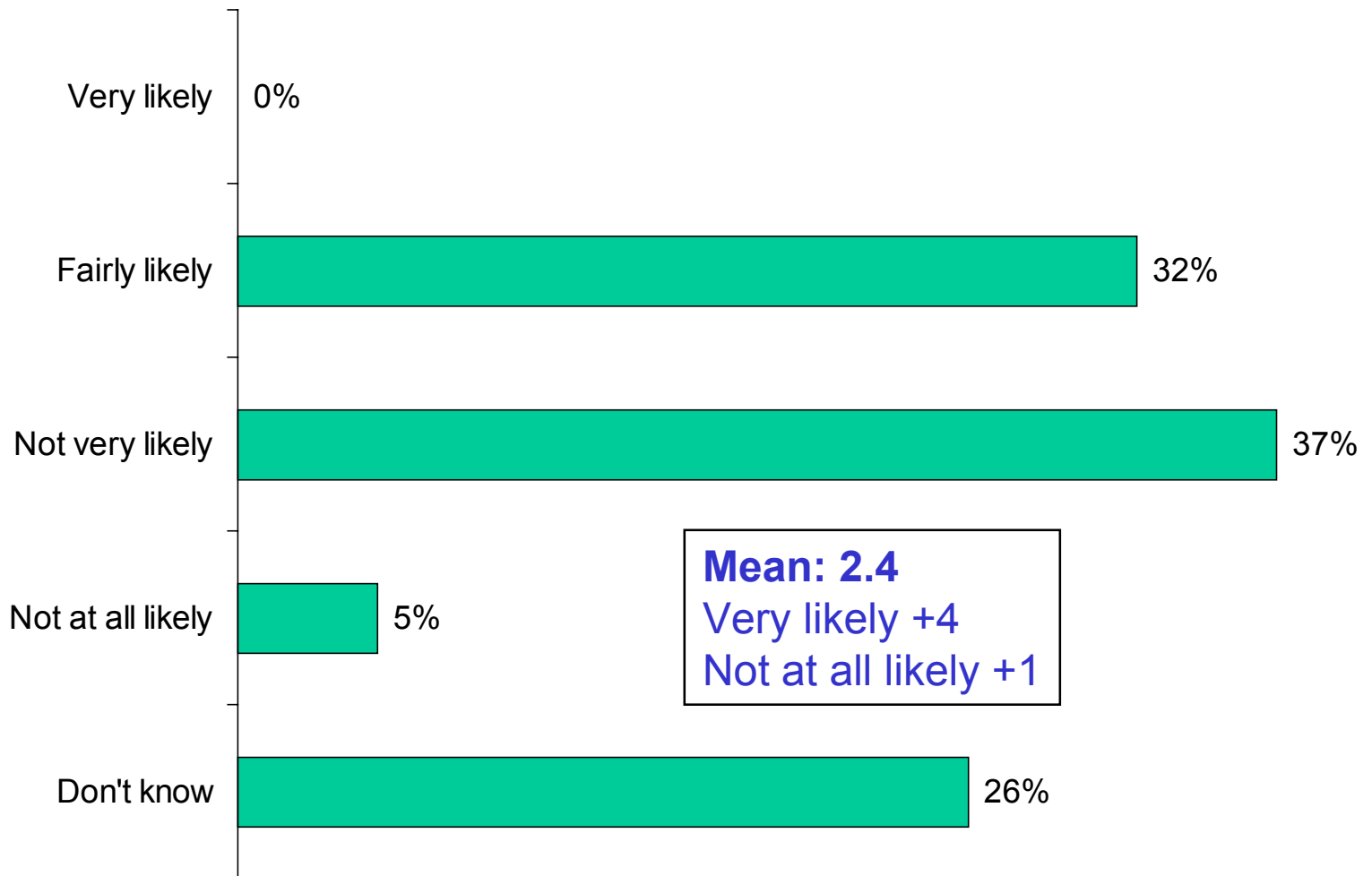
Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=11)

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



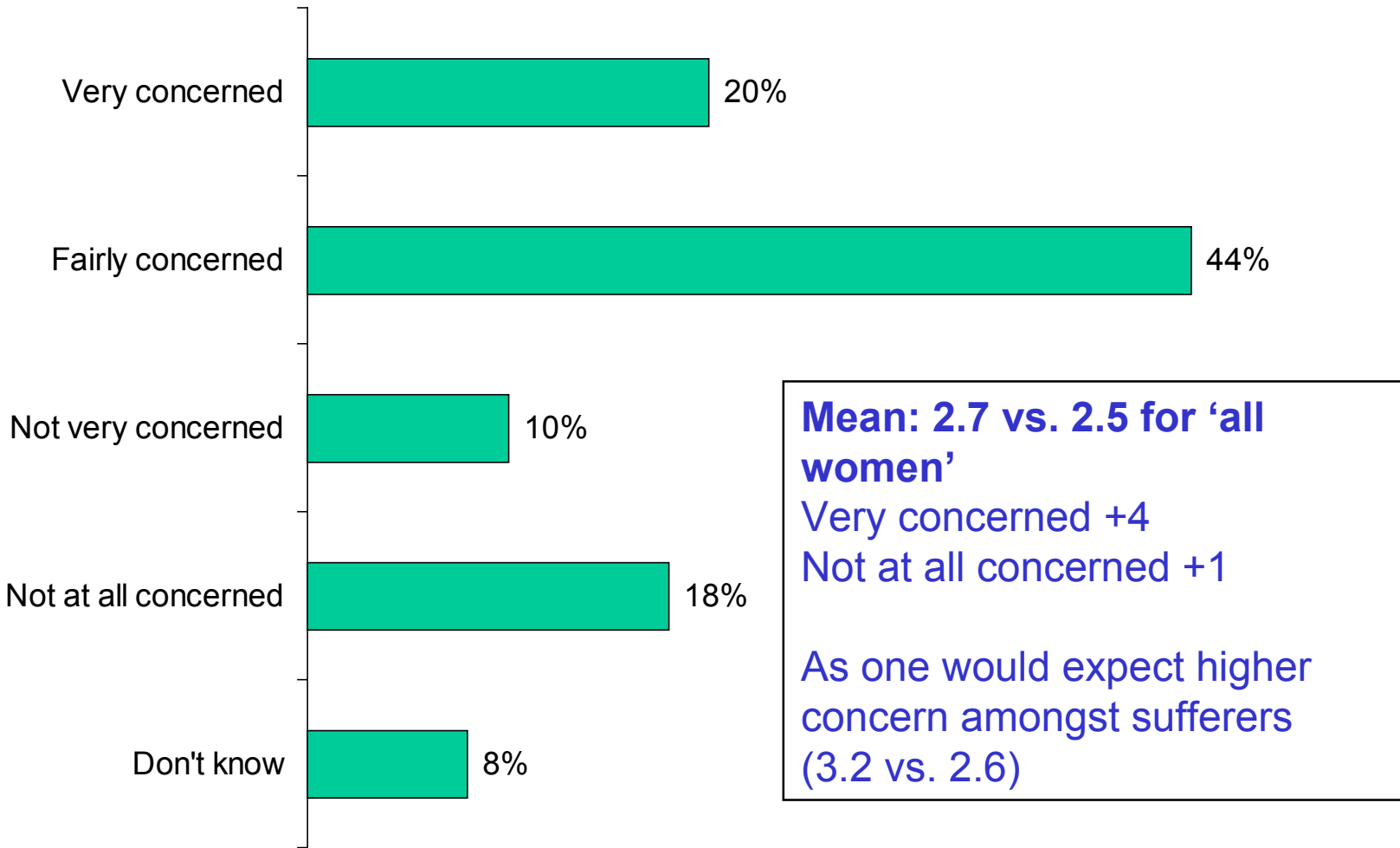
Base: Osteoporosis sufferers (n=12)

# Q.18 Likelihood of developing osteoporosis



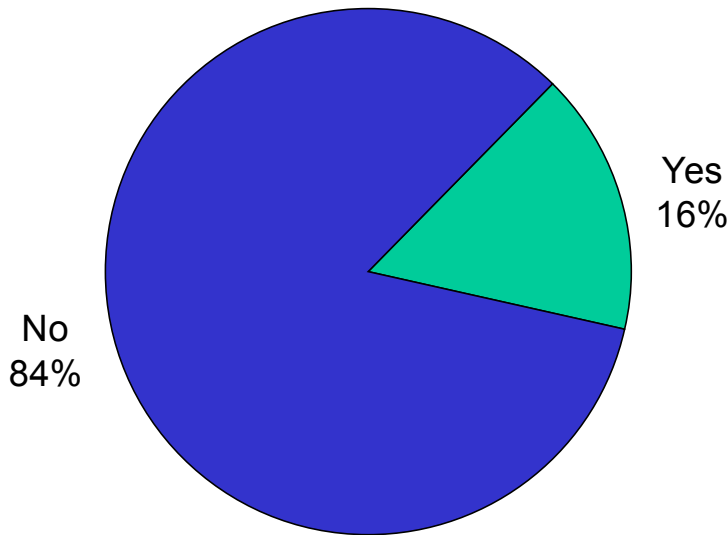
Base: Non-osteoporosis sufferers (n=38)

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



# Whether discussed osteoporosis with doctor

## Q.20 Whether discussed osteoporosis with doctor



**Across all countries 44% of women had discussed it with their doctor**

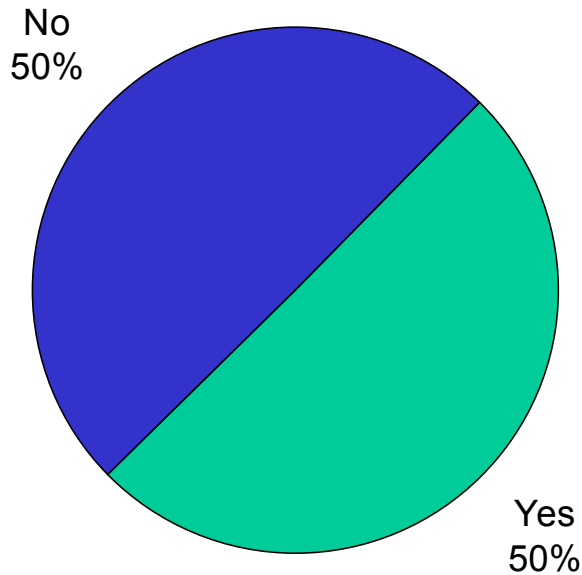
Base: All female respondents aged 41+ who have been through the menopause (n=50)

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

|                                 |   |
|---------------------------------|---|
| Base                            | 8 |
| Thought might be at risk        | 2 |
| Swollen knees/joints            | 2 |
| Felt was at risk of fracture    | 1 |
| Already had fracture            | 1 |
| Doctor initiated discussion     | 1 |
| Had general check-up            | 1 |
| Had accident and discovered o/p | 1 |
| Read/heard about o/p            | 1 |

