‘How Fragile Is her Future?’ Research
Italy

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

Across all countries in the survey an average of 25% said they were 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

Mean: 12 times vs. average of 6.5 times across all countries

Base: All female respondents aged 41+ and been through menopause (n=50)
Q.6 Key health concerns (spont)

- Heart/cv disease: 50%
- Bone/osteoporosis: 34%
- Cancer (nsf): 34%
- Breast cancer: 14%
- Ovarian cancer: 8%
- CNS: 4%
- Diabetes: 2%
- None: 16%

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=42)
### Q.8 Current activities to improve/maintain long-term health

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat healthily</td>
<td>74%</td>
</tr>
<tr>
<td>Exercise</td>
<td>58%</td>
</tr>
<tr>
<td>Drink water</td>
<td>36%</td>
</tr>
<tr>
<td>Vitamins</td>
<td>16%</td>
</tr>
<tr>
<td>Calc. supp</td>
<td>10%</td>
</tr>
<tr>
<td>O/p med</td>
<td>10%</td>
</tr>
<tr>
<td>Take med</td>
<td>8%</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>6%</td>
</tr>
<tr>
<td>Herbal remedies</td>
<td>4%</td>
</tr>
<tr>
<td>Nothing</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Other activities mentioned by individual respondents**

In total 24% mentioned vitamins/supplements etc. and 84% ate healthily/exercised.

**Base:** All female respondents aged 41+ and been through menopause (n=50)
Q.9 Diseases screened for over last 5 years

- Osteoporosis: 34%
- High Cholesterol: 30%
- Heart disease: 24%
- Breast cancer: 18%
- Diabetes: 8%
- RA: 4%
- Smear: 8%
- Cancer (nsf): 8%
- None: 18%

Other conditions mentioned by individual respondents

Across all countries, 20% of women had been screened for osteoporosis

Base: All female respondents aged 41+ and been through menopause (n=50)
Q.10 Whether been screened for osteoporosis

- Yes: 18%
- No: 79%
- DK: 3%

Base: Respondents who do not spontaneously mention they have been screened for osteoporosis (n=33)

Q.11 Reasons for being screened for osteoporosis

- At risk as post-menopausal: 13
- Asked to be screened: 9
- Suffered from fracture: 1
- Family history of o/p: 1
- Suffer pain in back: 1
- Regular check-up: 1
- Pain in legs: 1
- Hysterectomy: 1

Base: 23
Q.12 Awareness of Osteoporosis Screening Programme

Base: Respondents who have not been screened for osteoporosis (n=27)

Across all countries a total of 35% of women were aware of the programme.

- Yes: 48%
- No: 52%
Q.13 Associations of long-term health risks associated with osteoporosis (prompted)

Base: Postmenopausal women aged 41+

Increased risk of further fractures: 70%
Long term pain: 44%
Reduced quality of life: 30%
Fear of next fracture/fall: 16%
Loss of height: 10%
Inability to live independent life: 8%
Loss of self esteem: 4%
None of the above: 10%
Q.14 Proportion suspected osteoporosis prior to diagnosis

Base: Osteoporosis Sufferers (n=16)
Q.15a Impact osteoporosis has had on quality of life

**Base: Osteoporosis sufferers 16**

- Cannot lift heavy weights 5
- Back pain 4
- I worry about the future 2
- Live in fear of breaking bone 2
- None 6
- Don’t know 1
Q.15b Whether suffered from a fracture caused by osteoporosis

The respondent who had suffered from a fracture felt that it had taken her 1-3 weeks to recover.

Base: Osteoporosis sufferers (n=16)
Q.16 Whether aware at risk from osteoporosis prior to diagnosis

Base: Osteoporosis sufferers (n=16)
Q.17a Precautions would have taken if knew were at risk

- Lifestyle changes: 1
- Vitamins: 2
- Exercise: 6
- Med for prevention: 6
- Calc supp: 9

Base: Osteoporosis sufferers unaware at risk of osteoporosis (n=13)
Q.17b One thing sufferers would tell other women about osteoporosis

- Screened for o/p: 10
- Take prev med: 7
- Exercise: 7
- Calc supp: 5
- O/p med: 4
- Drink water: 1
- Don't give in: 1
- Watch diet: 1

