

# BREAKING NEWS: UPDATES IN OSTEOPOROSIS MANAGEMENT

## Introduction & Gaps

**Introduction:** In the United States, 10 million people have osteoporosis, and each year, there will be 2 million fractures, 432,000 hospital admissions, and 180,000 nursing home admissions due to the disease. In a retrospective review of Medicare data, including 126,188 women 66 years of age and older, only 27.9% of women diagnosed with osteoporosis began treatment within a year of diagnosis. This educational activity focused on education to ensure NPs have the tools to increase screening and implement appropriate treatments to reduce fractures and improve patient outcomes.

- Knowledge Gaps
- Review the evidence that supports screening for at-risk individuals
  - Determine factors that identify patients as at-risk for fragility fracture
  - Integrate strategies for testing at-risk patients
  - Integrate lifestyle modifications and physical activity in a comprehensive osteoporosis treatment strategy
  - Prioritize treatment options for patients who are at-risk for fragility fractures

## Program Information & Methods

**Programs:** Training occurred through two formats, an accredited monograph and an on-demand slide presentation. Both were accredited for 1.75 contact hours of CE, including 0.25 pharmacology credits. One unaccredited podcast was produced and hosted on AANP's platform - NP Pulse: *The Voice of the Nurse Practitioner*®.

**Data Collected:** Changes in knowledge, competence, self-reported changes in confidence and practice habits, and identification of remaining gaps.

**Measurements and analysis:** Questions were asked before and immediately after the activity. A 60-day follow-up survey was sent to participants who completed the activity to identify any practice changes made.

- A paired analysis of pre/post results was conducted. These data were filtered to include only learners who self-reported seeing patients weekly (n=7,974). N=166 for the follow-up survey, of which 139 self-report seeing a combined total of 1,092 patients who were positively impacted by the education or materials included.
- Demographics (pre), evaluation (post), and follow-up survey results shown here use descriptive statistics
- Tests used to identify statistically significant differences pre to post:
  - McNemar test for each of 8 multiple choice knowledge/case questions
  - Wilcoxon test for % correct knowledge/case questions, and the confidence rating scale questions
- $P \leq 0.05$  indicates a statistically significant difference
- Effect Size (ES), to indicate the size of the change, was also calculated as appropriate (Cohen's  $d$ ): 0.20 = small, 0.50 = medium, 0.80 = large.

## Executive Summary

### Knowledge/competence increased significantly:

Overall 33% relative increase in correct answers to 8 knowledge/case questions from pre (46%) to post (61%) with a medium to large effect size (Cohen's  $d = 0.70$ ).