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

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

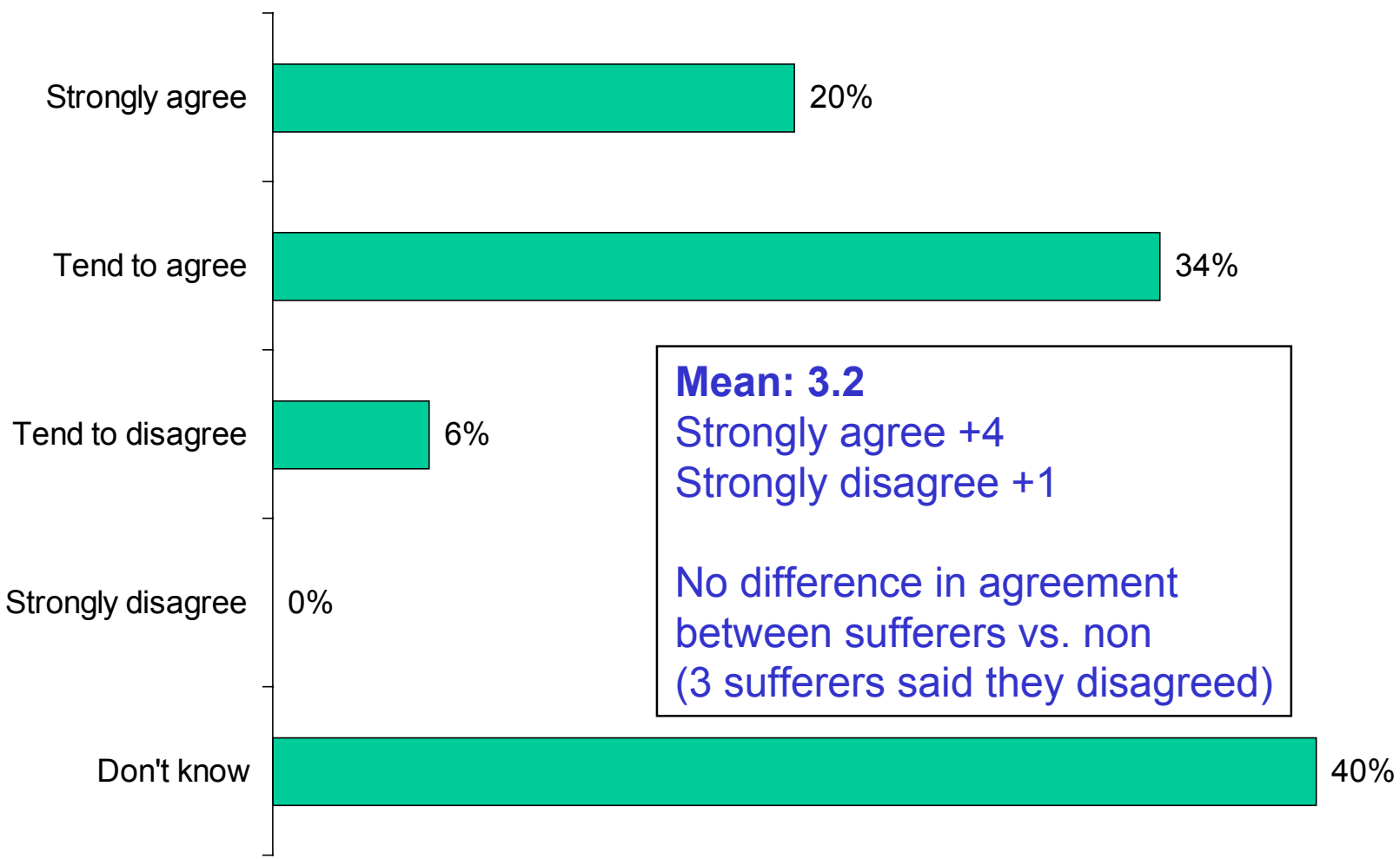


**Q.23 Reasons for not discussing long-term health risks of osteoporosis with a doctor**

|                          |   |
|--------------------------|---|
| Base                     | 4 |
| Doctor didn't raise it   | 1 |
| Lack of time with doctor | 1 |
| Never thought about it   | 1 |
| Already aware            | 1 |

Base: Respondents who have discussed osteoporosis with their doctor (n=8)

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



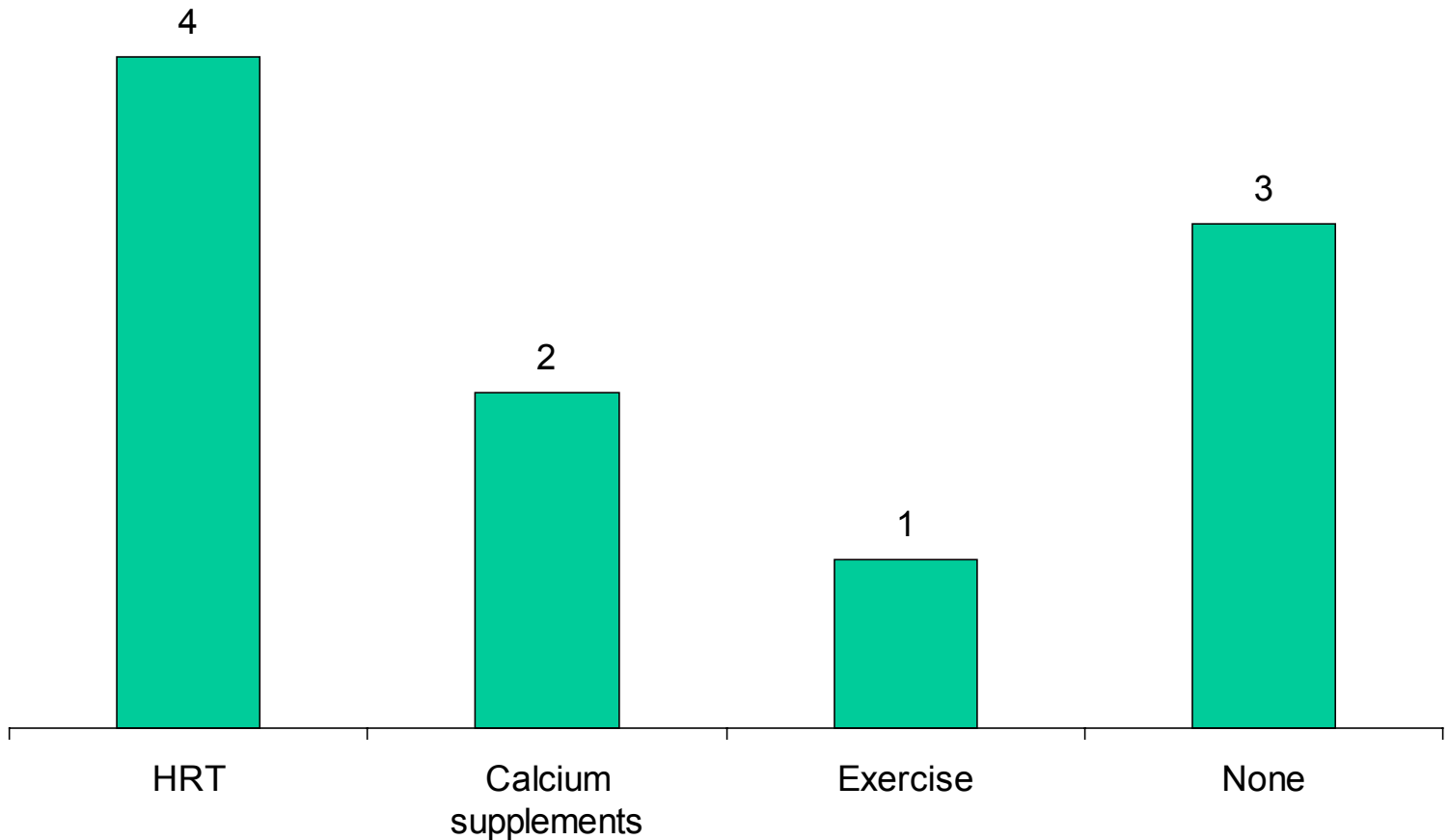
# Q.25 Best ways of preventing osteoporosis

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

|                                       |           |
|---------------------------------------|-----------|
|                                       | <b>27</b> |
| Calcium supplements *                 | 37%       |
| Exercise                              | 33%       |
| Healthy diet *                        | 30%       |
| HRT                                   | 30%       |
| Using specific osteoporosis treatment | 4%        |
| Regular check-ups                     | 4%        |
| Vitamin C                             | 4%        |
| Vitamins                              | 4%        |
| More information                      | 4%        |
| Don't know                            | 26%       |

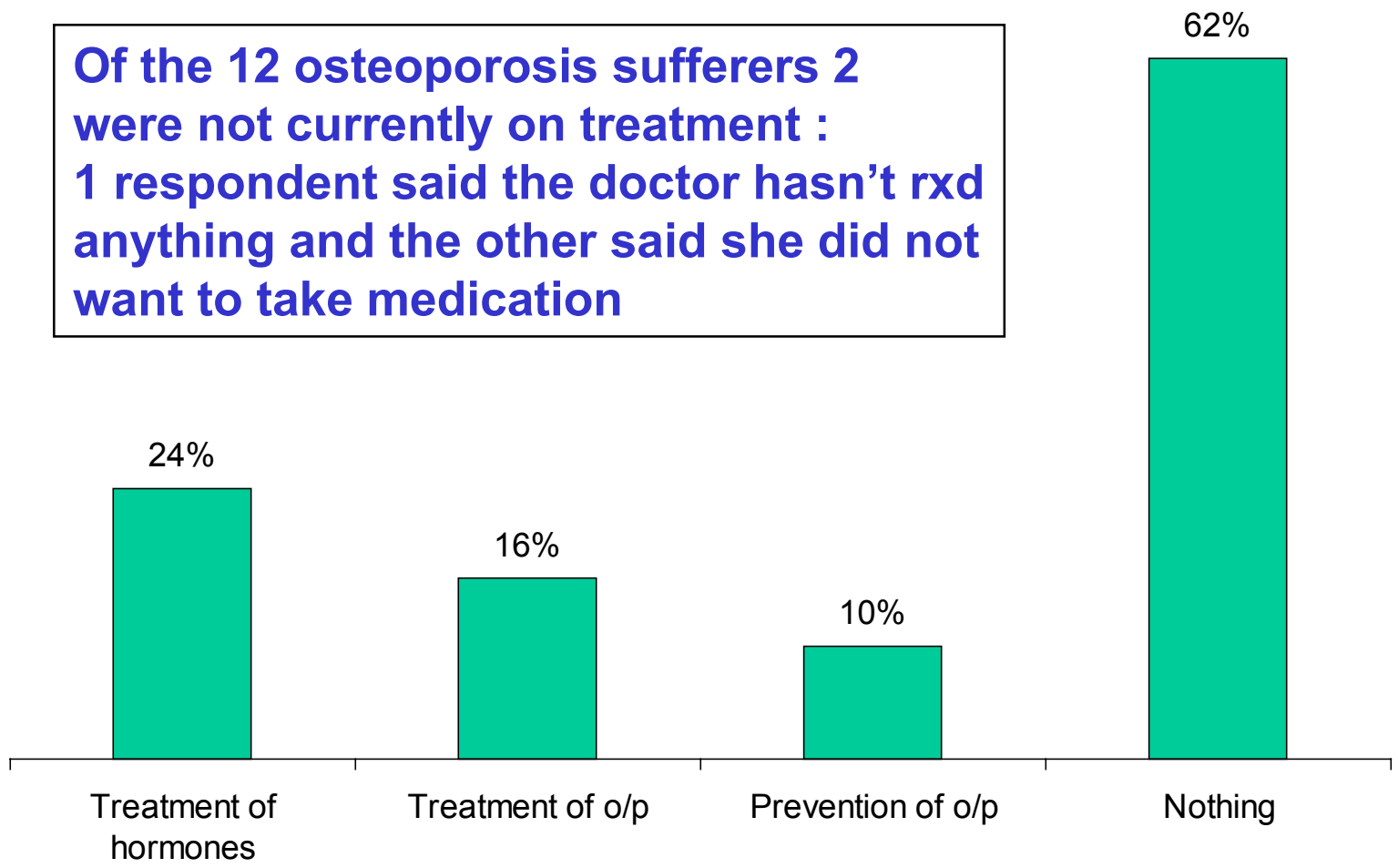
**\* Mentioned by 52% of women**

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



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

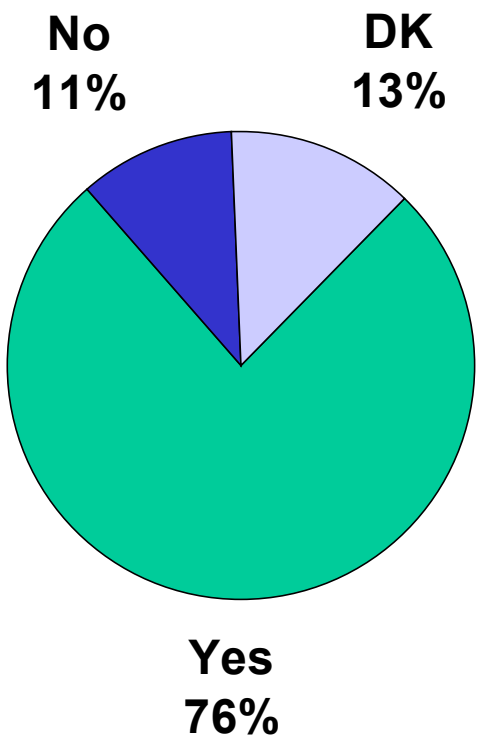
Of the 12 osteoporosis sufferers 2 were not currently on treatment : 1 respondent said the doctor hasn't rxd anything and the other said she did not want to take medication



