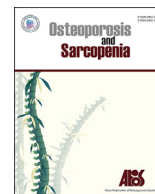




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# Osteoporosis and Sarcopenia

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## Editorial

### Factors associated with osteoporosis medication initiation and adherence



The current crisis in the treatment of osteoporosis has been acknowledged widely in the field [1]. The evidence is emerging that the 30-year downward trend in hip fractures in the U.S. has hit a plateau in the last few years leading many patients with high risk of hip fracture in danger [2]. The crisis is probably due to the increasing number of patients being reluctant to take osteoporosis therapies, due to the fears of rare side effects, even though the number of fractures that are prevented with treatment far outweighs the risk of atypical femur fractures and osteonecrosis of the jaw (ONJ) [3]. However, the actual incidence of ONJ is quite low as 0.001%–0.01% [4]. Treatment of women with osteoporosis for up to 5 years would result in fewer than one atypical femur fracture caused per 100 osteoporotic fractures prevented [5]. Meanwhile, the cost that has to be paid for the hip fracture is enormous.

Despite the availability of several effective drugs to prevent further progression of bone loss and occurrence of fractures, many patients are either not even starting the medication or just not taking it if prescribed. Although there are many reasons for this “gap” in the treatment of osteoporosis, a significant factor is a physician and patient concerns over the risk of side effects. Thus the article by Orimo et al. [6] entitled “Understanding the factors associated with initiation and adherence of osteoporosis medication in Japan: An analysis of patient perceptions” is timely. The power of this study lies in several ways; firstly, many studies have been published more in Caucasians, but this study was done in Japanese, secondly, authors well identified real-world factors associated with initiation and adherence of osteoporosis medication from a patient perspective, lastly they applied a well-validated method of structural equation modeling.

Authors concluded that the patient knowledge of their disease and the perception of barriers were most influential. Educating and communicating with patients to better understand their conditions and to reduce barriers may be useful in improving patient outcomes. Authors also suggested that a patient-centered, coordinator-based osteoporosis-specific care system that provides a systematic assessment of fracture patients, similar to the Fracture Liaison Services established across the United Kingdom may be helpful [7]. The recent concept of Osteoporosis Liaison Service by the Japan Osteoporosis Society could be one of the models as to know how it worked in enhancing the initiation and adherence to osteoporosis treatment [8].

To overcome the crisis in the field, we all will have to find a more

efficient way to educate the healthcare professionals to focus on recognizing, diagnosing and treating patients at high risk for fracture, thus conveying the explicit messages to inform patients and public.

#### Conflicts of interest

No potential conflict of interest relevant to this article was reported.

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