

About Post Menopausal Osteoporosis



Bone is constantly being rebuilt and goes through a balanced process of bone break-down and new bone formation. After menopause, this balance is disrupted and women lose bone faster than it is rebuilt. This imbalance can be easily measured by simple blood or urine tests. After years of bone loss, bones become brittle and more likely to break. The goal of osteoporosis treatment is to restore the bone balance hence increasing bone mass and consequently decreasing the risk of osteoporotic fractures.

- Osteoporosis affects an estimated 75 million people in Europe, USA and Japan.¹
- 1/3 of women over 50 will experience osteoporotic fractures.¹
- Osteoporosis is a common and chronic condition.¹
- Like many chronic conditions, over half of all patients prescribed daily or weekly osteoporosis treatment stop taking their medicine within 12 months.^{2,3}
- This insufficient adherence to treatment can result in increased risk of further fractures.^{4,5}
- Taking tablets less often can assist patients to stay on their therapy.^{2,3}
- The cost to healthcare systems worldwide as a result of osteoporotic fractures is estimated to be in the billions of dollars each year.¹
- The prevalence of osteoporosis is growing, especially as the number of postmenopausal women in the population continues to rise.¹
- An estimated 52 million women aged fifty plus are expected to be affected by osteoporosis and osteopenia by 2010 and 61 million are expected to be affected by 2020.¹

1. Effects of Oral Ibandronate Administered Daily or Intermittently on Fracture Risk in Postmenopausal Osteoporosis. Chestnut et al, Journal of Bone & Mineral Research, vol. 10: 8, 2004.

2. International Osteoporosis Foundation.

3. Cramer JA, Amonkar MM, Hebborn A, Suppapanya N. Does dosing regimen impact persistence with bisphosphonate therapy among postmenopausal osteoporotic women? J Bone Miner Res 2004;19(Suppl. 1):S448(Abstract M434).

4. Ettinger M, Gallagher R, Amonkar M, et al. Medication persistence is improved with less frequent dosing of bisphosphonates, but remains inadequate. Arthritis Rheum 2004;15(Suppl):S513(Abstract 1325).

5. Caro JJ, Ishak KJ, Huybrechts KF, et al. The impact of compliance with osteoporosis therapy on fracture rates in actual practice. Osteoporos Int 2004.