

## Osteoporosis: The Inside Story

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# Up to 50% of Osteoporosis Patients Stop Their Treatment.<sup>1,2,3</sup> *Do you know why?*

“Doctors managing osteoporosis are faced with a serious problem. Although we have the means and medication to effectively manage this common condition, up to half of our patients stop their treatment after only a year, leaving them susceptible to fractures and increasing their risk of death. Discussing adherence solutions with patients will not only improve clinical outcomes, it will also reduce the number of repeat appointments and minimise the financial burden of fractures.”

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Although evidence suggests many osteoporosis patients stop taking their medication, research shows over half of doctors (60%) are unsure exactly why their patients discontinue treatment.<sup>4</sup> Encouraging patients to talk about their osteoporosis management and establishing a strong partnership may help patients to feel more in control of their disease. Whether at first diagnosis or in consultation with existing patients, proactively raising the topic of adherence will help patients feel comfortable discussing this issue and encourage them to talk about why they may find staying on treatment a challenge.

When a patient has information about their treatment, they are more likely to be adherent. When prescribing medication, it is worthwhile advising patients on how long to take their treatment, possible side-effects and when they are likely to experience treatment benefits.

Taking steps to increase adherence rates will decrease fracture incidence, reduce appointment times and minimise the financial burden caused by wasted medication and the cost of treating fractures.

Research shows there are a number of common reasons why patients stop taking their medication. Talking to your patients about these contributing factors is a good way to initiate a conversation around adherence difficulties and identify which of your osteoporosis patients may be having trouble staying on treatment.

## PATIENT INSIGHTS

The underlying causes of non-adherence

### 1. "My medicine isn't compatible with my lifestyle"

- Two thirds of women say their osteoporosis medication interferes with their lives in some way<sup>5</sup>
- Of those who miss or stop their treatment:<sup>5</sup>
  - 40% have to have breakfast at a different time on treatment days
  - 31% have to get up earlier on treatment days
  - 47% are more likely to take a medication that interferes less with their lifestyle

### 2. "I have to put up with frequent side-effects"

- 21% of women who miss or stop their treatment say this is due to the side-effects<sup>5</sup>

### 3. "I find it hard to take so many tablets at the same time"

- 18% of women miss or stop their treatment because they have too many medications to take<sup>5</sup>
- 87% of women who stop taking their osteoporosis treatment still keep taking their other medication<sup>4</sup>

### 4. "I'm not sure if my medicine is really working"

- 75% of women say they don't know for certain if their treatment is working or not<sup>5</sup>
- 11% of women miss or stop their treatment because they can't see the benefits<sup>5</sup>

### 5. "I would have preferred to talk about the treatment options available to me"

- Only half of women feel involved in decisions taken about their treatment<sup>5</sup>
- Taking account of patients' preferences and beliefs improves adherence<sup>6</sup>

### 6. "I broke a bone whilst I was taking my treatment"

- Many women who experience a fracture lose faith in taking medication
- It is important for women to stay on treatment long-term in order to experience the benefits of their medication<sup>7</sup>

### 7. "I don't like taking medication; I'd rather take a natural remedy instead"

- Some patients need reassurance before taking long-term medication
- Medical treatments for osteoporosis have been shown to reduce the risk of fractures by over 50%<sup>8</sup>

## KEY POINTS FOR DOCTORS

Suggested opening questions

### Question 1

*Do you find taking your osteoporosis medicine makes it more difficult to do the things you would like to do?*

### Question 2

- Do you find you get side-effects after taking your medicine?*
- How much do these side-effects affect your day-to-day life?*

### Question 3

- Do you find having more than one medicine to take can be difficult?*
- Would it be helpful if you had fewer medicines to take?*

### Question 4

- Do you know how your medicine is helping protect your bones?*
- Do you know how effective your treatment is at protecting you from broken bones?*

### Question 5

*Is there any more information I can give you about your medicine?*

### Question 6

*Do you know how long you need to stay on treatment to protect your bones?*

### Question 7

*Do you know medical treatments can help protect your bones from fracture?*

**References** 1. Reginster JY et al. Adherence to anti-osteoporotic treatment: Does it really matter? *Future Rheumatol.* 2006; 1 (1): 37-40 2. Cramer J et al. Does dosing regimen impact persistence with bisphosphonate therapy among postmenopausal osteoporotic women? *JBM* 2004; 19 Suppl 1: S448 3. Ettinger MP et al. Medication persistence is improved with less frequent dosing of bisphosphonates, but remains inadequate. *Arthritis Rheum.* 2004; 50 Suppl 1: S513 4. IPSOS Health. European Survey of Physicians and Women with Osteoporosis. January – April 2005. Sponsored by Roche/GSK 5. Survey of 1500 PMO patients across Europe, research conducted by QiQ International Ltd, 2007. Sponsored by Roche/GSK 6. Unson CG et al. Non-adherence and osteoporosis treatment preferences of older women: a qualitative study. *J Women's Health* 2003; 12 (10): 1037-45 7. McCombs JS et al. Compliance with drug therapies for the treatment and prevention of osteoporosis. *Maturitas* 2004; 48: 27 -287 8. Delmas PD et al. Treatment of patients with postmenopausal osteoporosis is worthwhile. *Osteoporosis Int.* 2005; 16: 1–5

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There are many medically-proven treatments for osteoporosis. The International Osteoporosis Foundation (IOF) does not endorse or recommend any specific treatment. Such decisions must be made by the physician and patient.

