

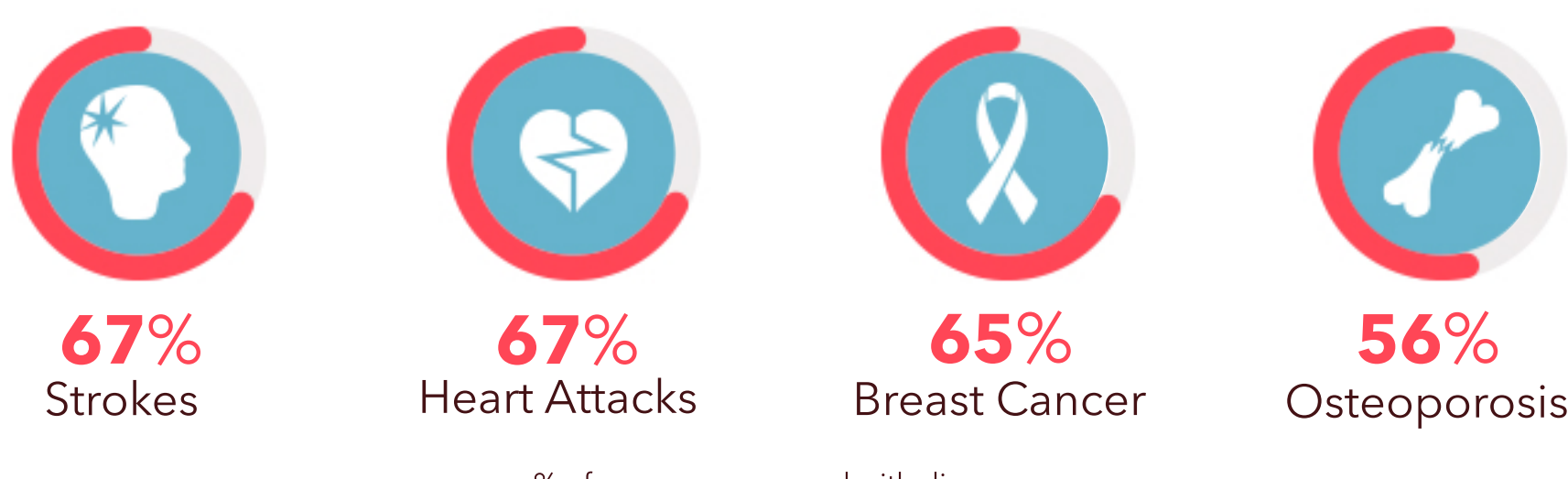
DON'T FALL FOR A FRACTURED TRUTH

Osteoporosis affects more than 10 million Americans over the age of 50, 8 million of whom are women.¹ Radius Health, in partnership with the National Osteoporosis Foundation and HealthyWomen, conducted a survey of postmenopausal women about their knowledge of osteoporosis and found that misconceptions and half truths about the disease are common.

