

Letter to the editor:

OSTEOPOROSIS AWARENESS AMONG PRIMARY CARE PHYSICIANS IN MALAYSIA

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Dear Editor,

Primary care physicians (PCPs) play a crucial role in the prevention, screening and treatment of osteoporosis (OP). A recently published Asian study (Choi et al., 2012) pointed out an alarmingly low rate of diagnosis (26.2 %) and treatment (12.8 %) of OP. In order to overcome and minimise the socioeconomic burden of osteoporotic fractures, much emphasis has to be placed on boosting the knowledge and improving the standard of care of OP in the primary care setting; the frontline healthcare providers. Several western studies have examined the knowledge of PCPs on OP. Unfortunately, there is paucity of data in this regard from Asian countries. This prompted us to conduct a survey among the PCPs in Malaysia.

A self-administered questionnaire about OP knowledge and management were distributed to Malaysian PCPs who were attendees of a Rheumatology Workshop conducted in Malaysia. There were 134 respondents in total. Those who had qualified as PCPs between 5 to 10 years and over 10 years were more likely to treat OP ($p = 0.013$) compared to those with below 5 years of working experience as PCPs. Up to 63.4 % of the respondents were aware of the Malaysian Clinical Practice Guidelines for the treatment of OP and made use of it in their day to day clinical practice. There was no correlation between the awareness of OP treatment and the tendency to treat OP ($p = 0.39$). This finding could be partially explained by the limited access to bone mineral density measurement with dual-energy x-ray absorptiometry (DXA). Only 27.6 % of the respondents had access to bone density measurement with DXA. The vast majority of the respondents (82.1 %) felt that OP was under-diagnosed.

A similar survey which was conducted in Germany found that 51.7 % (461/892) of their general practitioners were aware of the national OP guidelines, but a lower percentage (43 %) followed it in their practice (Chenot et al., 2007). Studies from other parts of the world showed that the unawareness of the local osteoporosis guidelines among the PCPs were between 35.3 % (Canada) and 58 % (England) (Taylor et al., 2001; Jaglal et al., 2003). In contrast to our findings, Werner and Vered (2002) reported that the more junior doctors displayed a higher level of knowledge. A Spanish study (Pérez-Edo et al., 2004) stated that only 27.8 % of their primary care doctors could order bone densitometry; a figure which was identical to

ours. Among the postmenopausal women who reported a low-trauma fracture in an Australian population-based study, only 28 % were on any specific therapy for osteoporosis, and 7 % were on calcium alone (Eisman et al., 2004).

In conclusion, the unawareness, underrecognition and the consequential undertreatment of OP in the primary care setting remain a global problem which should be addressed. Our survey provides insight into the importance of proper dissemination and implementation of the local OP guidelines. Similar surveys should be conducted from time to time to monitor and assess the OP knowledge progression among PCPs, as an important step to optimise OP management in the community.

REFERENCES

- Chenot R, Scheidt-Nave C, Gabler S, Kochen MM, Himmel W. German primary care doctors' awareness of osteoporosis and knowledge of national guidelines. *Exp Clin Endocrinol Diabetes* 2007;115:584-9.
- Choi YJ, Oh HJ, Kim DJ, Lee Y, Chung YS. The prevalence of osteoporosis in Korean adults aged 50 years or older and the higher diagnosis rates in women who were beneficiaries of a national screening program: the Korea National Health and Nutrition Examination Survey 2008-2009. *J Bone Miner Res* 2012;27:1879-86.
- Eisman J, Clapham S, Kehoe L. Osteoporosis prevalence and levels of treatment in primary care: the Australian Bone Care Study. *J Bone Miner Res* 2004;19:1969-75.
- Jaglal SB, McIsaac WJ, Hawker G, Carroll J, Jaakkimainen L, Cadarett SM, C et al. Information needs in the management of osteoporosis in family practice: an illustration of the failure of the current guideline implementation process. *Osteoporos Int* 2003;14:672-6.
- Pérez-Edo L, Ciria Recasens M, Castelo-Branco C, Orozco López P, Gimeno Marqués A, Pérez C et al. Management of osteoporosis in general practice: a cross-sectional survey of primary care practitioners in Spain. *Osteoporos Int* 2004;15:252-7.
- Taylor JC, Sterkel B, Utley M, Shipley M, Newmann S, Horton M et al. Opinions and experiences in general practice on osteoporosis prevention, diagnosis and management. *Osteoporos Int* 2001;12:844-8.
- Werner P, Vered I. The diagnosis of osteoporosis: attitudes and knowledge of Israeli physicians. *Aging Clin Exp Res* 2002;14:52-9.