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**



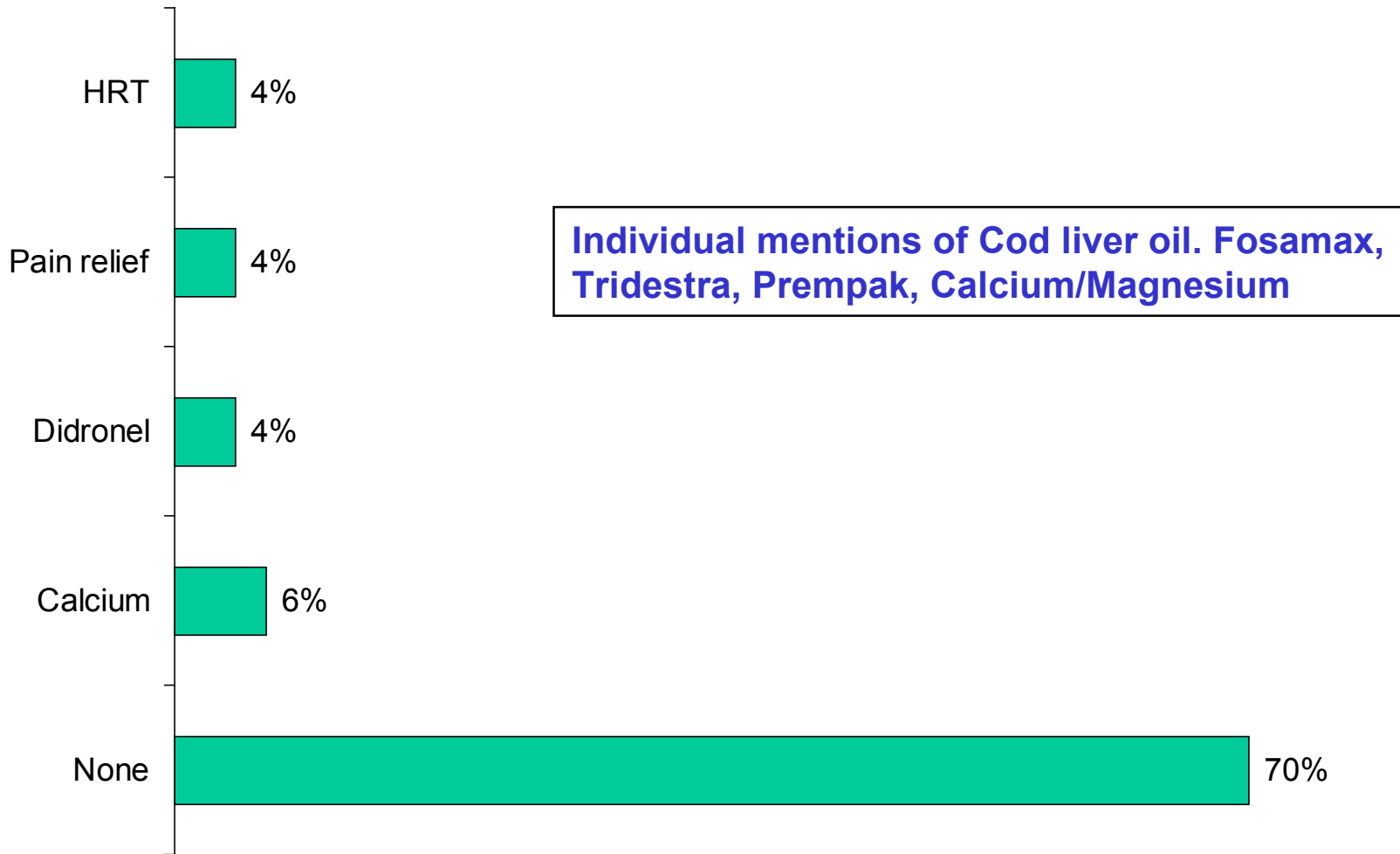
Base: Respondents not taking long-term prevention of osteoporosis (n=45)

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

| Concern                                   | Percentage |
|---|------------|
| Base: Respondents on long-term prevention | 45         |
| Side effects                              | 47%        |
| Don't want to take med l/t                | 11%        |
| Concern about affect on heart             | 2%         |
| Previous bad experience *                 | 2%         |
| Nothing                                   | 29%        |
| Don't know                                | 9%         |

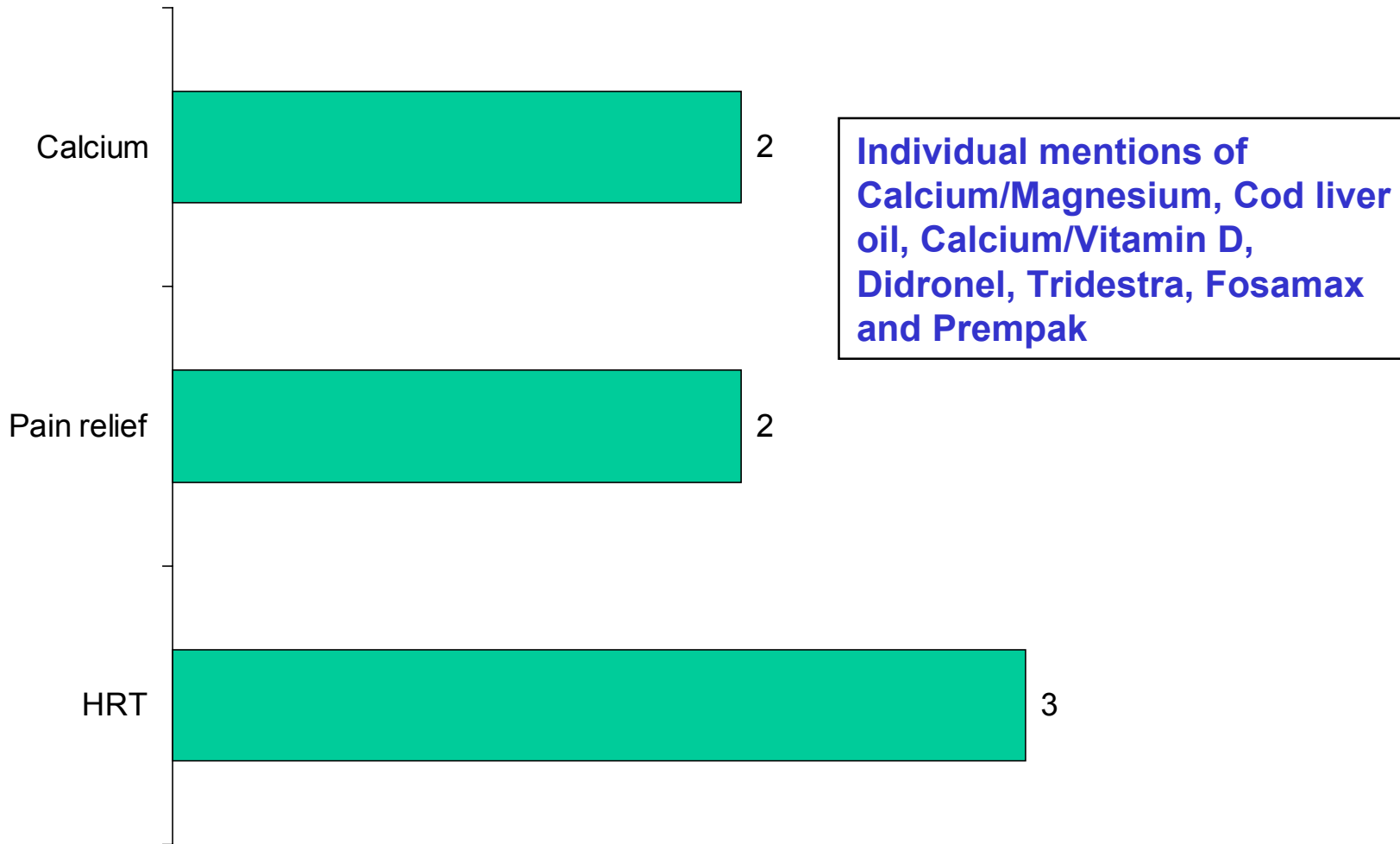
\* Osteoporosis sufferer

## 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=14)

## Q.33 Agreement with statements

| <b>Base: Postmenopausal women aged 41+</b>   | <b>50</b> |
|--|-----------|
| Osteoporosis should be viewed as a serious condition   | 96%       |
| It is very important to effectively prevent spinal fractures   | 94%       |
| It is very important to effectively prevent osteoporosis   | 92%       |
| I would like to be/wish I had been screened for o/p  | 76%       |
| If I had a vertebral fracture I am sure I would know about it  | 76%       |
| If you can prevent or treat vertebral/spinal fractures<br>you can prevent hip fractures              | 60%       |
| Osteoporosis is not a life-threatening condition   | 60%       |
| Getting fragile/brittle bones is an inevitable part of ageing process                                | 58%       |
| I am concerned about the l/t risk to my health of taking HRT   | 54%       |
| I wish I had taken medication earlier to prevent osteoporosis  | 50%       |
| Doctors in this country do not seem to take o/p seriously  | 42%       |
| A medicine that can treat a disease is generally more<br>effective than one that can just prevent it | 36%       |
| I feel I have enough info and knowledge on osteoporosis  | 30%       |
| Drs have enough resources to effectively manage o/p  | 24%       |

## Summary

## Summary

- v The average age of the women taking part in the survey was 62, of whom 24% were suffering for osteoporosis
- v On average, the women had visited their GP >5 times, slightly less than the overall average across all countries and >6 times
- v The women's health concerns were heart disease (<quarter), followed by osteoporosis (16% cf. average across all countries of 27%). A quarter of women claimed to have no health concerns
- v The one main health concern that the women had was again heart disease (<fifth), followed by osteoporosis was mentioned by 16% vs. 21% across all countries

## Summary

- v Two-thirds of women said that they exercised to improve or maintain long-term health. <half said they eat healthily. A tenth of women took vitamins/supplements (vs. average of fifth across all countries). 14% of the women said they did nothing to improve their their health
- v 18% of the women said they had been screened for osteoporosis – lower than that reported across all countries (34%)
- v The main reason for being screened was back pain (mentioned by four out of the nine). None of the women said their doctor had recommended them to be screened

## Summary

- v Of those that had not been screened one fifth were aware that there was a screening programme – lower than the average across all countries at 35%
- v Despite low awareness of the screening programme, the women were quite knowledgeable in terms of long term health risks associated with osteoporosis. <three-quarters of women said osteoporosis would result in a reduced quality of life (vs. half of all women surveyed). A similar number associated it with a loss of height (vs. <half of all women), long term pain or increased risk of further fracture
- v One third of the women with osteoporosis suspected they had the disease prior to diagnosis and only a quarter of women were aware that they were at risk

## Summary

- v Almost all of the sufferers said the disease had a major impact on their quality of life – with the major reason being cannot go for long walks
- v Only a third of women with osteoporosis said they suspected they had the condition prior to diagnosis and only one sufferer was aware they were at risk
- v Only one of the sufferers said that osteoporosis has had no impact on their quality of life, with the most frequently cited impact being ‘can’t go for long walks’ (>third)
- v 8 of the 11 women said they would have taken medication for prevention if they had known they were at risk of osteoporosis and/or taken calcium supplements

## Summary

- v 5 of the 12 women sufferers said they would suggest to other women that they should exercise. 3 respondents would advise women to be screened and only one woman would tell others to take an osteoporosis medication
- v Only one third of women said they felt they were likely to develop osteoporosis in the future but two thirds of women were concerned about the long term health risks of the disease
- v 16% of women had discussed osteoporosis with a doctor (cf average of 44%)
- v Half the women who had discussed osteoporosis with a doctor went on to discuss the long term health risks
- v >half the women agreed that osteoporosis can be prevented, although only a fifth strongly agreed with the statement. Of those that agree it can be prevented, the most frequently mentioned way was either healthy diet or calcium supplements (>half)

## Summary

- v Of the women who have discussed osteoporosis with a doctor, three of the eight did not discuss therapy options.
- v In total only a third of women were actually taking medication for osteoporosis/hormonal problems
- v Three-quarters of women would consider taking long term prevention if recommended by their doctor. >quarter of women said there would be no concerns that would stop taking recommended treatment, with the most frequently mentioned concern being side effects (<half)
- v 9 out of 10 women agree that osteoporosis should be viewed as a serious condition, that it's very important to effectively prevent spinal fractures and/or osteoporosis

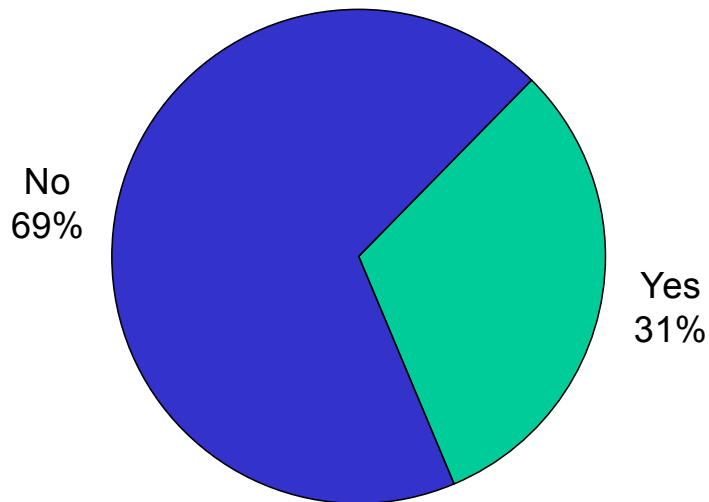
## Summary

- v 7 out of 10 women wished they had been screened for osteoporosis, with a similar number saying if they had a vertebral fracture they would know about it and that they would like further information on the disease
- v 7 out of 10 women do not feel that doctors have enough resources to effectively manage osteoporosis
- v 6 out of 10 women believe that fragile bones is an inevitable part of the ageing process
- v 5 out of 10 women are concerned about the long term risks of taking HRT, with a similar number saying they wished they had taken preventative treatment earlier
- v 4 out of 10 women believe osteoporosis to be a life-threatening condition or doctors don't take osteoporosis seriously enough

