INTRODUCTION
Poor nutrition, low dietary calcium intake, vitamin D deficiency, insufficient exercise, smoking and alcohol usage, are modifiable risk factors that directly affect bones and are associated with osteoporosis. In Brazil, a population-based study (BRAZOS) of 2,420 subjects (70% women) age 40 and older was able to find 6% of prevalence without performing densitometry. If the same study would use the World Health Organization criteria for osteoporosis definition (low impact bone fractures history), its prevalence rates would go as high as 12.8% for men and 15.1% for women of age 40 and above.

One of the most important consequences of osteoporosis is the femur neck fracture, which presented mortality rates between 21.5% and 35% within one year.

OBJECTIVES
This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in women with osteoporosis in Brazil.

METHODS
A population-representative sample of 12,000 individuals’ (age 18+) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work/productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, emergency room visits and hospitalization in the past six months.

RESULTS
Of the 6637 female respondents, 179 (3.0%) were diagnosed with osteoporosis (with or without osteopenia) and 156 (1.8%) were diagnosed with osteopenia only. Average age for women diagnosed with osteoporosis/osteopenia was 59.6 years. Diagnosed osteoporosis/osteopenia group reported more co-morbidities (headache 44%, pain 36%, insomnia 26%, migraine 23%, depression 22%, arthritis 22%), lower mean scores of PCS (42.6 vs 47.33) and MCS (45.7 vs 50.3), more patients visited healthcare providers (93% vs. 79%), and a higher percentage were using any cost-saving strategy (55% vs. 37%) over the past 6 months compared to non-osteoporosis/osteopenia group. Furthermore, osteoporosis/osteopenia group reported 35.8% impairment in daily activity compared to 23.0% in nonosteoporosis/osteopenia group.

CONCLUSIONS
Based on results from the Brazil NHWS, women diagnosed with osteoporosis/osteopenia suffer from impairment in QOL, work/productivity loss, greater usage of health care resources and more co-morbidities. Findings indicate there is still an unmet medical need in osteoporosis/osteopenia patients in Brazil.

REFERENCES
1. Pfizer; Inc., 2011; Pfizer, Inc., New York, NY, USA; 2) Pfizer, Inc., São Paulo, SP, Brazil; 3) Kantar Health, Princeton, NJ, USA; 4) Kantar Health, New York, NY, USA