Base: Osteoporosis sufferers (n=16)
Q.18 Likelihood of developing osteoporosis

- Very likely: 6%
- Fairly likely: 41%
- Not very likely: 35%
- Not at all likely: 15%
- Don't know: 3%

Mean: 2.4
- Very likely +4
- Not at all likely +1

Base: Non-osteoporosis sufferers (n=34)
Q.19 Degree of concern about long-term health risks of osteoporosis

Very concerned: 4%
Fairly concerned: 26%
Not very concerned: 48%
Not at all concerned: 22%

Mean: 2.1 vs. 2.5 amongst all women
Very concerned +4
Not at all concerned +1

Base: All female respondents aged 41+ and been through menopause (n=50)
Whether discussed osteoporosis with doctor

Q.20 Whether discussed osteoporosis with doctor

- Yes: 64%
- No: 34%
- DK/NA: 2%

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

Q.21 Reasons for discussing osteoporosis with a doctor

- Read/heard about o/p: 47%
- Doctor initiated discussion: 28%
- Dr. init as post-menopausal: 22%
- Thought was at risk: 19%
- General check-up: 6%
- Already had fracture: 3%
- Felt was at risk of hip fracture: 3%
- Suffer from osteoporosis: 3%
- Don’t know: 3%

Base: 32
Q.22 Whether discussed long-term health risks of osteoporosis with doctor

- Yes: 50%
- No: 44%
- DK: 6%

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

- Doctor didn’t raise it: 8
- Not really aware of o/p: 4
- Don’t want to think about risks: 2
- Lack of time with doctor: 1
- Got too many other problems: 1
- Inevitable sign of ageing: 1

Base: Respondents who have discussed osteoporosis with their doctor (n=32)
Q.24 Extent of agreement that osteoporosis can be prevented

- Strongly agree: 48%
- Tend to agree: 44%
- Tend to disagree: 4%
- Strongly disagree: 2%
- Don't know: 2%

Mean: 3.4
- Strongly agree +4
- Strongly disagree +1

No difference in agreement between sufferers vs. non

Base: All female respondents aged 41+ and been through menopause (n=50)
Q.25 Best ways of preventing osteoporosis

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: Respondents who agree osteoporosis can be prevented</td>
<td>46%</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>65%</td>
</tr>
<tr>
<td>Healthy diet *</td>
<td>65%</td>
</tr>
<tr>
<td>Calcium supplements *</td>
<td>50%</td>
</tr>
<tr>
<td>Using specific osteoporosis treatment</td>
<td>11%</td>
</tr>
<tr>
<td>HRT</td>
<td>9%</td>
</tr>
<tr>
<td>Use phytoestrogens</td>
<td>7%</td>
</tr>
<tr>
<td>Reduce activity</td>
<td>7%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>11%</td>
</tr>
</tbody>
</table>

* Mentioned by 80% of women vs. average of 67% across all countries
Q.26 Therapy options doctor has discussed in relation to osteoporosis

Base: Respondents who have discussed osteoporosis with their doctor (n=32)
Q.27 Whether currently taking medication for osteoporosis/hormonal problems

Across all the women in the survey a total of 62% said they were not currently taking medication.

Base: All female respondents aged 41+ and been through menopause (n=50)
Q.28 Why sufferers are currently not on medication

- Inconvenient: 1
- Fear of breast ca: 1
- Products don't work: 1
- Fear of s/e: 2
- Dr has not rxd: 3
- Don't want to take med: 6

Base: All osteoporosis sufferers not currently on medication (n=11)
Q.29 Whether consider taking long-term prevention therapy for osteoporosis on dr. recommendation

- Yes: 76%
- No: 20%
- DK: 4%

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

Base: Respondents on long-term prevention

- Side effects: 61%
- If they didn’t work: 35%
- Don’t want to take l/t med: 20%
- Inconvenient to take: 4%
- Concerns over breast ca: 4%
- Concerns over risk of ca (nsf): 4%
- Previous bad experience: 2%
- Nothing: 6%

Base: Respondents not taking long-term prevention of osteoporosis (n=49)
Q.31 Products ever used for the prevention/treatment of osteoporosis

Of the 5 respondents who have ever used a treatment, 1 was currently on Climesse, 1 Livial and the other 3 said they did not know.