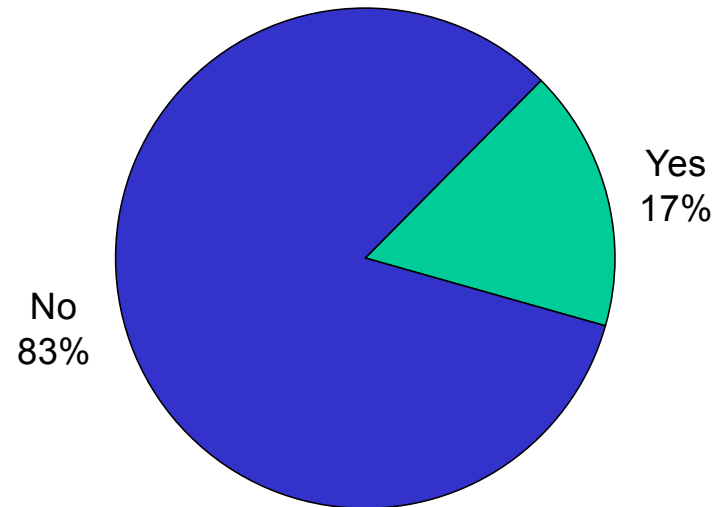
## U.K. GPs

# Clinics held in surgery

Menopause Clinic



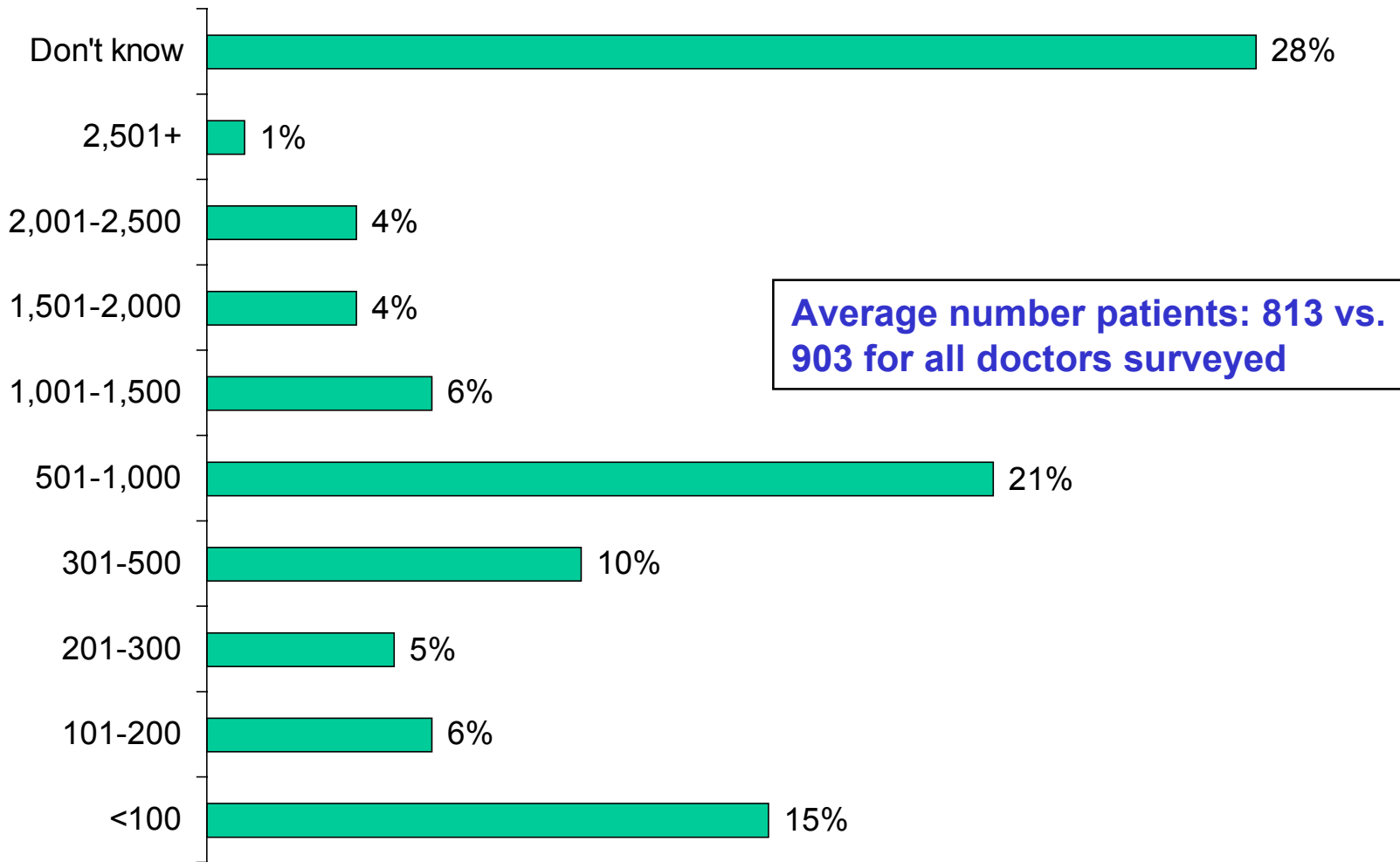
Osteoporosis Clinic



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

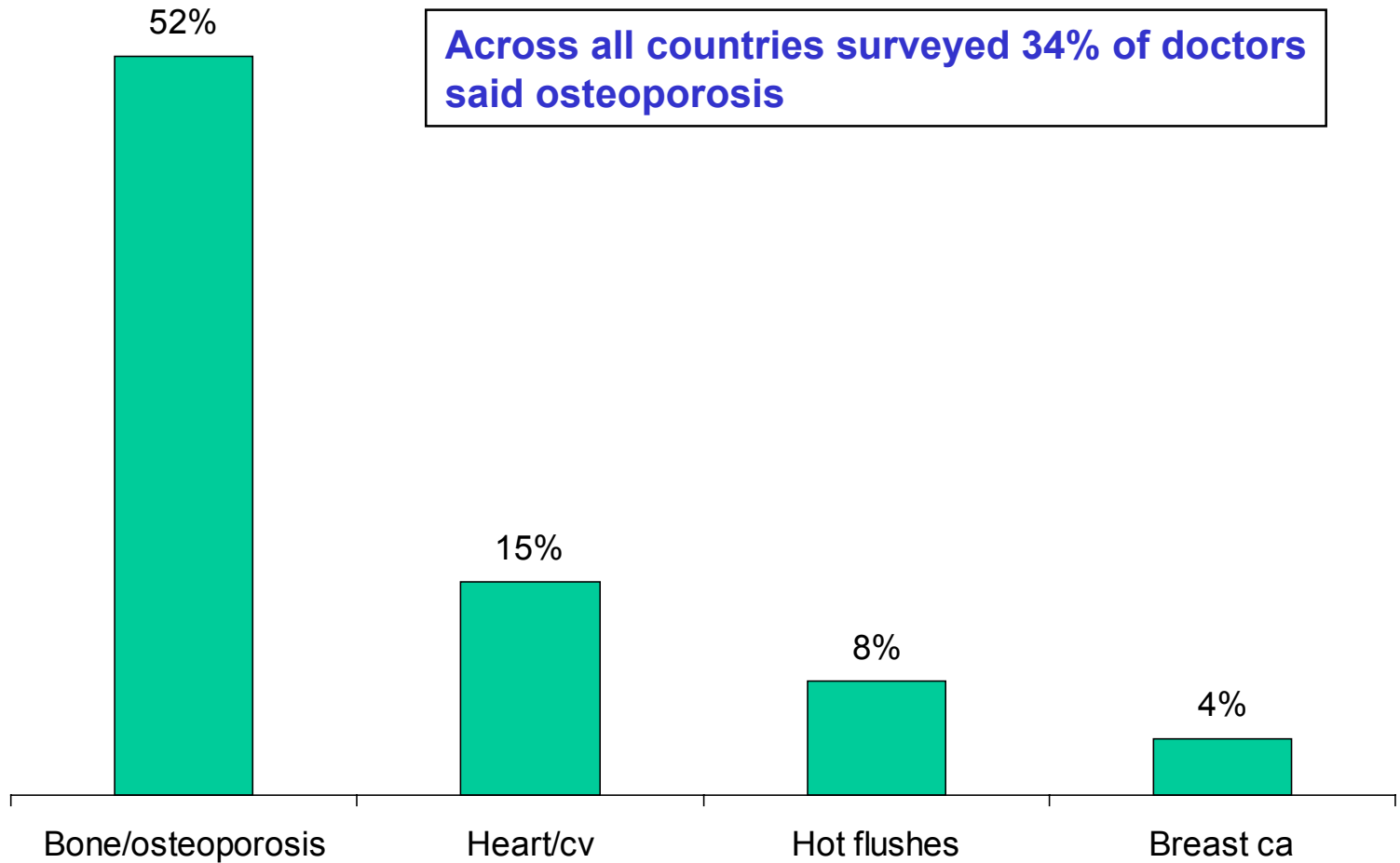
Base: GPs aged <65 (n=101)

# Q.3 Number post-menopausal women in practice



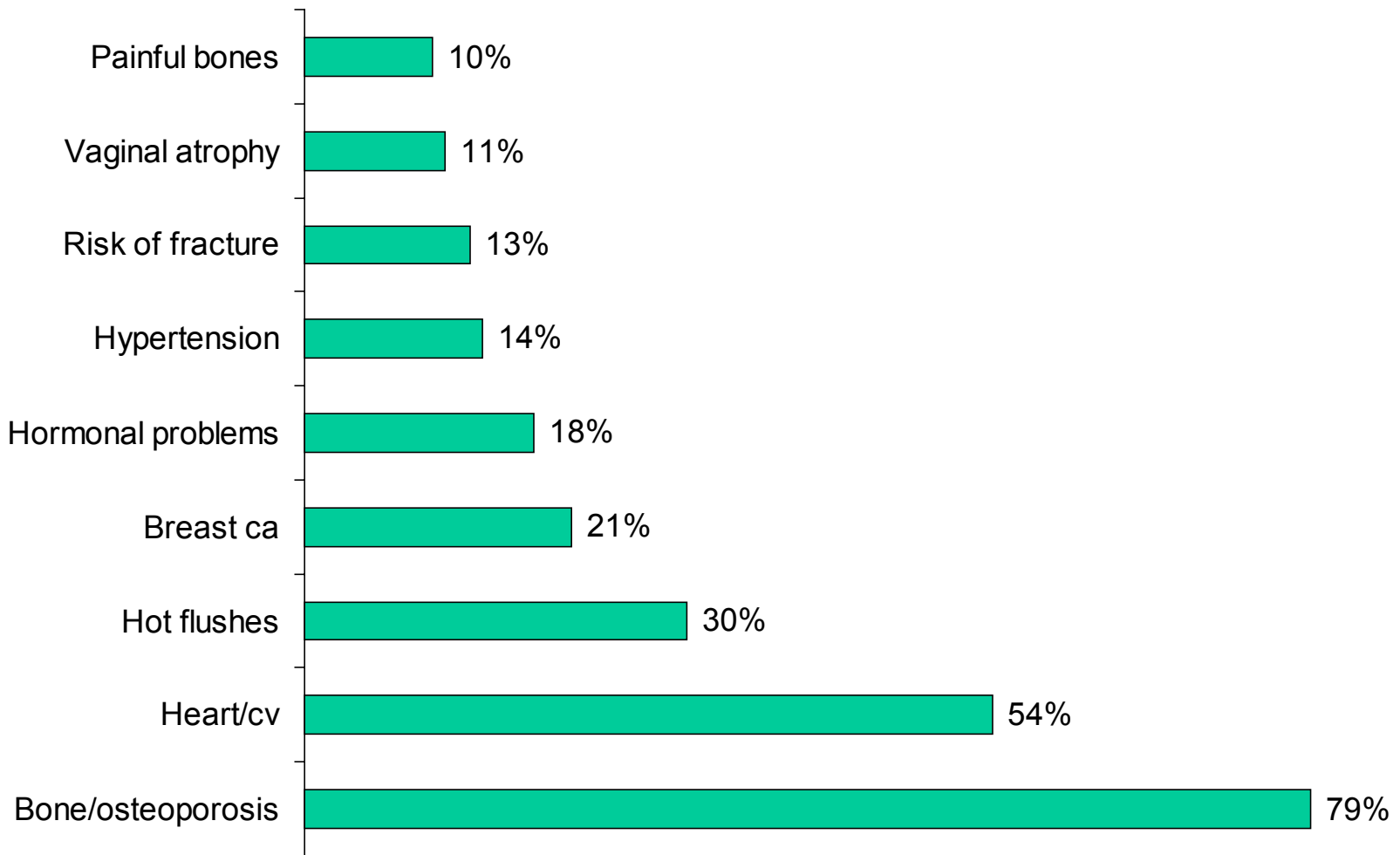
Base: GPs aged <65 (n=101)