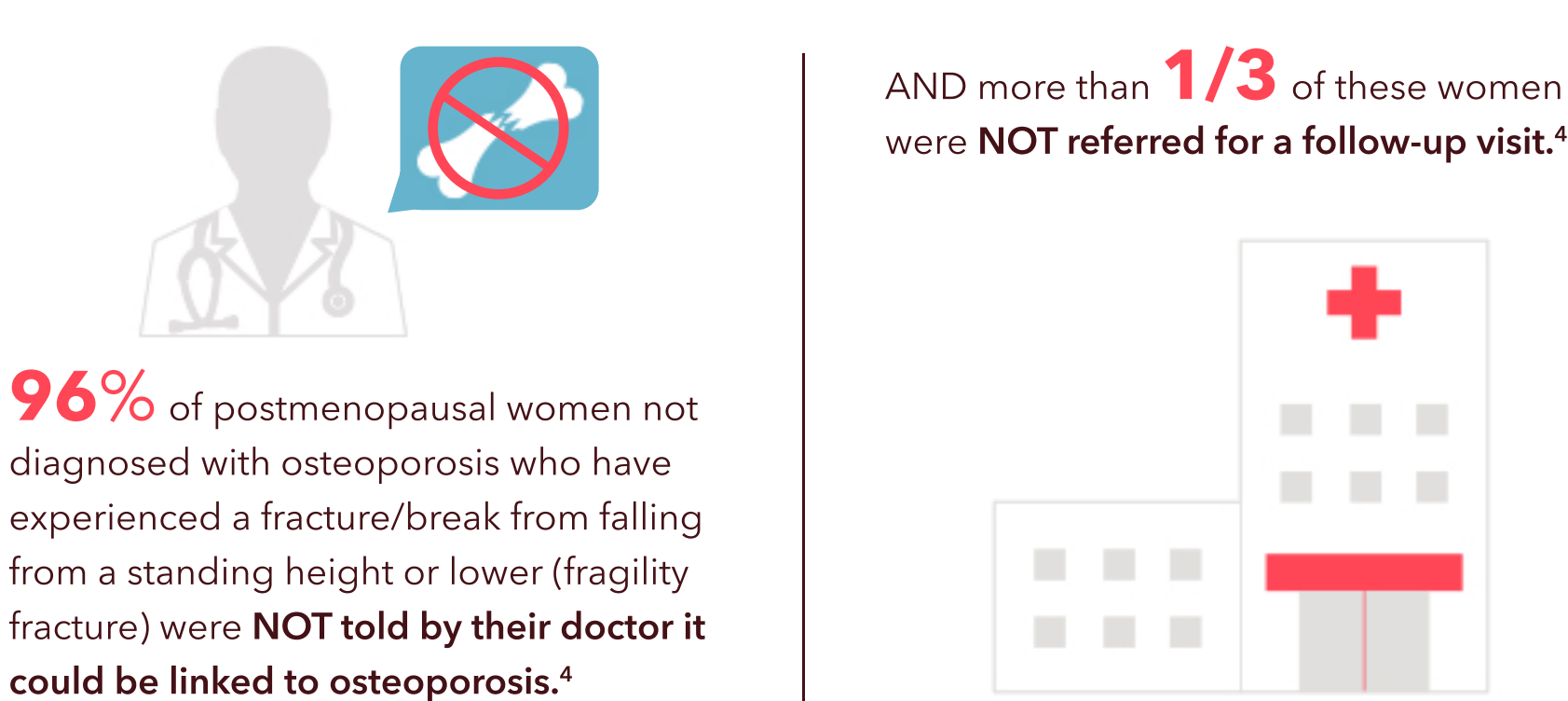
OSTEOPOROSIS IS OVERLOOKED

Osteoporosis is known as a silent disease, because most women don't experience symptoms until their first fracture,² leaving many underdiagnosed and undertreated.³

Postmenopausal women are more likely to be concerned with strokes, heart attacks, and breast cancer than osteoporosis.⁴



And yet more women over the age of 55 are hospitalized every year in the U.S. for osteoporosis-related fractures than for any of these conditions.^{3,5-7}



OSTEOPOROSIS IS UNDERESTIMATED

Many women think of osteoporosis as an "old lady's disease." In reality, the disease can affect postmenopausal women as young as age 50, and half of them will experience an osteoporosis-related fracture in their remaining lifetime.⁸

Women are at risk for osteoporosis if they⁹:



- 82%** don't know that fractures increase their risk of osteoporosis.⁴
- Only **32%** of women at risk for osteoporosis believe they are at risk.⁴
- 87%** of women who've had a fragility fracture didn't realize it could be related to poor bone health.⁴

OSTEOPOROSIS KNOWLEDGE IS FRACTURED

Unfortunately, the conversation about osteoporosis—and treatment options—is plagued by myths, misconceptions, and half truths.

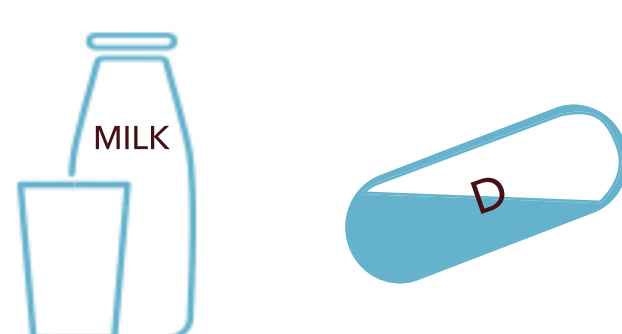
1 in 4 postmenopausal women incorrectly believe there is no way to build new bone at their age.⁴



3 in 10 postmenopausal women with osteoporosis mistakenly believe fracture risk cannot be reduced in women their age.⁴



3 in 10 postmenopausal women incorrectly believe drinking milk or taking calcium supplements alone will prevent osteoporosis-related fractures.⁴



IF YOU ARE A POSTMENOPAUSAL WOMAN, IT'S TIME TO GET MORE FACTS AND TAKE CONTROL OF YOUR BONE HEALTH. YOUR BONES DESERVE MORE THAN A FRACTURED TRUTH.

Visit www.fracturedtruths.com to learn more.

Radius



healthy women

References:

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3. Singer A, Exuzides A, Spangler L, et al. Burden of illness for osteoporotic fractures compared with other serious diseases among postmenopausal women in the United States. *Mayo Clin Proc.* 2015;90(1):53-62.
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9. At risk of osteoporosis is defined as having at least one of the following: currently smoke cigarettes or have smoked cigarettes within the last 5 years, drink 3 or more alcoholic beverages per day, diagnosed with a postmenopausal fracture from falling from a standing position or less, have a rheumatoid arthritis diagnosis, experienced premature menopause, have a father/mother/sister diagnosed with osteoporosis, current/past glucocorticoid use for more than 3 months at a time.

The survey was conducted online by Harris Poll on behalf of Radius Health, Inc. in partnership with HealthyWomen and the National Osteoporosis Foundation from March 31 - April 17, 2017 among 1,012 postmenopausal women living in the U.S. aged 50+. Of 1,012 women, 501 women indicated they have been diagnosed with osteoporosis. The survey also included an oversample of 102 women who have osteoporosis and a fragility fracture, defined as a having a fractured/broken bone from falling from standing position or less (even if on ice or cement). These respondents were combined with the women from the main sample who met the same criteria for a total of 280 women with osteoporosis and a fragility fracture. All relevant respondents (not just those who met the qualifying criteria) were weighted to separate targets from the U.S. Census Bureau's Current Population Survey (CPS) for the U.S. female age 50-64 and female age 65+ populations. The variables used for weighting included age, education, race/ethnicity, region, household income, household size, marital status, employment status, and a propensity score, a proprietary Harris methodology that allows for the reduction in the bias inherent in self-selected online panels. Full weighting information is available upon request. Respondents for this survey were selected among those who have agreed to participate in Harris Poll surveys. Because the sample is based on those who agreed to participate in the panel, no estimates of theoretical sampling error can be calculated.