Base: All female respondents aged 41+ and been through menopause (n=50)
**Q.33 Agreement with statements**

**Base: Postmenopausal women aged 41+**

- It is very important to effectively prevent osteoporosis: 94%
- Osteoporosis should be viewed as a serious condition: 90%
- It is very important to effectively prevent spinal fractures: 90%
- I would like to be/wish I had been screened for osteoporosis: 82%
- Getting fragile bones is is part of the ageing process: 76%
- If I had a vertebral fracture I am sure I would know about it: 68%
- I am concerned about the l/t risk to my health of taking HRT: 64%
- Osteoporosis is not a life-threatening condition: 64%
- Drs generally have enough resources to effectively manage o./p: 60%
- If you can prevent/treat vertebral fracture you can prevent hip: 58%
- I feel I have enough information/knowledge on o/p: 56%
- A medicine that can treat a disease is generally more effective than one that can just prevent it: 52%
- I wish I had taken medication earlier to prevent o/p: 46%
- Drs in this country do not seem to take o/p seriously enough: 42%
Summary
Summary

• The average age of the women taking part in the survey was 59 of whom 32% were suffering from osteoporosis. This compares with an overall incidence of osteoporosis across all countries surveyed of 25%.

• On average the women had visited their GP 12 times in the last year, compared with an average of 6.5 visits across all countries.

• The women’s main health concern was heart disease, mentioned by half of the respondents. A third of women said they were concerned about osteoporosis or cancer.

• In terms of the one main health concern women have, 4 out of 10 women cited this to be cancer, a quarter heart disease and <fifth osteoporosis.
Three-quarters of women said that they ate healthily to improve or maintain long term health. >half said they exercised and a third said drink lots of water.

In total a quarter of women said they used vitamins/supplements/medication to improve or maintain long term health.

<half the women said they had been screened for osteoporosis – much higher than that reported across all countries (third).

The majority of women said they asked the doctor to be screened because they were at risk as post-menopausal, with no mentions of being recommended to by their doctor.
Summary

- Of those who had not been screened, less than half were aware that there was a screening programme – higher than the average across all countries at a third.

- The key things women associate with osteoporosis are increased risk of further fractures (70%), long term pain (44%) and a third mentioning reduced quality of life.

- A fifth of women suspected they were suffering from osteoporosis prior to diagnosis.

- Two-thirds of sufferers said that the disease had a major impact on the quality of their life, with the main impact being the fact that they cannot lift heavy weights or suffer back pain.
Summary

- A fifth of the osteoporosis sufferers said they knew they were at risk of the disease prior to diagnosis.
- 9 of the 13 women said they would have taken calcium supplements if they had known they were at risk of osteoporosis, with a further 6 women saying they would have taken medication for prevention.
- 10 of the 16 women sufferers said they would suggest to other women that they should be screened and 7 of the 16 said they would recommend that they went on preventative medication or exercise. Only 4 women said they would recommend they take specific osteoporosis medication.
- <half the women said they felt they were likely to develop osteoporosis in the future and <third of women were concerned about the long term health risks of the disease.
Summary

- Two thirds of the women had discussed osteoporosis with a doctor (cf average of 44% across all countries)
- Of those that had discussed osteoporosis with a doctor, <half had read/heard about it and <third said the doctor had initiated the discussion and >one fifth the Dr had initiated the discussion as they were post menopausal
- Half the women who had discussed the disease with a doctor went on to discuss the long term health risks
- 92% of the women believed that osteoporosis can be prevented, with the best way of preventing being Vitamin D or a healthy diet (both two thirds) In total 80% mentioned some form of dietary improvement/calcium supplement compared with an average of 67% across all countries
Summary

- Of the women who have discussed osteoporosis with a doctor, half could not remember discussing therapy options.
- In total, three quarters of postmenopausal women were not currently taking medication for osteoporosis/hormonal problems, with only 10% on treatment and 2% on prevention of.
- 76% of women would consider taking long-term preventative therapy if recommended by their doctor, with side effects being the main concern that they would have (less than two thirds).
Summary

