



Bilaga 6 till SBU-rapport

1 (11)

Behandling av armfraktur hos äldre,
rapport 262 (2017)

Bilaga 6 Meningsbärande enheter från den kvalitativa syntesen

	Meningsbärande enheter	Nivå 1-tema	Nivå 2-tema
Nivå 3: Brister i information och brister i förståelse för patientens behov			
	Dohrn 2015 She [the patient] described her fear of moving as a phobia resulting in activity restriction: <i>“Yes, he really scared me. I wasn't allowed to carry more than a gallon of milk; had to use a shopping cart. I walked around like a zombie the first 3 weeks [laughter]. I was so scared of everything, and it was stuck in my mind for a long time... Before got diagnosed, I walked every day, almost a kilometer, morning and night, without problem, but then, you know, got like a phobia.”</i>	Viss information kan skrämma mer än upplysa	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Paier 1996 Sometimes information gained in these methods was more frightening than enlightening and added to their anxiety about their osteoporosis <i>“...they showed x-rays of people that had osteoporosis. Gosh, you know, those bones looked terrible...”</i>	Viss information kan skrämma mer än upplysa	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Hansen 2014 These worrisome thought seemed to be enhanced by the experiences of not getting the information needed from the GP and other health care professionals.	Bristande information från vården skapade ökad oro	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	McKenna 2008 GPs appeared to inconsistently recommend physical activity, preferring to recommend drugs. Women repeatedly emphasized GPs' strong focus on medication. <i>“...disappointed with this and did not hold high expectations that consultations would discuss other treatment options.”</i>	Läkarna rekommenderade inte alltid träning	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Paier 1996 They were hampered in their pursuit by a lack of information and availability of exercise programs appropriate for women with osteoporosis. <i>“All he [the physician] says is walk, walk, walk”</i>	Otillräcklig information om träning	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Sale 2014 Participants reported receiving information about bone health	Information om behandling var otydlig eller felaktig	Patienter med osteoporos upplever att

	treatment that was unclear or that contradicted the guidelines. For example one of the participants who we classified as moderate risk was told by the doctor “everything was fine” but that she should start taking antiresorptive medication as a preventive measure because of her age. One participant classified as high risk was not recommended medication but was told to lose weight.... <i>“She said it would be easier on my bones and everything else”</i>		de får otillräcklig eller felaktig information
	Beaton 2012 Still others sensed resistance to the patient raising questions regarding osteoporosis (OP): <i>“-It [OP] was never discussed in a medical check-up. [Now] I go to see a doctor with a list and I say to her, “Do you hate people who come in with a list?” and she says, “Yes,” [laughter] and I try to keep it quite short if I can.”</i>	Ovilja från läkare att besvara frågor	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Beaton 2012 The patients depended on their health care providers to take on osteoporosis management, but often perceived them to be too busy to do so: <i>“It’s hard to remember what you want to ask at that exact moment and they [the doctor] are walking out of the door.”</i>	Läkaren har inte tid att svara på frågor	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	McKenna 2008 One woman said that she did not receive any ‘recommendations for exercises or keeping active’ from her doctor but she did practice yoga. <i>“I want to keep fit and she (the doctor) never picked up on that.”</i>	Läkaren lyssnar inte	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	McKenna 2008 Women felt that their doctors were unsure about how and when to discuss physical activity and that the doctor did not understand how osteoporosis limited activities in everyday life.	Läkaren förstår inte hur osteoporos begränsar det dagliga livet	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Beaton 2012 Patients were often unable to describe the meaning of their test	Läkarna förklarar inte	Patienter med osteoporos upplever att