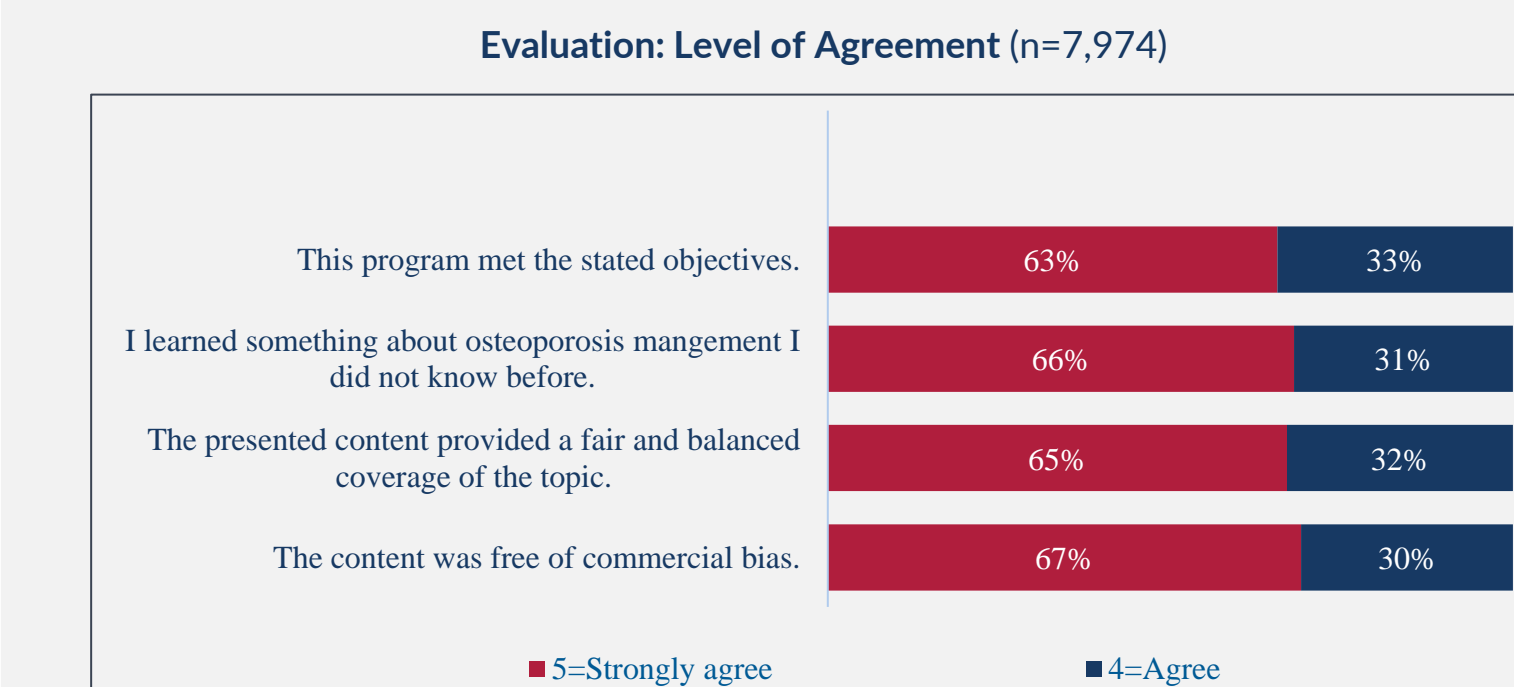
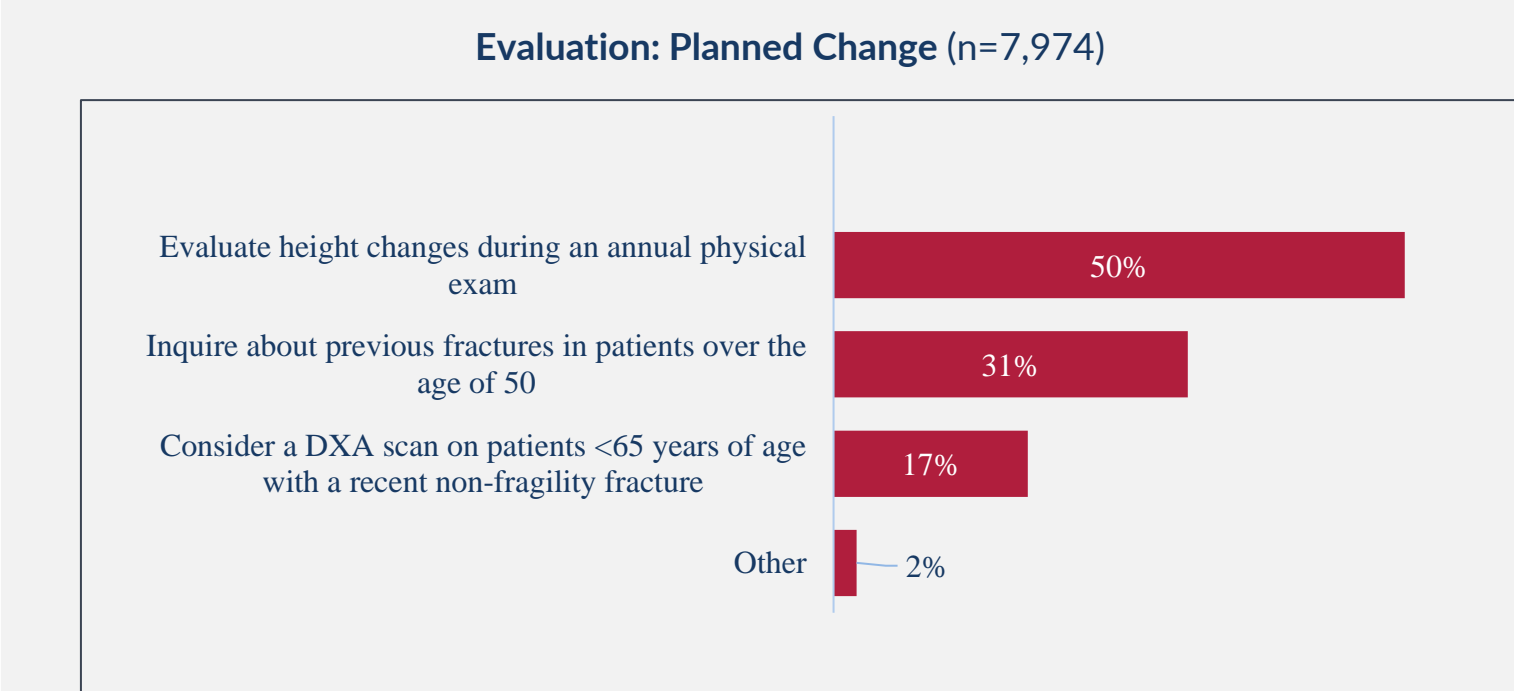
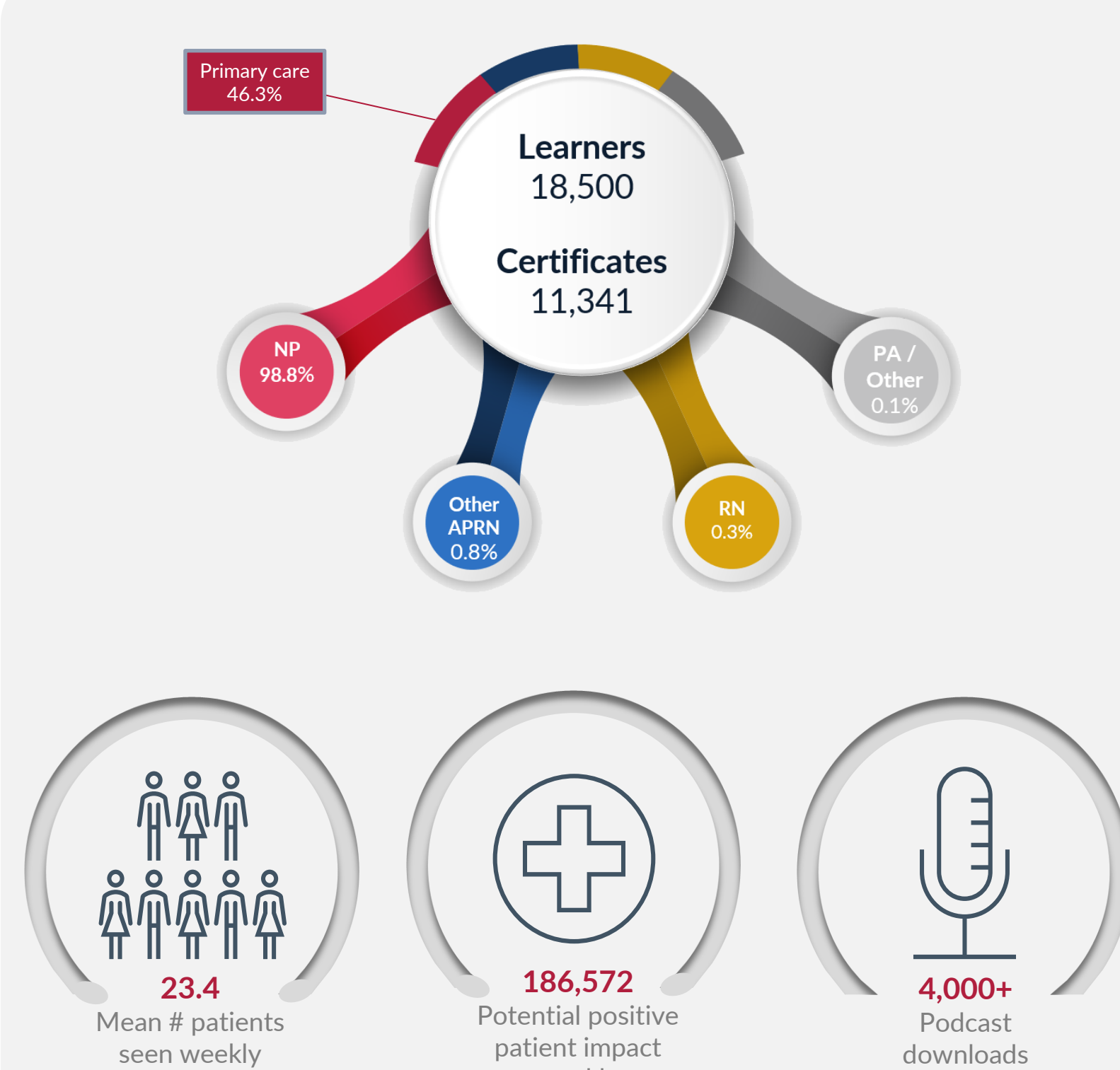
### Current (pre) to planned (post) frequency of use of 2 optimal patient care strategies increased significantly:

There was a 74% relative increase in learners selecting "Always review this with vitals" for "evaluate for height changes during adult annual physical exams."

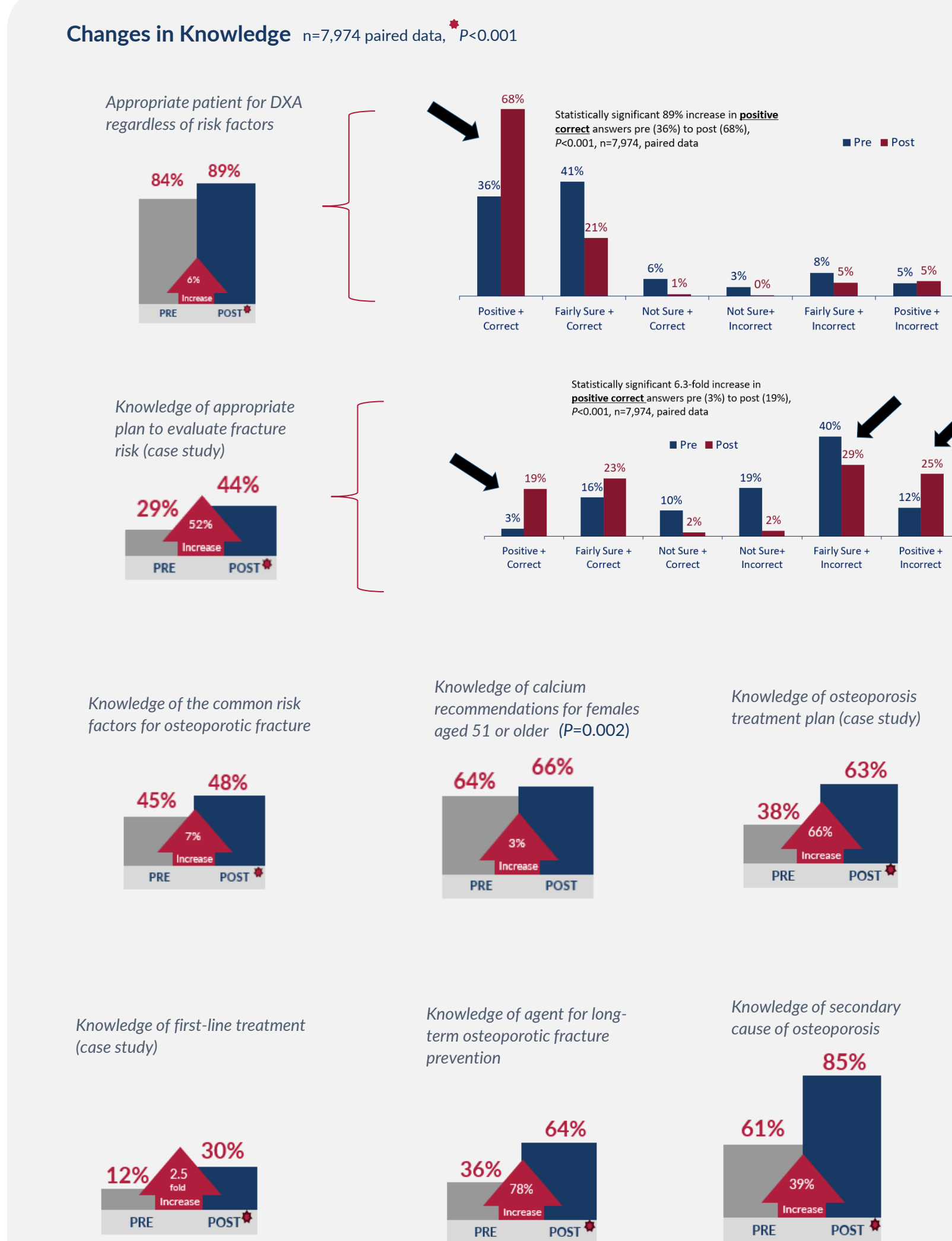
There was a 2.6-fold increase in learners selecting "Every visit" to "inquire about previous fractures in patients over 50."