- 9 out of 10 women believed it was important to effectively prevent osteoporosis, that osteoporosis should be viewed as a serious decision and it is important to prevent spinal fractures.
- 8 out of 10 wish they had been/would like to be screened for osteoporosis.
- Three-quarters agreed that fragile bones are an inevitable part of the ageing process.
- 7 out of 10 felt they would know if they had a vertebral fracture.
- Two-thirds of women said they were concerned about the long term health risks of taking HRT.
- 3 out of 10 women said that osteoporosis was a life-threatening condition.
- 4 out of 10 women did not feel that doctors have enough resources to effectively manage osteoporosis.
Summary

- 4 out of 10 women do not feel they have enough information on the disease
- 5 out of 10 women wished they had taken medication earlier to prevent osteoporosis
- 6 out of 10 women do not feel that doctors take osteoporosis seriously enough
“PR” Research
Italy GPs

Prepared for:

Cohn & Wolfe
Across all countries surveyed 23% of doctors ran menopause clinics and 20% osteoporosis

Base: GPs aged <65 (n=100)
Q.3 Number post-menopausal women in practice

Don't know: 11%
501-1,000: 1%
301-500: 14%
201-300: 24%
101-200: 24%
<100: 26%

Average number patients: 216 vs. 903 for all doctors

Base: GPs aged <65 (n=100)
Q.4 Key health concern discussed

- Heart/cv 6%
- Painful bones 7%
- Arthritis 8%
- Hot flushes 14%
- Hypertension 17%
- Bone/osteoporosis 35%

Base: GPs aged <65 (n=100)
Q.4/5 Total mentions of health concern

Across all countries a total of 63% of doctors said osteoporosis

Base: GPs aged <65 (n=100)
Q.6 Approach to health risk assessment

Across all countries 22% of doctors proactively approached assessments

Base: GPs aged <65 (n=100)
## Q.7 Limiters on health status reviews

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients don’t request this</td>
<td>26%</td>
</tr>
<tr>
<td>Lack of time</td>
<td>18%</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>11%</td>
</tr>
<tr>
<td>Reimbursement/lack of funding</td>
<td>10%</td>
</tr>
<tr>
<td>Don’t have the facilities</td>
<td>9%</td>
</tr>
<tr>
<td>That’s the role of the patient</td>
<td>9%</td>
</tr>
<tr>
<td>Not a priority</td>
<td>3%</td>
</tr>
<tr>
<td>Nothing</td>
<td>4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Base:** All GPs 100

Other specify responses to be added
Q.8a Definition of treatment

Base: All GPs

Starting medication when woman is at risk 53%
Starting medication when woman has developed o/p 15%
Stopping bone loss 5%
Starting medication when woman has first fracture 2%
Radiological evidence 2%
Starting medication when a woman has experienced 1st fracture 2%
Q.8b Definition of prevention

Base: All GPs 100

Starting medication before the woman is at risk 42%
Advising women on how to make lifestyle adjustments 27%
Screening patients when they reach the menopause 10%
Starting medication when a woman is at risk but has not yet suffered from a fracture 9%
Don’t know 1%

Across all doctors surveyed 45% said lifestyle adjustments and 33% before the woman is at risk
Q.9 Most negative effects of osteoporosis

<table>
<thead>
<tr>
<th>Effect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture/breaking a bone</td>
<td>70%</td>
</tr>
<tr>
<td>Pain</td>
<td>37%</td>
</tr>
<tr>
<td>Debilitation</td>
<td>8%</td>
</tr>
<tr>
<td>Curvature of spine</td>
<td>5%</td>
</tr>
<tr>
<td>Lack of independence</td>
<td>2%</td>
</tr>
<tr>
<td>Effect on lifestyle</td>
<td>2%</td>
</tr>
<tr>
<td>Loss of bone mass</td>
<td>2%</td>
</tr>
</tbody>
</table>

Other responses mentioned on individual basis
Q. 10% patients rx'd medication for treatment of osteoporosis

Average: 49%

Base: GPs aged <65 (n=100)
Q.11 % patients rx'd medication for treatment of osteoporosis

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>4%</td>
</tr>
<tr>
<td>1 to 9</td>
<td>11%</td>
</tr>
<tr>
<td>10 to 19</td>
<td>9%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>11%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>7%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>1%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>11%</td>
</tr>
<tr>
<td>60 to 69</td>
<td>7%</td>
</tr>
<tr>
<td>70 to 79</td>
<td>9%</td>
</tr>
<tr>
<td>80 to 89</td>
<td>24%</td>
</tr>
<tr>
<td>90%+</td>
<td>6%</td>
</tr>
</tbody>
</table>

