Challenges in Osteoporosis Awareness and Management: Results from a Survey of US Postmenopausal Women

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Introduction: Osteoporosis-related fractures are a serious public health burden leading to excess morbidity, excess mortality, and high costs for post-fracture care. Risk evaluation and timely disease management are of paramount importance to improve long-term health outcomes.

Objectives: To evaluate perception of osteoporotic fracture risk in a population of US postmenopausal women and gain insight on challenges in diagnosis and treatment.

Methods: An online survey of US postmenopausal women ≥50 years of age (n=1,012) was conducted by Harris Poll in collaboration with the National Osteoporosis Foundation (NOF) and Healthywomen between March 31 and April 17, 2017. A weighted sample of US census including those with and without osteoporosis was used. The survey was designed to evaluate postmenopausal women’s understanding of osteoporosis and its link to fractures.

Results: Approximately 50% of survey participants (501 of 1,012) were postmenopausal women with a self-report of physician diagnosis of osteoporosis (PMO), and half of those (250 of 501) were ≥65 years of age. Among all surveyed women, the most common self-reported comorbidities were hypertension, thyroid disease, respiratory disease, and diabetes. Fifty-six percent (280 of 501) of PMO and 20% (99 of 511) of women who did not report having a PMO diagnosis experienced a fragility fracture. Of women who experienced a fragility fracture, the majority received initial care in the emergency room or by primary care physicians. The majority (96%) of women with a first fracture did not recall being told by their physician that their fracture may be related to osteoporosis. Subsequent to the diagnosis of a fragility fracture, about a third of the women reported not being referred for a follow-up visit; this varied by the specialty (orthopedic surgeons: 44%; primary care physicians /geriatricians (22%); emergency room physicians (18%). The majority (55%) of survey participants disagreed that a fracture is a potential sign of more fractures to come; some believed that only hip and back fractures are associated with osteoporosis.

Conclusion: These survey results reveal lack of awareness of osteoporotic fracture risk among postmenopausal women. There is poor understanding that a fragility fracture may be indicative of osteoporosis and that it increases future fracture risk. Nurse practitioners provide a central role in patient education. More education is needed among postmenopausal women to recognize that a fracture is a sentinel event that requires further evaluation and interventions to reduce the risk of subsequent fractures.