# Q.4 Key health concern discussed



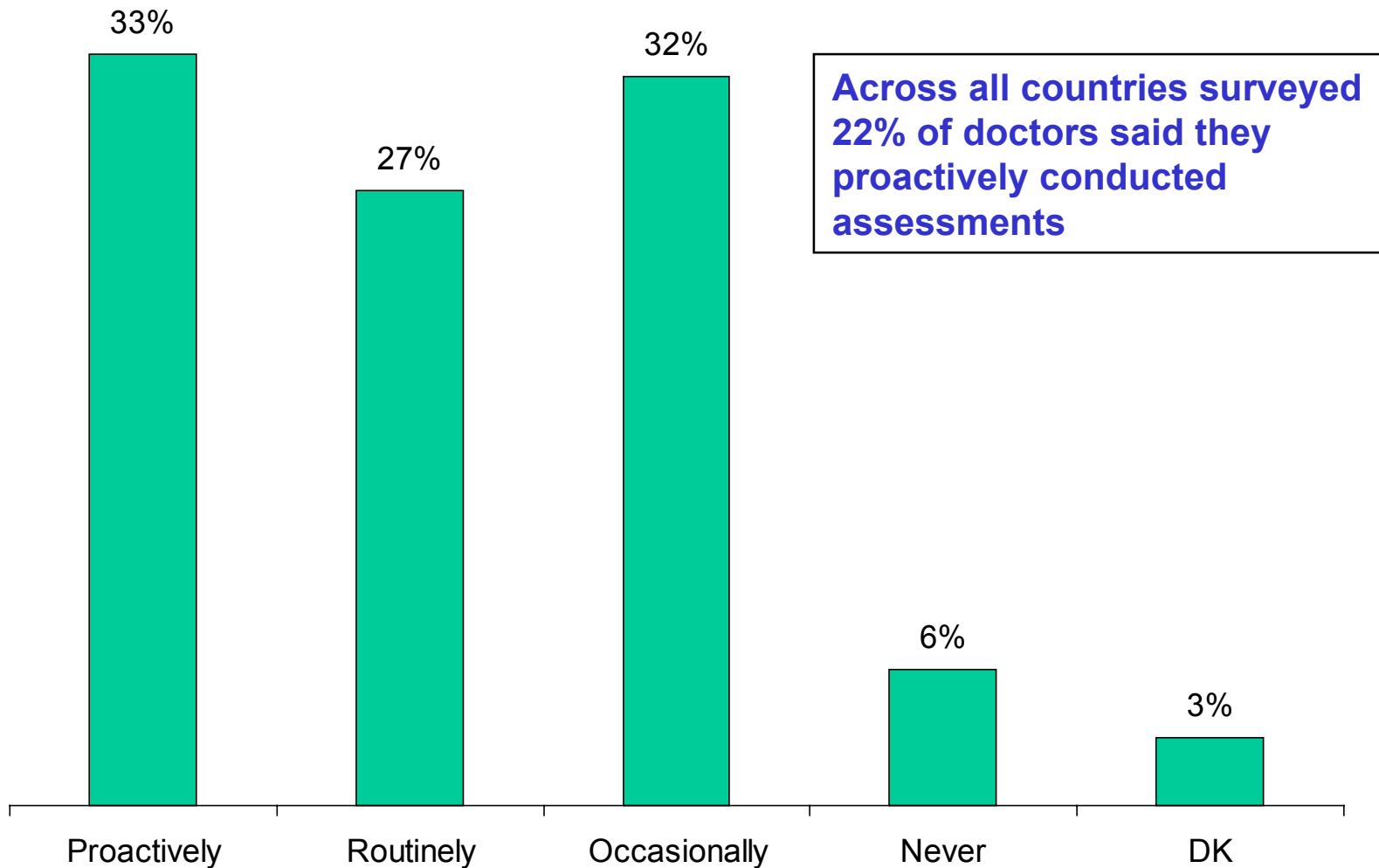
Base: GPs aged <65 (n=101)

# Q.4/5 Total mentions of health concerns



Base: GPs aged <65 (n=101)

# Q.6 Approach to health risk assessment



Base: GPs aged <65 (n=101)

## Q.7 Limiters on health status reviews

| <b>Base: All GPs</b>           | <b>101</b> |
|--------------------------------|------------|
| Lack of time                   | 62%        |
| Patient's don't request it     | 13%        |
| Lack of funding                | 8%         |
| That's the role of the patient | 8%         |
| Refer to nurse                 | 3%         |
| Patient reluctance             | 2%         |
| Patients not interested        | 2%         |
| Nothing                        | 10%        |
| Don't know                     | 5%         |

**Across all countries surveyed only 21% of doctors cited 'lack of time' as a limiting factor**

## Q.8a Definition of treatment

|   |            |
|---|------------|
| <b>Base: All GPs</b>                              | <b>101</b> |
| Starting medication when woman is at risk         | 54%        |
| Starting medication when woman has developed o/p  | 41%        |
| Starting medication when woman has first fracture | 25%        |
| Lifestyle changes                                 | 5%         |
| BMD   | 5%         |
| Prescribing named treatment                       | 4%         |

**Across all countries surveyed 43% of doctors said ‘starting medication when a woman is at risk’ and a further 30% said ‘starting medication when a woman has developed osteoporosis’**

## Q.8b Definition of prevention

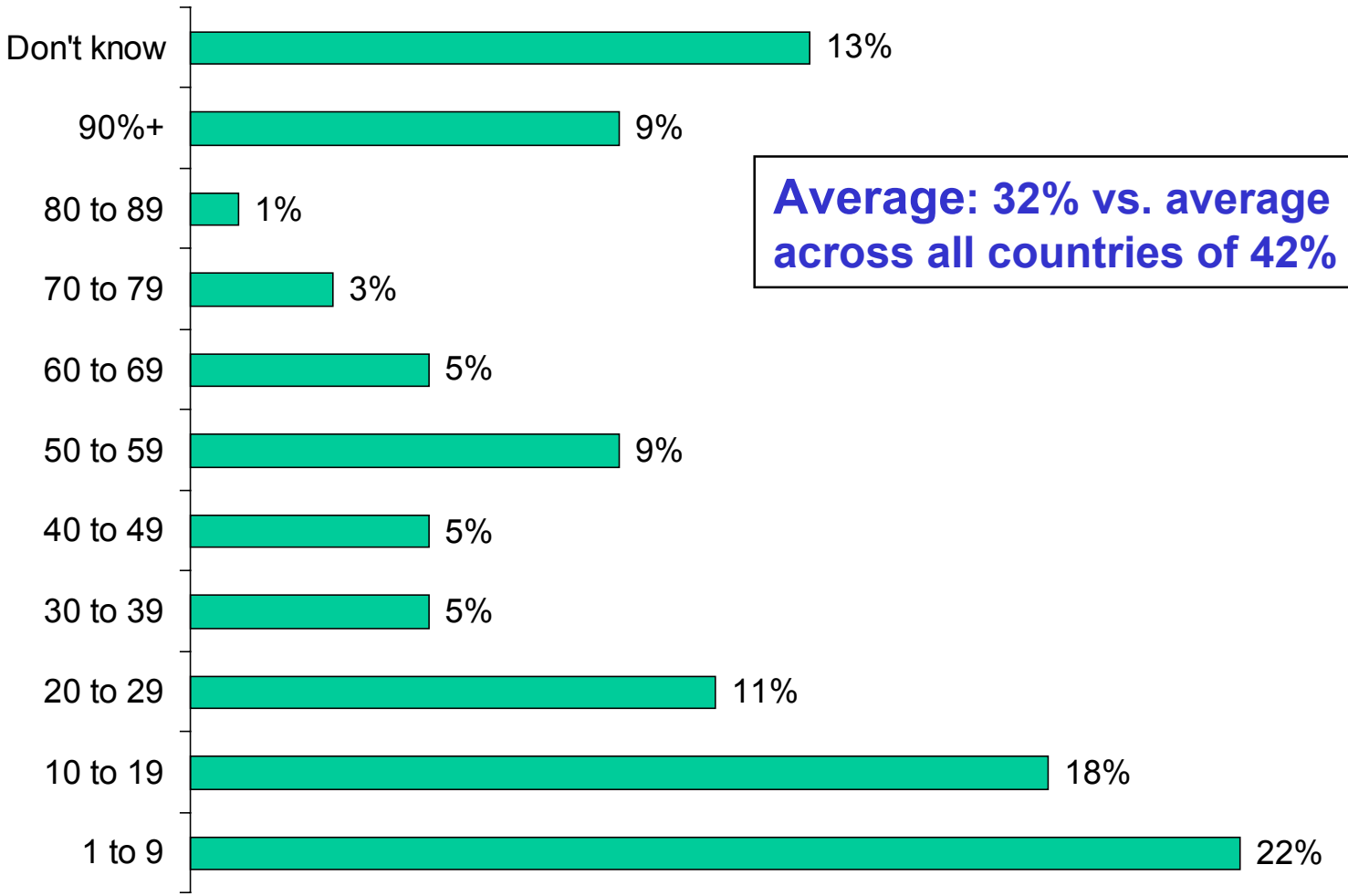
|   |            |
|---|------------|
| <b>Base: All GPs</b>  | <b>101</b> |
| Advising women on lifestyle adjustments to reduce risk                    | 58%        |
| Starting medication before the woman is at risk                           | 41%        |
| Starting medication when woman is at risk but not suffered from fractures | 27%        |
| HRT   | 5%         |
| Screening patients when they reach the menopause                          | 3%         |
| Prescribing named treatment   | 3%         |

**Across all countries surveyed, 45% of doctors defined it as ‘lifestyle changes’, 33% as ‘starting before the woman is at risk’**