Base: GPs aged <65 (n=100)

Average: 52% vs. 45% of ‘all doctors’
Q.12a Inhibitors of rxing medication for prevention

Base: All GPs 100
None 36%
Cost 25%
Women are not good at complying with preventative medicine 18%
Side effects 10%

Other points mentioned by <5% of GPs
Q.12b Biggest challenge when treating preventatively after menopause

**Base: All GPs**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost: Unable to prescribe unless patient suffers fracture</td>
<td>35%</td>
</tr>
<tr>
<td>Patients lack of understanding of l/t health risks</td>
<td>25%</td>
</tr>
<tr>
<td>Patients unwillingness to take l/t medication</td>
<td>9%</td>
</tr>
<tr>
<td>Patients concern about side effects</td>
<td>6%</td>
</tr>
<tr>
<td>Patients lack of knowledge of therapy options</td>
<td>6%</td>
</tr>
<tr>
<td>Patients lack of concern about l/t health risks</td>
<td>3%</td>
</tr>
<tr>
<td>Patient education</td>
<td>5%</td>
</tr>
<tr>
<td>Compliance</td>
<td>3%</td>
</tr>
<tr>
<td>Patients lack of concern about l/t health risks</td>
<td>3%</td>
</tr>
<tr>
<td>Shortage of time for discussions</td>
<td>3%</td>
</tr>
<tr>
<td>None</td>
<td>15%</td>
</tr>
</tbody>
</table>
Q.19 Physicians most likely to rx medication for osteoporosis

- Rheum: 17%
- Gynae: 62%
- Orthopaedist: 65%
- GP: 78%

Other physician types mentioned by <10% of GPs

Base: All GPs (n=100)
Q.20 Factors affecting decision to rx long term medication

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base: All GPs</td>
<td>100</td>
</tr>
<tr>
<td>Cost</td>
<td>41%</td>
</tr>
<tr>
<td>Seriousness of condition</td>
<td>21%</td>
</tr>
<tr>
<td>Compliance</td>
<td>20%</td>
</tr>
<tr>
<td>Side effects</td>
<td>10%</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>9%</td>
</tr>
<tr>
<td>Well tolerated</td>
<td>8%</td>
</tr>
<tr>
<td>Patients Age</td>
<td>7%</td>
</tr>
</tbody>
</table>
Q.21 Whether women consult at early enough stage

- Yes: 37%
- No: 62%
- DK: 1%

Base: All GPs (n=100)
Q.22 Most important feature of osteoporosis product

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td>33%</td>
</tr>
<tr>
<td>Increases BMD</td>
<td>20%</td>
</tr>
<tr>
<td>Tolerability</td>
<td>11%</td>
</tr>
<tr>
<td>Reduces bone turnover</td>
<td>7%</td>
</tr>
<tr>
<td>Stops fractures</td>
<td>6%</td>
</tr>
<tr>
<td>Cost effective</td>
<td>6%</td>
</tr>
<tr>
<td>Prevents Pain</td>
<td>5%</td>
</tr>
<tr>
<td>Prevention of further fractures</td>
<td>4%</td>
</tr>
<tr>
<td>Reduces calcium loss</td>
<td>4%</td>
</tr>
<tr>
<td>Convenient to take</td>
<td>2%</td>
</tr>
<tr>
<td>Has no long term safety risks</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: All GPs 100
Q.22/23 Important feature of osteoporosis product

Base: All GPs 100
Efficacy * 44%
Tolerability ^ 43%
Increases BMD * 32%
Cost effective 17%
Convenient to take ^ 16%
Prevents Pain 13%
Reduces bone turnover * 8%
Stops fractures * 8%
Prevention of further fractures * 7%
Has no GI side effects ^ 6%
Reduce Calcium loss * 5%

* Mentioned by 86% of GPs vs. aver 78% across all countries
^ Mentioned by 54% of GPs
Q.24 Ideal candidates for preventative medication (prompted)