This activity is supported by an independent educational grant from Amgen

## Learner Demographics and Engagement

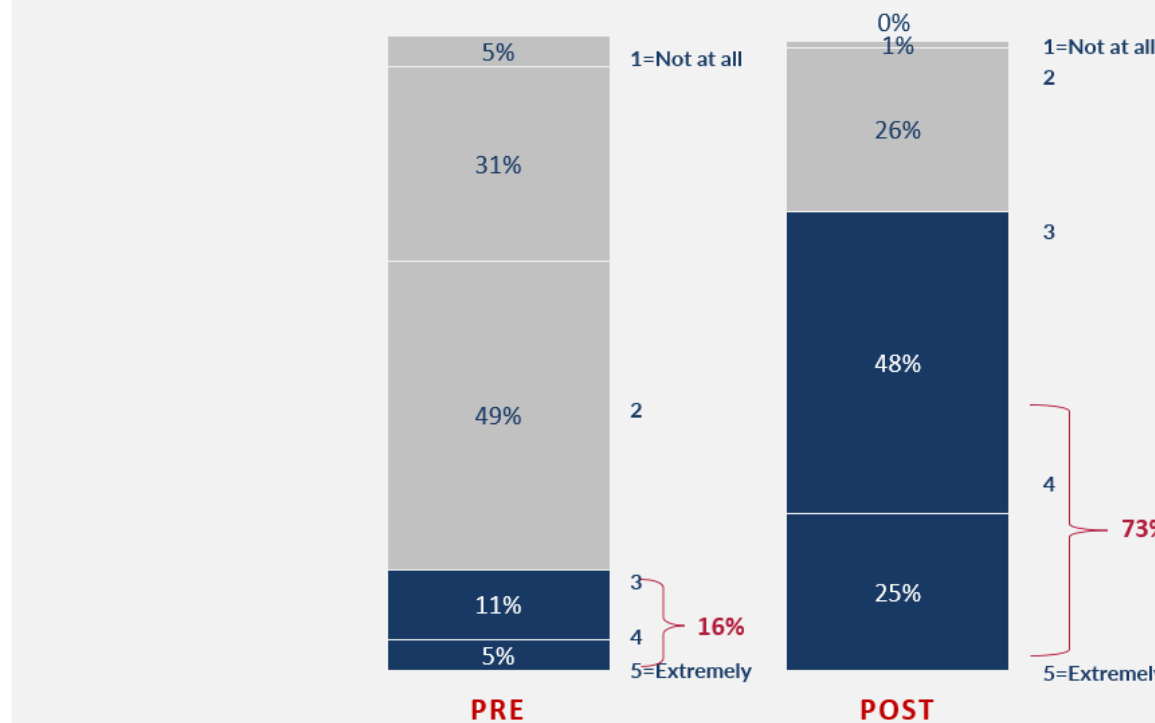


## Results



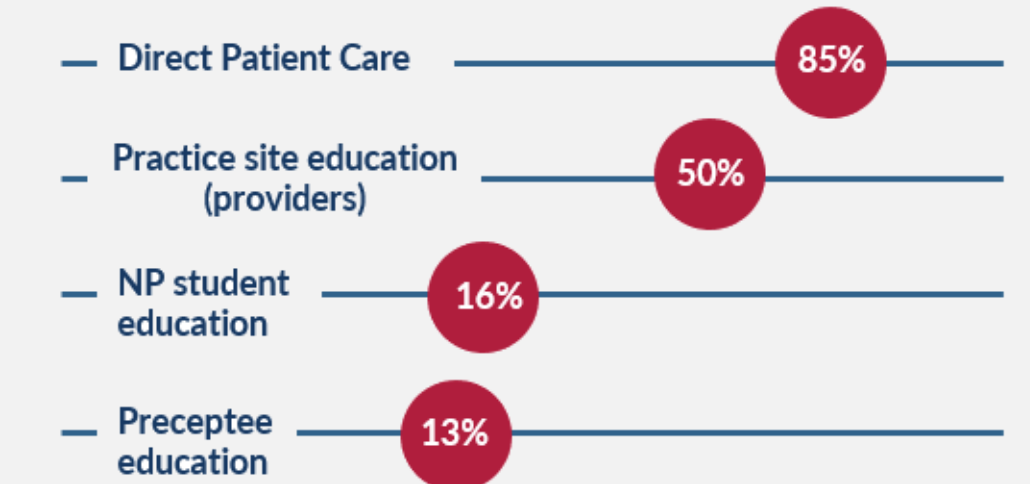
### Change in Confidence

How would you rate your level of confidence in:  
Identifying a PRE-menopausal patient at risk for osteoporosis?