## Q.9 Most negative effects of osteoporosis

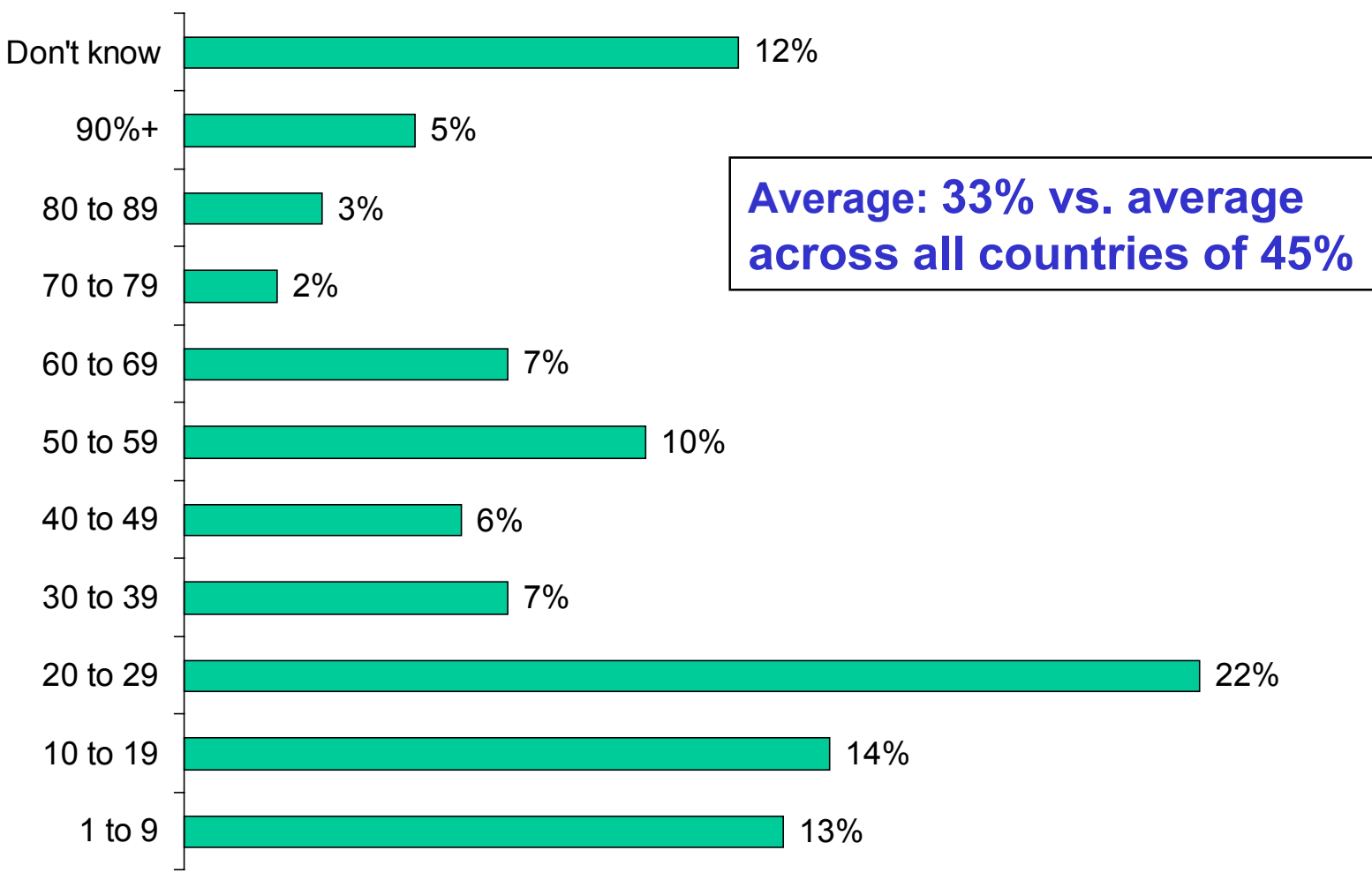
| <b>Base: All GPs</b>          | <b>101</b> |
|-------------------------------|------------|
| Fracture/breaking a bone      | 72%        |
| Pain                          | 35%        |
| Debilitation                  | 11%        |
| Lack of independence          | 10%        |
| Curvature of the spine        | 10%        |
| Loss of height                | 9%         |
| Mortality from fractures      | 9%         |
| Less mobility                 | 7%         |
| Limiting affect on lifestyle  | 5%         |
| Makes a woman feel old/infirm | 4%         |
| Bone loss                     | 3%         |

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



Base: GPs aged <65 (n=101)

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



Base: GPs aged <65 (n=101)

# Q.12a Inhibitors of rxing medication for prevention

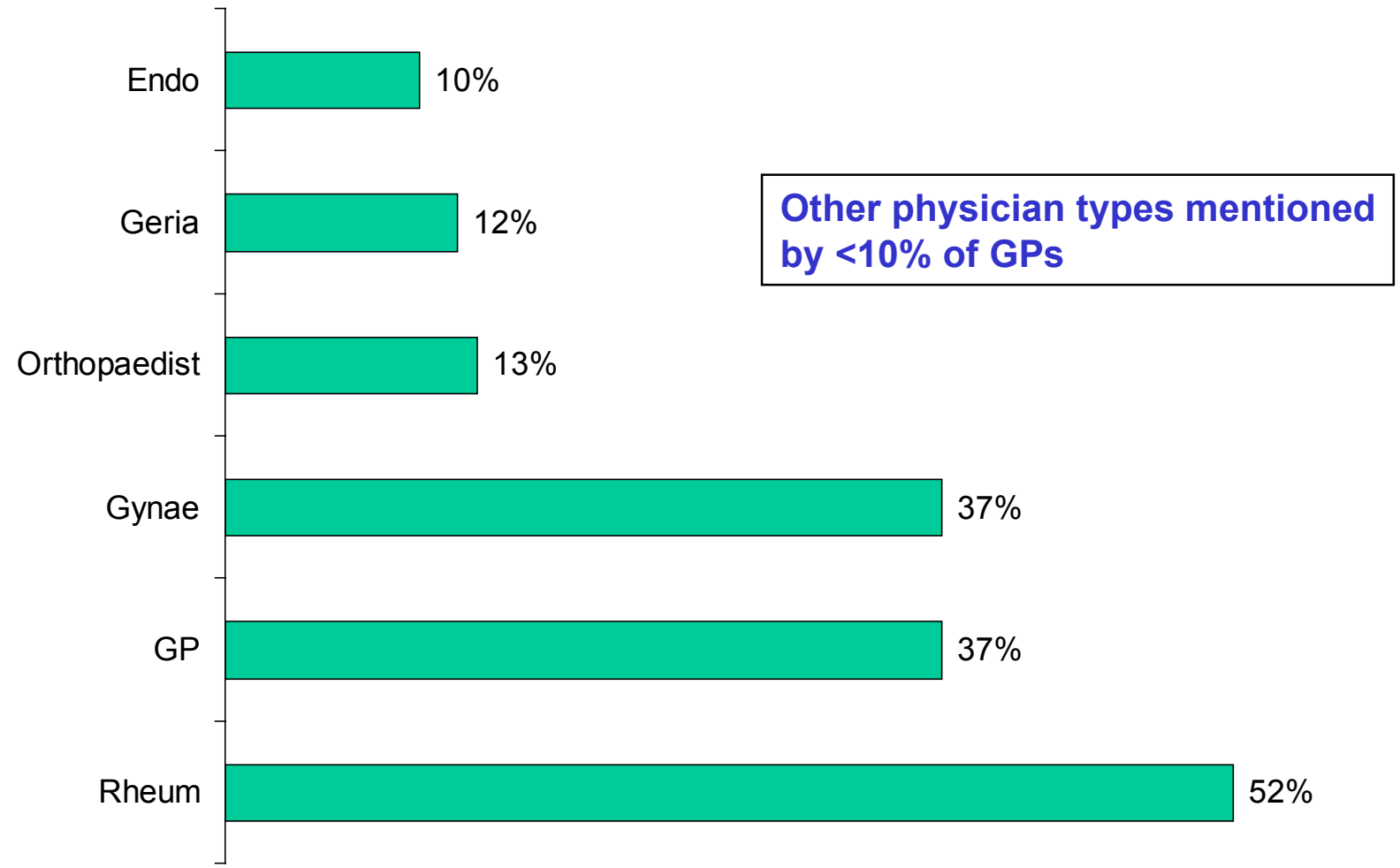
|  |            |
|--|------------|
| <b>Base: All GPs</b>   | <b>101</b> |
| Women are not good at complying with preventative medicine                 | 29%        |
| Cost makes it impossible to rx for everyone who would be eligible          | 28%        |
| Side effects   | 25%        |
| Women don't like dosage regimes of available treatments                    | 14%        |
| Patients don't want to take medication                                     | 11%        |
| Contraindications  | 7%         |
| Requires me to take a risk assessment analysis which I don't have time for | 6%         |
| None   | 12%        |
| Other points mentioned by <5% of GPs                                       |            |

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

|  |            |
|--|------------|
| <b>Base: All GPs</b>                               | <b>101</b> |
| Patients unwillingness to take l/t medication      | 29%        |
| Patients lack of understanding of l/t health risks | 28%        |
| Patients concern about side effects                | 24%        |
| Patients lack of concern of l/t health risks       | 14%        |
| Patients concern about increased risk of cancer    | 13%        |
| Patients lack of knowledge of therapy options      | 10%        |
| Compliance   | 10%        |
| None/DK  | 7%         |

Other comments mentioned by <10% of GPs

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

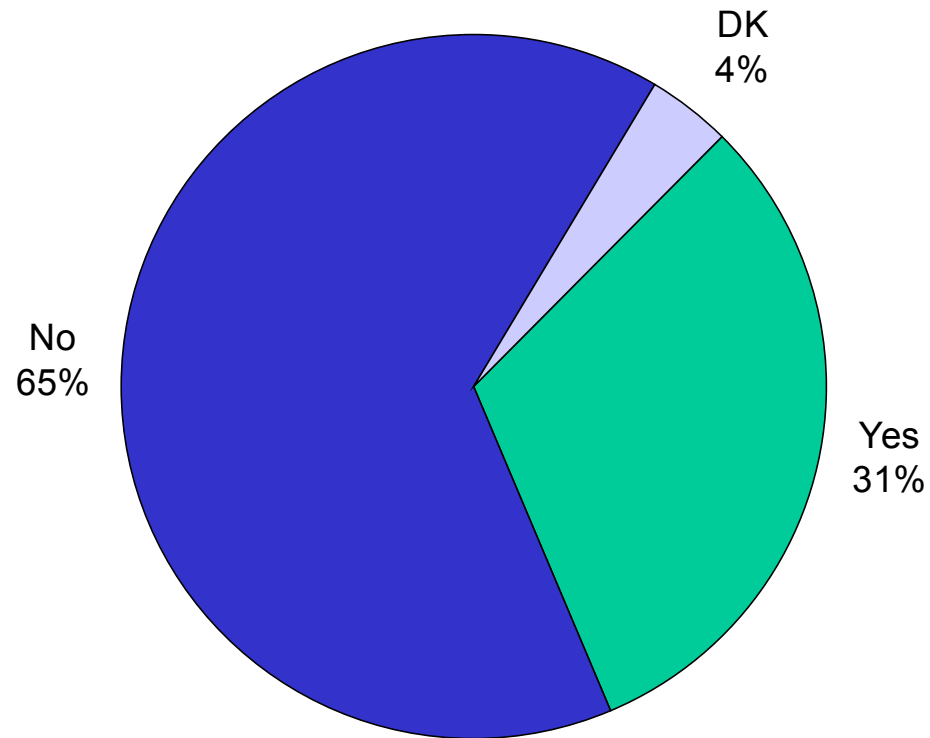


Base: All GPs (n=101)

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

|  |            |
|--|------------|
| <b>Base: All GPs</b>                   | <b>100</b> |
| Side effects                           | 40%        |
| Compliance                             | 36%        |
| Patient preference                     | 23%        |
| Cost                                   | 18%        |
| Effectiveness                          | 14%        |
| Seriousness of condition               | 13%        |
| Other factors mentioned by <10% of GPs |            |

# Q.21 Whether women consult at early enough stage



Base: All GPs (n=101)

## Q.22 Most important feature of osteoporosis product

| <b>Base: All GPs</b>                   | <b>101</b> |
|--|------------|
| Tolerability                           | 19%        |
| Convenient to take                     | 12%        |
| Increases BMD                          | 12%        |
| Has no GI side effects                 | 10%        |
| Efficacy                               | 9%         |
| Effectively stops vertebral fracture   | 7%         |
| Stops fractures (other than vertebral) | 6%         |
| Cost effective                         | 5%         |
| Enhances patient compliance            | 5%         |

Other features mentioned by <5% of GPs

# Q.22/23 Important feature of osteoporosis product

|  |            |
|--|------------|
| <b>Base: All GPs</b>                     | <b>101</b> |
| Tolerability ^                           | 42%        |
| Has no GI side effects ^                 | 40%        |
| Cost effective                           | 33%        |
| Convenient to take ^                     | 31%        |
| Increases BMD *                          | 21%        |
| Effectively stops vertebral fractures *  | 19%        |
| Efficacy *                               | 17%        |
| Enhances patient compliance ^            | 17%        |
| Has no long term safety risk             | 16%        |
| Stops fractures (other than vertebral) * | 13%        |
| Side effects ^                           | 12%        |