Base: All GPs 100

Women with vertebral fracture 98%
Women at high risk of vertebral fracture 95%
Women going through early menopause 92%
Women with family history of osteoporosis 91%
Women at high risk of hip fracture 90%
Women with history of hip fracture 89%
Asymptomatic postmenopausal women 71%
Peri-menopausal women 47%
Women at risk from developing cardiac problems 33%
Women at risk from developing breast problems 27%
Q.25 Therapy/lifestyle recommendations suggest to women

- Sunlight: 18%
- Calc supp: 22%
- Incr calc intake: 23%
- Right diet: 62%
- Incr exercise: 91%

Other recommendations mentioned by <10% of GPs

Base: All GPs (n=100)
Q.26 Extent of agreement “Compliance is an important factor in drug’s efficacy”

- **Strongly agree**: 75%
- **Agree**: 22%
- **Disagree**: 2%
- **Strongly disagree**: 1%

**Mean**: 3.7
- Strongly agree +4
- Strongly disagree +1

*Base: All GPs (n=100)*
Q.27 Reasons for non-compliance

- Ignore severity: 26%
- Cost of treatment: 23%
- L/t treatment: 21%
- Do not see benefits: 10%
- Side effects: 11%
- Lack of knowledge: 9%
- Have no symptoms: 9%
- Inconvenient to take: 8%
- Lack of compliance: 8%

*Other recommendations mentioned by <7% of GPs*

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

- Cost: 40%
- GI side effects: 18%
- Not working: 16%
- Dislike med: 15%
- Don't want l/t med: 13%
- Fear of side effects: 9%
- Ignorance: 6%
- Not experiencing symptoms: 6%
- Unaware of consequences: 6%

Base: Doctors whose patients have refused recommended medication (n=67)
### Q.30 Agreement with statements

**Base: All GPs**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The main aim of o/p management is to prevent fractures</td>
<td>99%</td>
</tr>
<tr>
<td>Our goal should be to prevent women suffering first fracture</td>
<td>98%</td>
</tr>
<tr>
<td>Osteoporosis fractures are a maj. clinical problem</td>
<td>97%</td>
</tr>
<tr>
<td>The screening programme for osteoporosis could be improved</td>
<td>96%</td>
</tr>
<tr>
<td>Osteoporosis should be viewed as a serious condition</td>
<td>95%</td>
</tr>
<tr>
<td>If you can prevent vert. fractures you can stop secondary frac.</td>
<td>90%</td>
</tr>
<tr>
<td>It is often the case that o/p is not diagnosed until a woman presents</td>
<td>73%</td>
</tr>
<tr>
<td>with a fracture</td>
<td></td>
</tr>
<tr>
<td>Bone fragility is an inevitable factor in growing old</td>
<td>71%</td>
</tr>
<tr>
<td>A medicine that can treat a disease is generally more effective</td>
<td>45%</td>
</tr>
<tr>
<td>than one that can just prevent</td>
<td></td>
</tr>
<tr>
<td>The screening programme for o/p is sufficiently w/spread</td>
<td>23%</td>
</tr>
<tr>
<td>The screening programme for o/p is sufficiently funded</td>
<td>5%</td>
</tr>
</tbody>
</table>
Summary

- None of the GPs held menopause clinics in their surgery (vs. average of 23% across all countries surveyed) and only one doctor ran an osteoporosis clinic (vs. average of 20%)
- On average the GPs estimated they had 216 postmenopausal women in their practice. This compares to an average across all countries of 903
- The **one** key health concern the doctors have for their postmenopausal women is osteoporosis (one third), with the next most frequently mentioned main concern being hypertension (**fifth**)  
- When looking at all health concerns for postmenopausal women, almost three-quarters stated osteoporosis, **half** hypertension and >quarter hot flushes
Two-thirds of GPs said they either proactively or routinely conduct health risk assessments.

Lack of patient request for health status reviews was mentioned by a quarter of doctors in terms of things which limit the number of reviews conducted. Fifth said lack of time limited them.

>half of GPs defined ‘treatment’ as starting medication when a woman is at risk.

