
Osteoporosis: The Inside Story



Up to 50% of Osteoporosis Patients Stop Their Treatment.^{1,2,3} *Do you know why?*

“Healthcare professionals managing osteoporosis are faced with a serious problem. Although we have the means to help patients live with long-term conditions and medication to effectively manage osteoporosis, up to half of patients stop their treatment after only a year, leaving them susceptible to fractures and increasing their risk of death. Pharmacists can provide patients with much-needed support by offering information about how long to take medications and the risks associated with discontinuation.”

Nuttan Tanna, Consultant Pharmacist for Menopause and Osteoporosis

Although evidence suggests many osteoporosis patients stop taking their medication, research shows many healthcare professionals are unsure exactly why their patients discontinue treatment.⁴ 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 issuing a prescription, it is worthwhile advising patients on how long to take their treatment, possible side-effects and when they are likely to experience treatment benefits. Local pharmacists can offer additional support by providing telephone numbers and contact details of local voluntary sector services and support groups.

Taking steps to increase adherence rates will not only improve clinical outcomes and patient quality of life, it will also 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 patients about these contributing factors is a good way to initiate a conversation around adherence difficulties, identify those who may be having trouble staying on treatment and refer them to their doctor so they can discuss their needs and treatment options.

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 way⁵
- Of those who miss or stop their treatment:⁵
 - 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-effects⁵

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 take⁵
- 87% of women who stop taking their osteoporosis treatment still keep taking their other medication⁴

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 not⁵
- 11% of women miss or stop their treatment because they can't see the benefits⁵

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 treatment⁵
- Taking account of patients' preferences and beliefs improves adherence⁶

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 medication⁷

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%⁸

KEY POINTS FOR PHARMACISTS

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. *Journal of 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 International* 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.