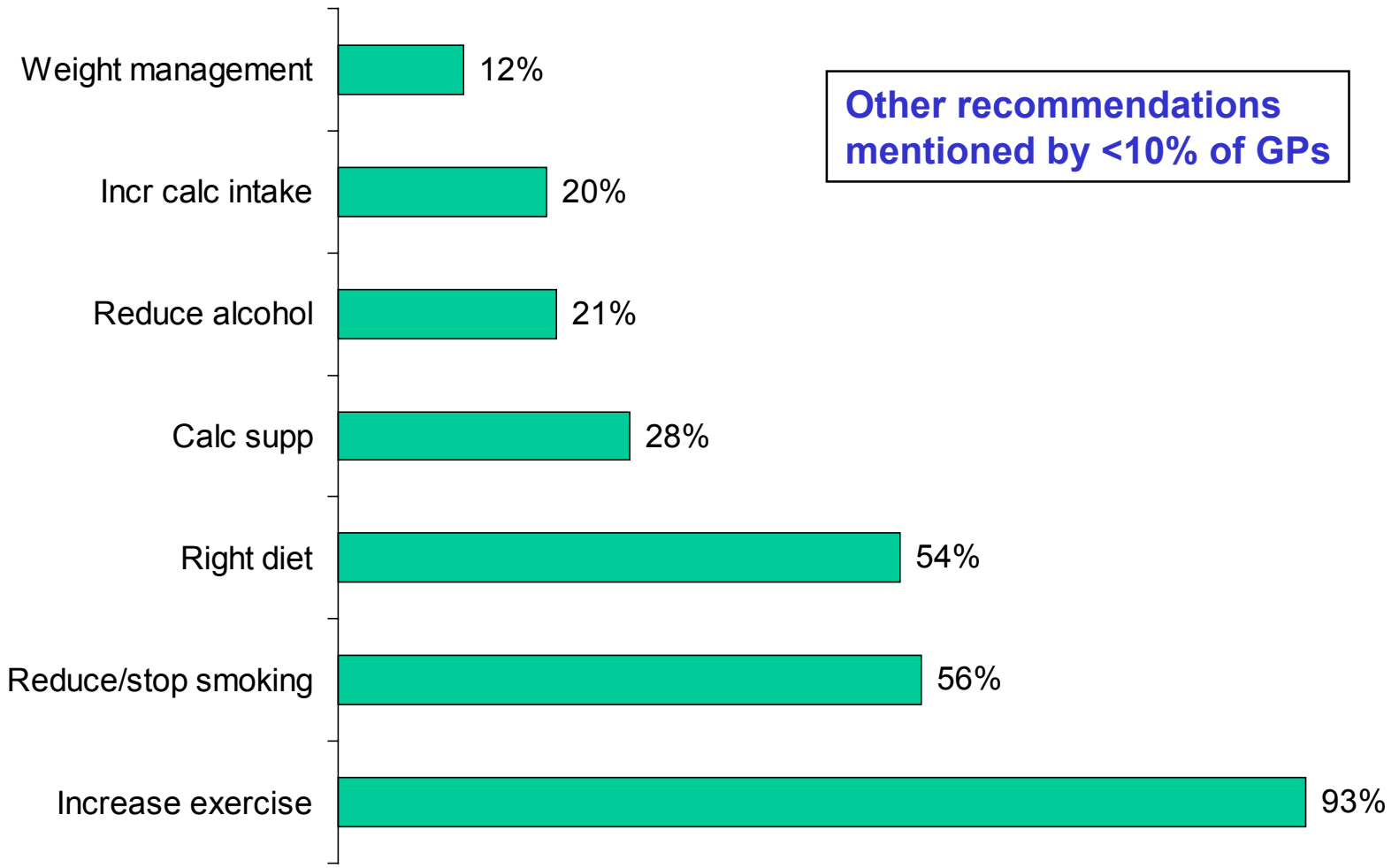
**^ Mentioned by 79% of doctors (vs. 62% across all countries)**

**\* Mentioned by 57% of doctors (vs. 78% across all countries)**

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

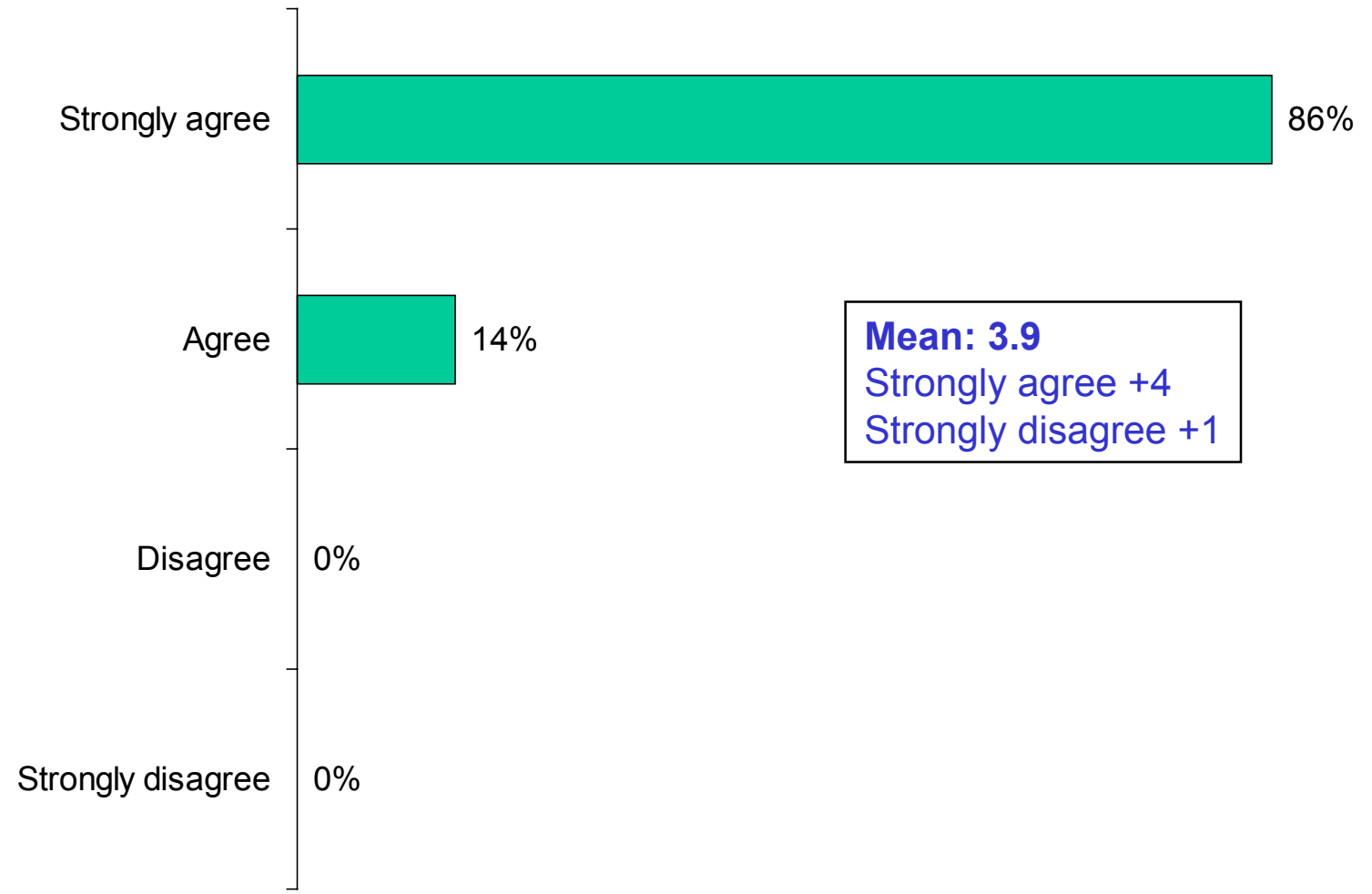
|  |            |
|--|------------|
| <b>Base: All GPs</b>                           | <b>101</b> |
| Women with family history of osteoporosis      | 96%        |
| Women with vertebral fracture                  | 95%        |
| Women with history of hip fracture             | 92%        |
| Women who are going through early menopause    | 92%        |
| Peri-menopausal women                          | 76%        |
| Asymptomatic postmenopausal women              | 73%        |
| Women at high risk of vertebral fracture       | 73%        |
| Women at high risk of hip fracture             | 73%        |
| Women at risk from developing cardiac problems | 55%        |
| Women at risk from developing breast problems  | 21%        |

# Q.25 Therapy/lifestyle recommendations suggest to women



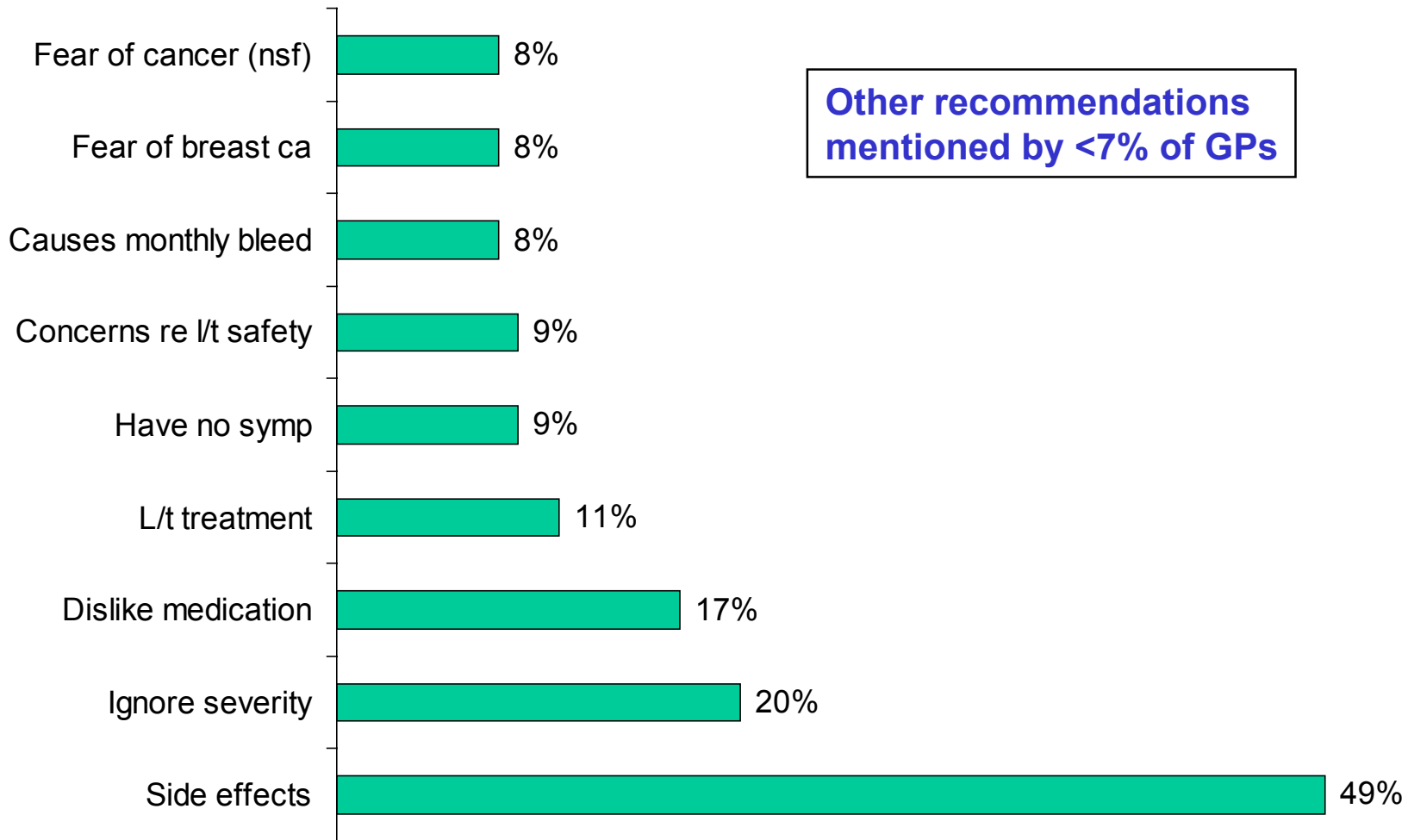
Base: All GPs (n=101)

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



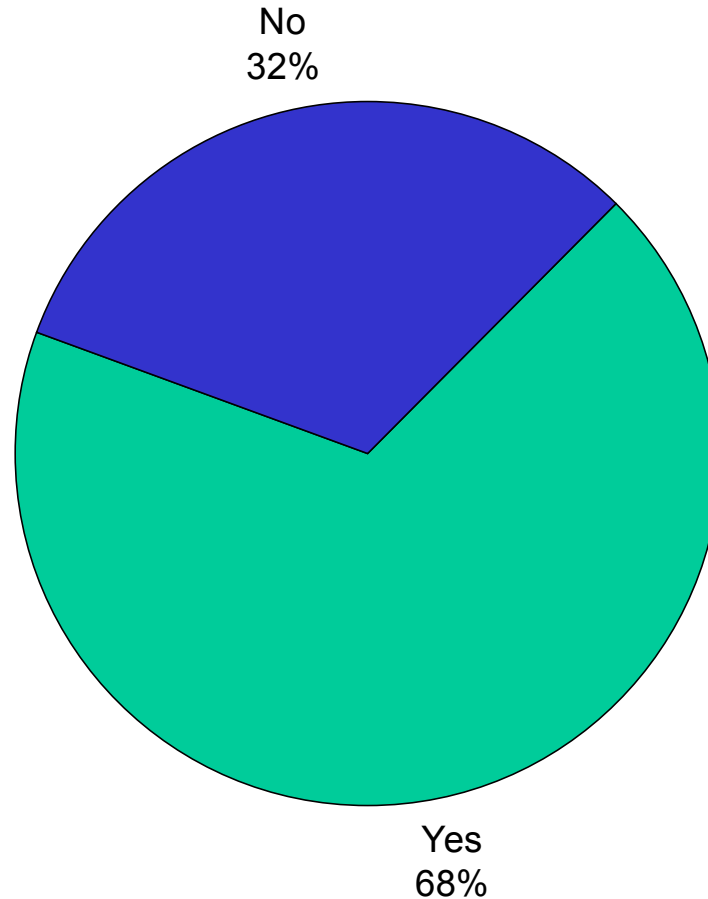
Base: All GPs (n=101)