>two-fifths of GPs defined ‘prevention’ as starting medication before a woman is at risk. A quarter defined it as advising women on lifestyle changes. Only a tenth of GPs defined it as screening patients when they reach the menopause.
Summary

- Over two-thirds of GPs felt that the most negative effect of osteoporosis was fractures, followed by pain (>third)
- On average the GPs estimated that 49% of their postmenopausal women would be receiving medication for ‘treatment’ and 52% for ‘prevention’, slightly higher than the average across all countries at 45% of patients on prevention
- A third of GPs felt that there was nothing inhibiting them from rxing medication for the prevention of osteoporosis, with a quarter stating cost of treatment inhibits them a fifth lack of compliance amongst women
- A third of GPs felt that the biggest challenge they face when treating preventatively after the menopause was cost as they are unable to rx unless the patient suffers a fracture, with a
Summary

- The most likely physicians to rx medication for osteoporosis were GPs (>three-quarters), orthopaedists or gynaecologists (two-thirds)
- The main factors affecting doctors decision to rx long term medication were cost (41%) followed by seriousness of condition and compliance (fifth)
Summary

- Two-thirds of GPs felt that women did not consult them at an early enough stage.
- A third of GPs felt that the most important feature of an osteoporosis product was its efficacy with a fifth saying if it increases BMD and a tenth tolerability.
- Looking at all important features of an osteoporosis medication, 86% felt this was efficacy on bone, and >half convenience/lack of GI side effects.
- 98% of GPs felt that women with vertebral fractures were ideal candidates for preventative medication, with 95% stating women had high risk from vertebral fractures were ideal candidates.
Summary

✓ >nine-tenths of GPs recommend to postmenopausal women that they increase their exercise, >three-fifths follow a correct diet and >one-fifth increase their calcium intake or take calcium supplements

✓ Three-quarters of GPs strongly agreed that “compliance is an important factor in a drug’s efficacy”

✓ A quarter of GPs felt that the reason for patient non-compliance was because women ignore the severity of the condition; over a fifth said length and/or cost of treatment were reasons

✓ Two-thirds of GPs have had the situation where women have refused recommended osteoporosis treatment. Two-fifths of these GPs felt this was because of cost with <fifth saying GI side effects and/or the product does not work
Almost all the GPs agreed that the main aim of management is to prevent fractures, that their goal should be prevent women suffering a first fracture and that osteoporosis fractures are a major clinical concern.

9 out of 10 GPs agreed that the screening programme in Italy could be improved, that the condition should be viewed as a serious one and that if you can prevent vertebral fractures you can stop secondary ones.

7 out of 10 GPs agreed that osteoporosis was often not diagnosed until a woman presents with a first fracture and that bone fragility was an inevitable part of the ageing process.

77% of GPs did not feel that the screening programme in Italy was sufficiently widespread and 95% said it wasn’t
Conclusions and Recommendations
Awareness
9 out of 10 women said that osteoporosis is a serious disease
81% of all women suffering from osteoporosis were not aware they were at risk
81% of sufferers were not aware that they had the disease prior to diagnosis
95% of doctors think that osteoporosis should be viewed as a serious condition
97% of doctors feel that osteoporosis fractures are a major clinical problem
Three-quarters of doctors cited osteoporosis as a health concern that they have amongst their postmenopausal patients.
However only a third of postmenopausal women stated they were concerned about the disease
Two-thirds of the women had discussed osteoporosis with a doctor and of these, 50% said their doctor initiated the discussion.

Half of the women who have discussed the disease with a doctor have NOT discussed long term risks, mainly because the doctor didn’t raise them.

1 in 3 women will develop osteoporosis.

Only 6% of women feel they are very likely to develop the condition and only 4% are very concerned about the long term health risks of osteoporosis.
Greater education is required amongst postmenopausal women

- the biggest challenge doctors face is the fact that they cannot rx unless the women has suffered from a fracture, followed by patients lack of understanding of the long term health risks
- greater education will generate a greater understanding of the disease and its consequences
- women will then be more concerned about osteoporosis and become more proactive in prevention/management
Impact on Daily Life
Impact on Daily Life

- Three-quarters of doctors stated that the most negative effect of osteoporosis was fractures/breaking a bone, followed by pain.
- Three-quarters of women associate osteoporosis with an increased risk of fracture and half pain or fear followed by a reduced quality of life (third).
- Of the women with osteoporosis, over half stated that it had impacted on their quality of life (cannot lift heavy weights, back pain).
- Just under half of osteoporotics said they would have taken preventative medicine if they had known they were at risk.
- Given the impact of these effects, why are only 49% of postmenopausal women on medication for treatment (vs. tenth of women who claim to be on treatment).
- If these women had been given earlier preventative medicine, the negative effects may have been avoided.
Screening
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.