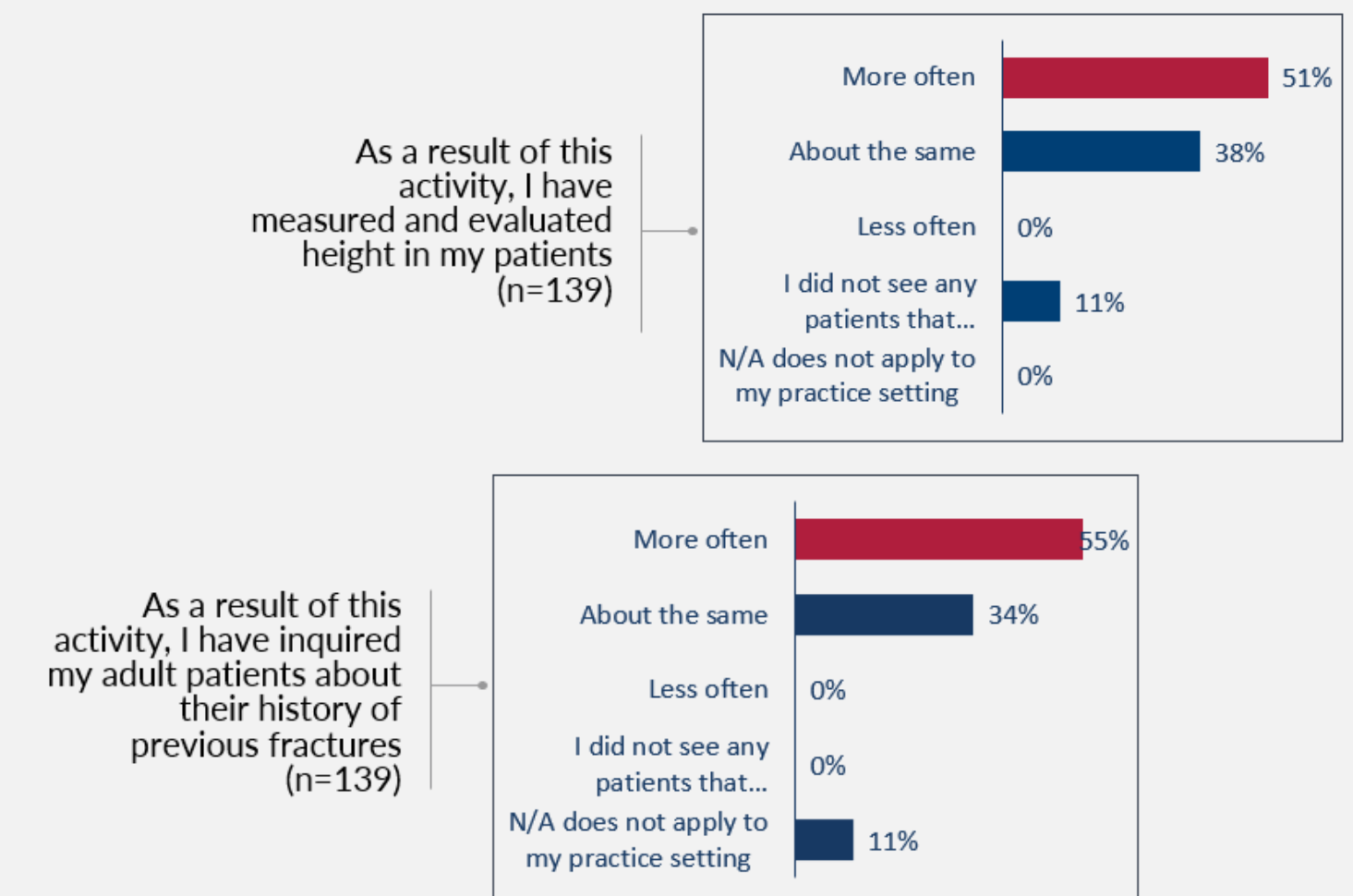


## 60-Day Follow-up (n=139)

Over the past 60 days, have you used the information from this activity for any of the following? (n=137)



### Practice Changes



Over the past 60 days have you implemented any of the following? (Select all that apply)