## Q.27 Reasons for non-compliance



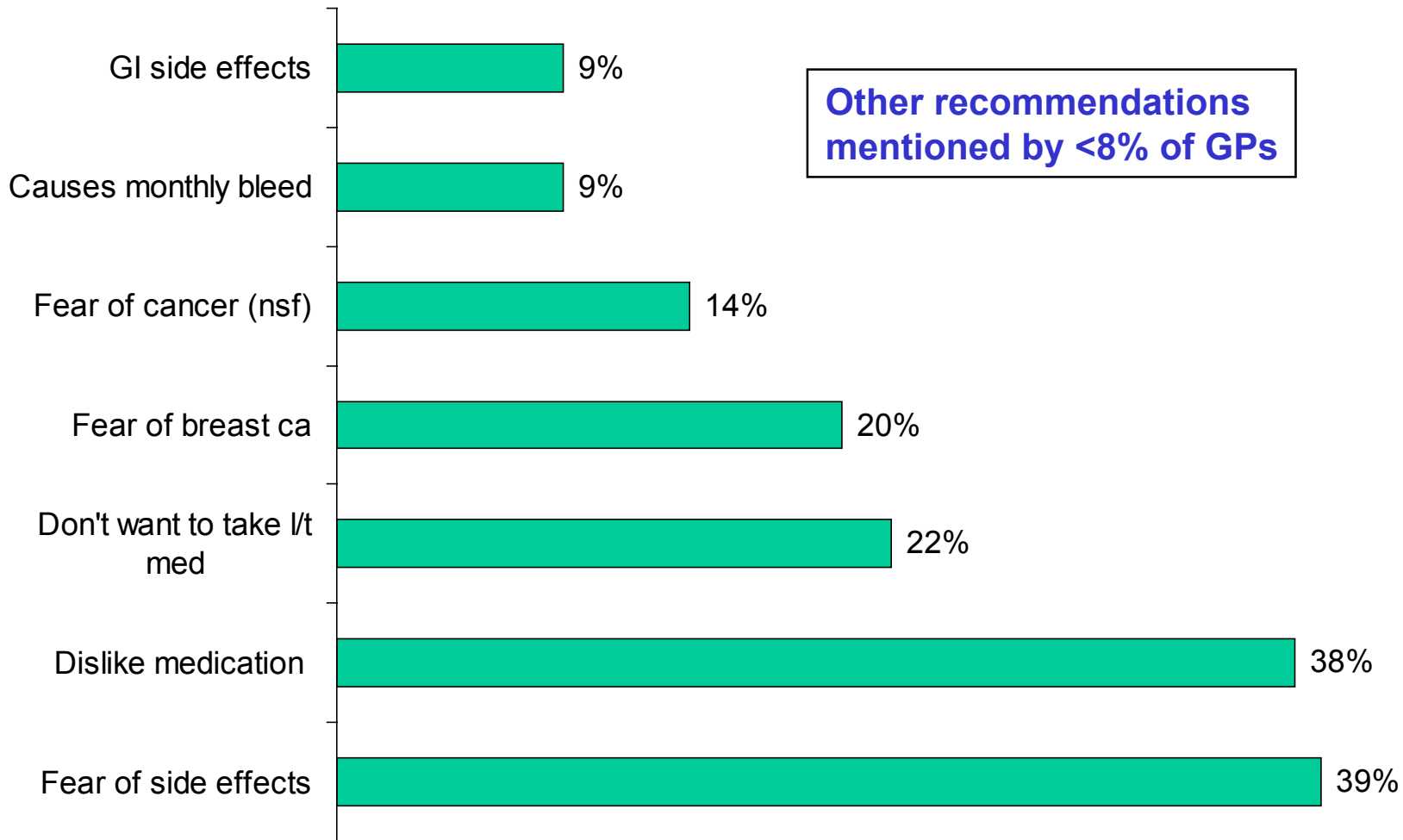
Base: All GPs (n=101)

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



Base: All GPs (n=101)

## Q.29 Reasons why patients refuse treatment



## Q.30 Agreement with statements

|   |            |
|---|------------|
| <b>Base: All GPs</b>  | <b>101</b> |
| Osteoporosis fractures are a maj. clinical problem  | 97%        |
| Our goal should be to prevent women from suffering a first fracture                               | 96%        |
| Osteoporosis should be viewed as a serious condition  | 96%        |
| The main aim of o/p management is to prevent fractures  | 96%        |
| It is often the case that o/p is not diagnosed until a woman presents with a fracture             | 94%        |
| The screening programme could be improved   | 91%        |
| If you prevent vertebral fractures you can stop secondary fractures                               | 79%        |
| Bone fragility is an inevitable factor in growing old   | 63%        |
| A medicine that can treat a disease is generally more effective than one that can just prevent it | 34%        |
| The screening programme for o/p is sufficiently w/spread  | 7%         |
| The screening programme for o/p is sufficiently funded  | 5%         |

## Summary

- v A third of the GPs said they ran menopause clinics in their surgery (vs. quarter across all countries) and <fifth said they ran osteoporosis clinics
- v On average the GPs had 813 postmenopausal women in their practice. This compares to an average of 903 across all countries surveyed
- v In terms of health concerns that GPs have for their postmenopausal women, >half spontaneously mentioned osteoporosis as their key concern, with the next most frequently mentioned health concern being heart (15%)
  - v more mentions of osteoporosis in U.K. compared to all doctors' (79% vs. 63%)

# Summary

- v When asked for all the health concerns they have with their postmenopausal patients, nearly 8/10 said osteoporosis, >half heart and <third hot flushes
- v A third of the GPs said they proactively approach health risk assessment. A similar number said they occasionally conduct health risk assessment. >quarter routinely conduct these and <tenth saying they never conduct assessments
- v Two-thirds of GPs feel that lack of time limits the amount of health status reviews conducted. The next most frequently mentioned reason was that patients don't request it (>tenth)
  - v across all countries surveyed only a fifth cited lack of time preventing them from conducting reviews

## Summary

- v >half the GPs defined “treatment” as starting medication when a woman is at a risk. <half defined it as starting medication when a woman has developed osteoporosis and a quarter starting medication when a woman has her first fracture
- v <two-thirds of GPs defined “prevention” as advising women on lifestyle adjustments to reduce risk. <half defined it as starting medication before the woman is at risk and >quarter as starting medication when woman is at risk but not suffered from fractures
- v Three-quarters of GPs felt that the most negative effect of osteoporosis was fracture/breaking a bone. A third felt it was the pain the women experience and >tenth the debilitation

## Summary

- v On average a third of postmenopausal women are rxd medication for treatment of osteoporosis - with a similar number receiving medication for treatment of the condition. This compares to 42% and 45% of women across all the countries surveyed
- v When asked what inhibits GPs from rxing medication for prevention, <third said this was because women aren't good at complying with preventative medicine. A similar number said cost makes it impossible to rx for everyone who is eligible. A quarter said side effects inhibit them

# Summary

- v The biggest challenge GPs feel they have when treating preventatively after the menopause was felt to be the patients' unwillingness to take long term medication (>quarter). A similar number felt it was the patients lack of understanding about the long term health risks with a quarter saying patients concerns about side effects

# Summary

- v >half the GPs claimed that rheumatologists would be the most likely type of physician to rx medication for patients with osteoporosis, followed by GPs and gynaecologists (37%)
- v 4 out of 10 GPs said that side effects affected their decision as to whether to rx long term medication. >third said compliance was a factor and >fifth patient preference

## Summary

- v Two-thirds of GPs said they did not think that women consulted them at an early enough stage
- v The most important feature of an osteoporosis product was felt to be tolerability (fifth) followed by convenience and increases BMD (>tenth)
- v When combining total mentions of important features, three-quarters of doctors said tolerability/compliance and >half efficacy/impact on BMD
- v When prompted on ideal candidates for preventative medication there was high agreement with (90%+) family history of osteoporosis, those with vertebral fracture, history of hip fracture and going through an early menopause. >half the GPs agreed that women at risk from developing cardiac problems would be ideal, whilst a fifth felt women at risk from developing breast problems would be ideal

## Summary

- v 9 out of 10 GPs recommend women should increase their exercise, whilst >half said they recommend they reduce/stop smoking and/or follow a correct diet
- v 86% of GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”
- v Half the GPs said that side effects was the main reason why women don’t comply with treatment. A fifth said that women ignore the severity of the condition
- v Two-thirds of GPs had experienced women refusing to take recommended osteoporosis treatment - the main reason for this was felt to be a fear of side effects or a dislike of medication (>third)

## Summary

- v Almost all the GPs agreed that “their goal should be to prevent first fractures”, “osteoporosis should be viewed as a serious condition”, “the main aim of management is to prevent fractures” and “fractures are a major clinical problem”
- v 9 out of 10 GPs feel that the screening programme could be improved
- v 8 out of 10 GPs believe that if you can prevent vertebral fractures you can stop secondary fractures
- v 6 out of 10 GPs felt that bone fragility was an inevitable part of the ageing process
- v 93% of GPs do not think that the osteoporosis programme is sufficiently widespread and 95% do not believe it to be sufficiently funded

# Conclusions and Recommendations

# Awareness

# Awareness

- v 9 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 67% of sufferers were not aware that they had the disease prior to diagnosis
- v 96% of doctors think that osteoporosis should be viewed as a serious condition
- v 97% of doctors feel that osteoporosis fractures are a major clinical problem
- v Three-quarters of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
- v However only a quarter of postmenopausal women stated they were concerned about the disease

# Awareness

- v Only 16% of the women had discussed osteoporosis with a doctor and of these, only one of the women said the doctor initiated the discussion
- v Half 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 none of the women feel they are very likely to develop the condition and only a fifth 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 not willing to take long term medication, or their lack of understanding of the long term health risks/concerns over side effects
  - 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 a reduced quality of life or fear of next fracture/fall, two-thirds with a loss of height, long term pain or increased risk of further fractures and >half associate it with an inability to live an independent life or loss of self esteem
- v Of the women with osteoporosis, 92% stated that it had impacted on their quality of life (can't go for long walks, back pain)
- v Three-quarters 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 32% of postmenopausal women on medication for treatment (vs. 16% 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, a third of women were identified as suffering from the disease
- v If screening identifies the disease - why have none of the patients been recommended screening by their own doctor?
- v 9 out of 10 doctors believe the screening programme should be improved
- v 9 out of 10 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 3% said ‘screening when a patient reaches the menopause’
- v Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- v Four-fifths 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 Two-thirds of doctors feel that women do NOT consult at an early enough stage

# Screening

- v **The screening service clearly needs to be improved and promoted**
  - v screening should take place earlier, leading to earlier diagnosis
  - v this will lead to long term prevention of fractures
- v Three-quarters 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 33% of postmenopausal women are on preventative medicine
- v Over half the doctors defined prevention as giving lifestyle advice rather than rxing medication
- v A third of osteoporosis sufferers are NOT on 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 Two-thirds of doctors have experienced patients refusing to take long term preventative medicine, mainly because of a fear of side effects or they dislike taking 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 None of the women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- v However, doctors estimated that 33% of their postmenopausal women patients are on preventative medication and 32% 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, over 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 4% indicated that osteoporosis can be prevented by the use of specific osteoporosis medications**

# Prescribing Inhibitors

# Prescribing inhibitors

- v A third of doctors say lack of compliance and cost are the key inhibitors for rxing preventative medication
- v 29% of doctors think that the biggest challenge they face patients' unwillingness to take long term medication or their lack of understanding of long term health risks, followed by concern about side effects
- v A quarter of doctors said a drug's side effect profile affects their rxing decisions,
- v This in turn leads to an average of 68% of patients NOT being rxd medication for the treatment of osteoporosis and 67% NOT being prescribed preventative medicine
- v Two-thirds of doctors have experienced patients refusing to take long term medication

## Prescribing inhibitors

- v Half the doctors cite side effects as the key reason for non-compliance, followed by the fact that patients are ignoring the severity of the disease
- 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