However only two-fifths of women have been screened for osteoporosis and on screening, over four-fifths of women were identified as suffering from the disease.

If screening identifies the disease - why have none of the respondents been recommended screening by their own doctor?

9 out of 10 doctors believe the screening programme should be improved.

95% of doctors believe that the screening programme is NOT sufficiently funded.

7 out of 10 doctors believe the screening programme is NOT sufficiently widespread.
Screening

- Two-thirds of doctors think they either proactively or routinely conduct health risk assessments, in reality when asked for their definition of prevention, only 10% said ‘screening when a patient reaches the menopause’
- Despite wanting to prevent osteoporosis, doctors are not actively following this up via screening
- Over half of women not screened were not aware that screening is even available
- Due to this lack of awareness, it is not surprising that only 48% of women strongly agree that osteoporosis can be prevented
- Two-thirds of doctors feel that women do NOT consult at an early enough stage
The screening service clearly needs to be improved and promoted
- screening should take place earlier, leading to earlier diagnosis
- this will lead to long term prevention of fractures
- Two-thirds of women stated that they would know if they had a vertebral fracture
- 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
9 out of 10 doctors believe that osteoporosis fractures are a major clinical concern but only 52% of postmenopausal women are on preventative medicine.

Four-fifths of osteoporosis sufferers are NOT on medication.

However two-fifths of osteoporotics would have taken preventative medicine if they had known they were at risk.

Women would take preventative medicine if their doctor recommended it.

Two-thirds of doctors have experienced patients refusing to take long term preventative medicine, mainly because of the cost of treatment, followed by GI side effects.
Effective prevention and treatment

- 95% of doctors believe that ideal candidates for prevention are women at high risk of a vertebral fracture
- **Women need to understand why they should be on long term medication**
  - this should lead to an increase in the number of women being placed on medication and, more importantly, staying on medication
- None of the women who had discussed osteoporosis with a doctor discussed osteoporosis medication options
- However, doctors estimated that 52% of their postmenopausal women patients are on preventative medication and 49% are rxed treatment
Effective prevention and treatment

- 6 out of 10 women are concerned about the long term effects of HRT
  - doctors need to be made aware of these concerns so that patients comply with treatment
- When asked which features doctors consider important in an osteoporosis treatment, over half said convenience / tolerability / GI side effects
- In turn women need to have a greater awareness that there are specific treatments as only a fifth indicated that osteoporosis can be prevented by the use of specific osteoporosis medications
Prescribing Inhibitors
Prescribing inhibitors

- Two-fifths of doctors say that cost affects their decision on prescribing long term medication, followed by seriousness of condition and compliance.
- A third of doctors think that the biggest challenge they face is the cost in that they are unable to rx unless the patient has suffered a fracture, followed by the patients lack of understanding of the long term health risks.
- A tenth of doctors said a drug’s side effect profile affects their rxing decisions.
- This in turn leads to an average of 51% of patients NOT being rxd medication for the treatment of osteoporosis and 48% NOT being prescribed preventative medicine.
Prescribing inhibitors

- Two-thirds of doctors have experienced patients refusing to take long term medication
- Over a quarter of doctors cite the fact that women ignore the severity of the disease as the reason for non-compliance
- Lobbying is required to create more funds to invest in this condition
- Again, doctors need to be educated that there are specific osteoporosis medications which are ‘cleaner’ than those currently used
- With greater education amongst patients, concerns about long term medication will be put to rest
Key Recommendations

- It is clearly obvious from the results of this survey that both doctors’ and postmenopausal women need greater education on the disease.
- If women receive preventative medicine, the widely reported negative effects of the disease will be avoided.
- The screening service needs to be improved and promoted.
- Women need to understand that osteoporosis is a silent disease and they should actively ask to be screened when reaching the menopause.
- Women need to understand the benefits of long term medication.
- Doctors need to be aware that there are specific osteoporosis products available which provide everything that they are asking for.