

# Patients' Perspectives and Experiences of Medication Use in Osteoporosis

## A Systematic Review of Qualitative Studies

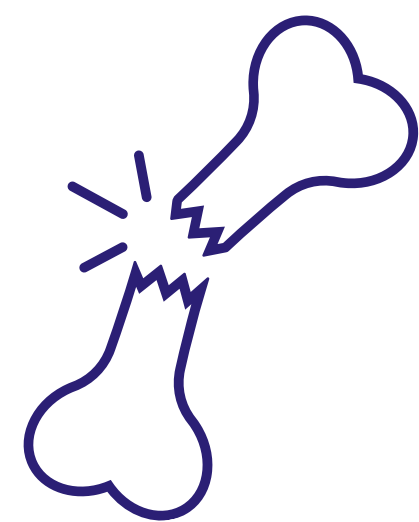
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### INTRODUCTION

Adherence to anti-osteoporotic medications is suboptimal and understanding patients' medication experiences is integral to optimising their health.

We aimed to describe patients' perspectives and experiences of medication use in osteoporosis to inform person-centred interventions that improve adherence and patient outcomes.



### METHODS

Databases (MEDLINE, Embase, PsycINFO and CINAHL) were searched for

- Qualitative studies in any language
- Reporting on the perspectives of adults (≥18 years) with osteoporosis/osteopenia
- Regarding anti-osteoporotic medication
- From database inception to February 2022

Thematic synthesis was used to analyse the data.

### STUDY CHARACTERISTICS



42 studies



North America (20), Europe (17), Australia (3), Iran (1), Brazil (1)



804 patients  
F (80%) > M (20%)



Bisphosphonates (60%), Denosumab (10%), Hormone replacement therapy (10%), Teriparatide (10%)

### RESULTS - THEMATIC SCHEMA & PATIENT QUOTATIONS

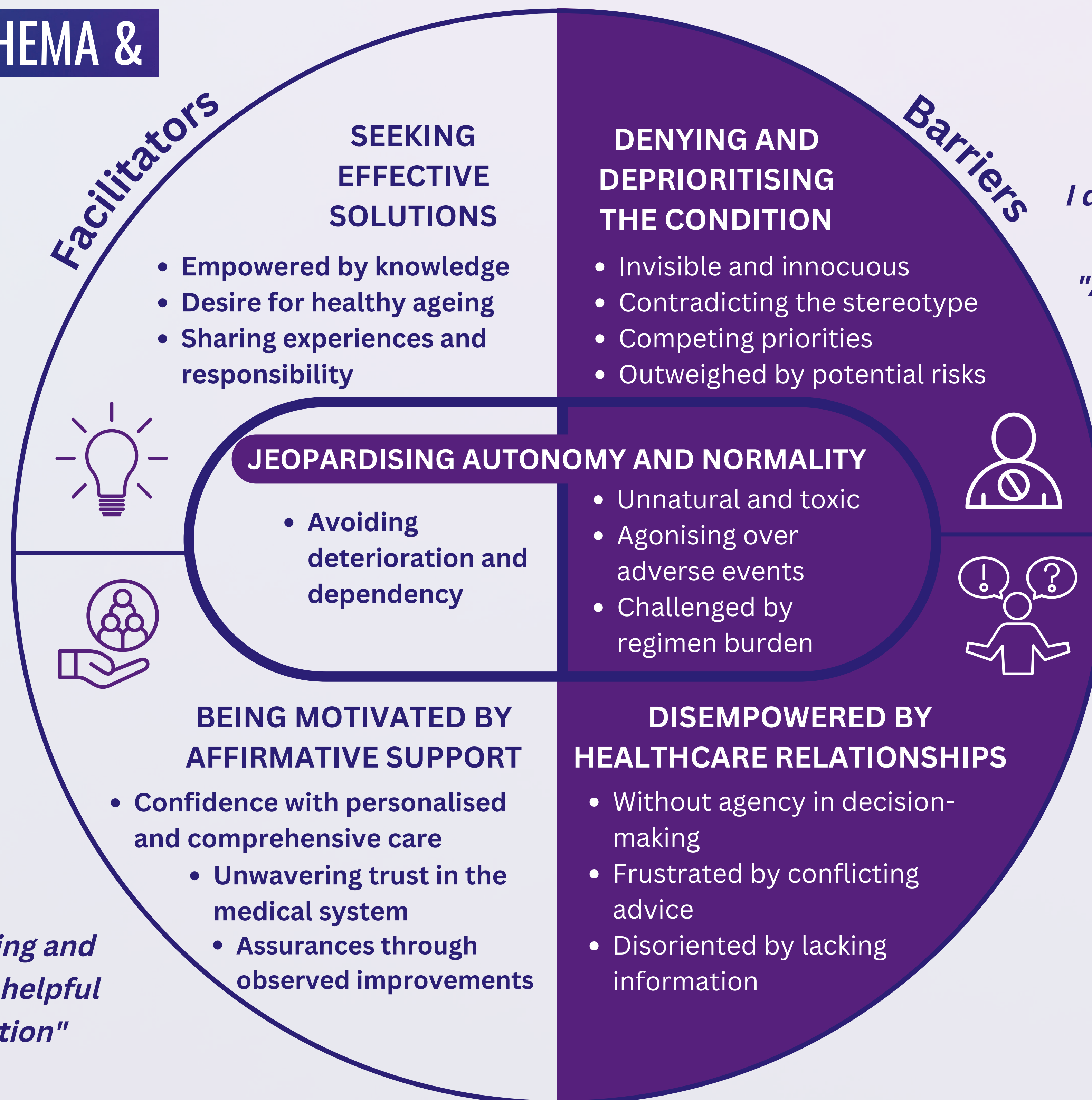
"I was prepared because I had read about [the medications]"

"If we can try to keep ourselves healthy, I think that's a really good thing"

"It was so good to talk to other patients; we shared so many experiences"

"When he asks me to take medication, I take it. I don't argue with that"

"I could ask [the pharmacist] anything and she would tell us. ... She's very very helpful and knowledgeable about medication"



"Osteoporosis is a silent disease; I don't have the impression that I'm ill."

"A disease for old people, for women"

"Something will get me at some point. You need to weigh [the medical conditions] out"

"Horrendous diarrhoea"; "Wrecking my stomach"

"I don't want to be a nuisance"

"I am going insane...with what different people have told me"

"You don't have the language and you don't have the knowledge and it's very scary"

FIGURE 1. THEMATIC SCHEMA depicting facilitators and barriers to patients' medication use in osteoporosis

### CONCLUSION

Patients were empowered by strong support systems, effective management strategies, and garnering knowledge about osteoporosis and its treatment to sustain their wellbeing.

However, trivialising disease severity, strained healthcare relationships and concerns about compromising lifestyle deterred patients from medication-taking.

### TRANSLATING RESEARCH to PERSON-CENTRED CARE



**TAILORED ADVICE & SHARED DECISION-MAKING** (considering age, gender, culture, health status & patient priorities)



**REGULAR FOLLOW-UP** (with avenues to voice concerns)



**DEPRESCRIBING UNNECESSARY MEDICATION**



**CONTINUED SUPPORT** (delivering education, managing side effects through refracture prevention services)