

The commonly held image of women with osteoporosis as fragile and hunched over is outdated

Known as the silent epidemic, osteoporosis is a global health concern affecting 200 million men and women worldwide.

1 out of 3 women over the age of 50 will sustain a fracture because of osteoporosis.

1 out of 5 men and women over 50 who have suffered a hip fracture will die within a year.

Loss of function and independence among post-fractured patients is profound, with 40% unable to walk independently and 60% requiring assistance a year later.

These are shocking statistics.

Undoubtedly, osteoporosis is a serious problem which carries great morbidity and loss of function.

But do medical practitioners really understand the full impact of this condition? Do women with osteoporosis and their doctors have the same perceptions of the impact of osteoporosis on a woman's daily life? The Timeless Women survey was carried out to understand better the lifestyles and attitudes of women with osteoporosis and compare those with the beliefs of doctors who see and treat women with the disease. It was designed to find out who today's woman with osteoporosis really is, and in particular whether their treatment fits into their lifestyle or is convenient for them. The research was undertaken among doctors who care for women with osteoporosis and women who are affected by the disease. The Timeless Women report was launched on World Osteoporosis Day, on 13th October 2008.

Doctors surveyed saw at least 14 women with osteoporosis a month, with the average seeing 65 women with osteoporosis per month. The average age of doctors was 51 years. The women who were surveyed were between 55 and 64 years, had been diagnosed with osteoporosis and were either currently taking medication for their osteoporosis or had taken medication in the last two years. The women interviewed were not patients of the doctors interviewed and all interviews were conducted anonymously by telephone. Data was weighted using 'Rim weighting'

What doctors surveyed think and feel:

69% do not perceive women with osteoporosis to be very active. A significant proportion of doctors perceive female osteoporosis patients to be less likely to engage in a range of activities than non-osteoporosis patients of the same age.

75% believe that osteoporosis has a negative impact on their patients' outlook on life

What women surveyed with osteoporosis think and feel:

Only 23% describe themselves as 'frail and fragile'. More than 1 out of 5 women deem that their doctor thinks of them as being more frail and dependant than they really are. Less than 33% believe that the disease has a negative impact on their outlook on life

to ensure the number of women surveyed was reflective of the total number of women with osteoporosis in each country. In a similar way, the data for doctors reflected the total number of doctors practicing in each country surveyed. No quota was placed on the age or gender of the respondents. All interviews were conducted in the respondents' native language. 100 doctors and 200 women with osteoporosis were interviewed in France, Germany, Mexico, Switzerland and the UK, with a total survey population of 1,500.

The picture that unfolds throughout the report is one of a mismatch between the opinions and attitudes of women with osteoporosis and the doctors who treat the disease.

Most medical professionals still perceive the typical person who has osteoporosis as a fragile and hunched over woman. Yet many women with osteoporosis consider themselves to be in the prime of their life, active, busy and full of life. These women work, travel and do not want osteoporosis to slow them down.

Doctors' perception is an important barrier in the diagnosis and management of osteoporosis and it is essential that medical professionals consider the possibility of osteoporosis in a wider spectrum of the population. Many women (and men) with osteoporosis remain undiagnosed simply because they do not undergo diagnostic tests until they sustain an osteoporotic fracture – at which point the morbidity shoots up.

The golden standard for assessment of Bone Mineral Density is the DEXA scan, however if a doctor has no access to DEXA facilities, the FRAX[®] tool is increasingly being used to calculate the ten-year probability of fracture of an individual. The FRAX[®] tool has been launched by WIO and is a major milestone towards helping physicians to improve identification of patients at high risk of fracture for treatment. It is an algorithm, combining risk factors such as age, sex, weight and smoking habits, and femoral neck bone mineral density if available. This practical web-based tool gives a figure indicating a ten-year fracture probability as a percentage, which provides guidance for determining the need of treatment (www.shef.ac.uk/FRAX/).

Persons diagnosed with osteoporosis are advised on general lifestyle measures including a diet that ensures adequate intake of Calcium and Vitamin D. Advice regarding exercise is most important. However, many cases warrant the prescription of anti-osteoporosis medication. There could be a number of barriers to medical treatment – not last being the price of medication which in Malta can cost anywhere between Eur 450 and Eur 600 per year.



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Other barriers to compliance include the frequency and method of administration. The Timeless Women report found that lack of compliance with medication can be very significant. In fact 7 out of 10 women admitted that they have missed a dose. There are a number of factors leading to non-compliance, including:

- Side-effects
- Confusing treatment instructions
- Perception that treatment is ineffective / do not notice results
- Treatment inconvenient and interferes with day-to-day life
- Believe they are not at risk of fractures

While both the women with osteoporosis and doctors surveyed appear to be relatively satisfied with current osteoporosis treatments, they both agree that treatments

with less frequent dosing would be beneficial and more convenient.

Almost three out of four women with osteoporosis believe that treatments with a less frequent dosing schedule would suit their lifestyle more. Despite a range of treatment options available, less than half of women with osteoporosis could remember their doctors discussing alternate treatments with different administration frequencies.

Although the myth of 'frail and fragile' does not apply, much needs to be done. Women with osteoporosis and their doctors should work together to ensure they fully understand each other and that the needs and lifestyles of women with osteoporosis are taken into account.

Today women over the age of 55 continue to lead full, active and challenging lives, maintain their independence, and continue to contribute to their families and society. ☐