	results or the results themselves: <i>"But they never tell you what your particular results are and what they mean. They just [say], 'Well, you seem that you're at significant risk for osteoporosis.' What the [expletive] does that mean?"</i>		de får otillräcklig eller felaktig information
	Alami 2016 They [the patients] expected information about the disease itself – progression, causes, symptoms, and prognosis: <i>Explain to me what it is in more detail. Show me a bone and tell me what's wrong, we can fix it this way.. The need to provide some education"</i>	Läkarna förklarar inte	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Alami 2016 Uncertainty may also have resulted from a lack of information: "(Did your regular doctor or your gynecologist link osteoporosis and the risk of fractures?) <i>"No, no, they never talked about it. You know, there's not really much time to stop and talk."</i>	Läkarna förklarar inte och har inte tillräcklig tid	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Alami 2016 The uncertainty about the relation between fracture and osteoporosis may have been conveyed by their physicians. One focus group member stated: <i>"A rheumatologist told me that certain women with osteoporosis may fall and not sustain fractures. So you don't know what the link really is."</i> Uncertainty may also have resulted from a lack of information: "(Did the doctor talk to you about spontaneous fracture?) <i>No, no one ever mentioned it."</i>	Läkarna förklarar inte	Patienter med osteoporos upplever att de får otillräcklig eller felaktig information
	Beaton 2012 Perhaps the most modifiable barrier was the perceived lack of clarity around what actions to take. Patients often found themselves exposed to conflicting information regarding osteoporosis care, which blocked their ability to make an informed decision.	Motstridig oklar information minskade förmågan att fatta ett informerat beslut	Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut
	Beaton 2012 Patients juggling several unclear options were less likely to engage in	Många budskap om rekommendationer leder till minskad följsamhet	Patienter med osteoporos upplever att de får motstridig

	appropriate treatment: <i>“I am going insane, and my hands are full of little scraps of paper with what different people have told me to take.”</i>		information som försvårar deras beslut
	Alami 2016 Those recommendations (exercise, physical exercise, dietary modifications, and fall prevention strategies) ... were considered general rules for good health and ageing (and) they were not seen to be essential to osteoporosis prevention.	Oklar information hindrar full förståelse för patienten	Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut
	Berlin Hallrup 2009 Sometimes, this care was experienced as sporadic and exclusive. Women getting difficult medical advice complained about a lack of relevant information, and their understanding of the advice on a more profound level was not reached.	Oklar eller svårbegriplig information hindrar full förståelse för patienten	Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut
	Hansen 2014 Thoughts, worries, and anxiety about the decision regarding the medical treatment were mainly described in relation to the comprehensive package leaflet in the medication package and possible side effects. One informant stood out by the richly described and recurring sense of responsibility and concerns about whether she made the right choice: 66-year-old former high school teacher <i>“I have many thoughts, oh my God, is it harmful ... do I make the right choice? I find it very difficult to choose”</i>	Otillräcklig information om de utskrivna medicinerna får läkemedlens information att verka skrämmande	Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut
	Sale 2014 Of the 18 participants who received a post-fracture BMD test only two reported that their follow-up visit with their primary care physician included discussion about fracture risk	Vården undersökte kvinnornas skelett men gav dem inte information om frakturrisik	Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut

	<p>McKenna 2008</p> <p>When the general practitioner did discuss physical activity, their recommendations were often misunderstood and lacked specificity for bone-building effects.</p> <p><i>"I should be doing weight-lifting. You got to walk ..."</i></p>	<p>Läkarens rekommendationer var ospecifika och kunde missförstås</p>	<p>Patienter med osteoporos upplever att de får motstridig information som försvårar deras beslut</p>
Nivå 3: Lämnas att klara sig själva			
	<p>Beaton 2012</p> <p>Another [patient] was advised to not be concerned about a low BMD result: <i>"I said, Well, it looks like I might have a higher than normal risk," and she [the physician] said, "Statistically. It's only a statistic. Don't worry about it." So, basically, I went away thinking everything was hunky-dory [good] for me until the X-ray showed it actual wasn't.</i></p>	<p>Läkaren förringade problemet</p>	<p>Patienter med osteoporos upplever att diagnosen förringas</p>
	<p>Sale 2014</p> <p>Another participant who we [authors] classified as high risk said that her physician <i>"was quite happy with the one part of her spine that was slightly osteopenia but the rest of the spine was good."</i> Similarly, another participant we classified as high risk told us: <i>"She (the doctor) said there's a slight change (in bone density), not a huge change... but she wasn't really concerned, she just thought I should up the vitamin D"</i></p>	<p>Läkaren var obekymrad och ökade bara dosen D-vitamin</p>	<p>Patienter med osteoporos upplever att diagnosen förringas</p>
	<p>Paier 1996</p> <p>In part, this exploration was engendered by the feeling that they were not given much information about the diagnosis, treatment, or prognosis of the disease. <i>"He [the physician] told me that my bones were like that of an 80-year-old woman, and that was it. You know how doctors are, they don't tell you anything other than, well, you have this..."</i></p>	<p>Läkaren förklarar inte allvaret, utan meddelar bara diagnosen</p>	<p>Patienter med osteoporos upplever att diagnosen förringas</p>
	<p>Beaton 2012</p> <p>Another was advised not to be concerned about a low BMD result: <i>"The bone scan came back. The doctor said it was fine"</i></p>	<p>Läkaren nonchalerade undersökningsresultatet</p>	<p>Patienter med osteoporos upplever att diagnosen förringas</p>

	<p>Svensson 2016 All the women had continually been asking for radiographic examination and referral to the orthopedic department for a correct diagnosis. When they finally received the diagnosis of vertebral compression fractures (VCF), they were told that there was nothing more to do in terms of the injury and that they should rest and give it time. This was perceived as unsatisfying and frustrating; they describe feelings of being belittled.</p>	<p>Patienterna fick felaktig information om sitt tillstånd och vad man kan göra för att minska problemen vilket upplevdes otillfredsställande</p>	<p>Patienter med osteoporos upplever att diagnosen förringas</p>
	<p>Svensson 2016 The women felt they were marginalized just because they were older and female and that they ought to accept a certain level of infirmities as part of a normal aging process.</p>	<p>Patienterna kände sig dåligt bemötta för att de var äldre kvinnor och att deras svårigheter var en del av åldrandet</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
	<p>Svensson 2016 Their encounters with health-care providers were very discouraging, and the providers were seen as disinterested, which made the women feel diminished and belittled.</p>	<p>Patienterna kände sig förminskade och förringade av en ointresserad sjukvård</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
	<p>Svensson 2016 They often felt that they were not being taken seriously by healthcare providers, who saw them as untrustworthy and constantly referred them elsewhere.</p>	<p>Läkaren vill bli av med patienten</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
	<p>Berlin Hallrup 2009 <i>“When you have a doctor, it's nice to see the same oneIt feels safe, yes it does, because he knows exactly what my life is like.”</i>. While the women want this trust in healthcare relations, they do not want sporadic contacts with the health service, especially when they feel that their own body knowledge and situation carry little meaning in the relationship.</p>	<p>Kontinuitet i vården är viktigt och skapar tillit</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
	<p>Berlin Hallrup 2009 In encounters with the health service, the women's bodies are in the foreground while their fragile existence may end up in the background.</p>	<p>Sjukvården fokuserar på kroppen och ser inte patientens hela situation</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>

<p>McKenna 2008 [Patients] did not hold high expectations that consultations would discuss other treatment options: <i>“They explained to me what they were going to do about the medication they would put me on. I took the tablets which was all that they said, just take the tablets. One participant interpreted this as a silencing strategy: They [general practitioners] give you pills to get rid of you.</i></p>	<p>Sjukvården fokuserar på kroppen och ser inte patientens hela situation</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
<p>Dohrn 2015 Many informants expressed a wish to be seen as an individual by their caregivers. This wish included getting individualized advice and treatment.</p>	<p>Patienter vill få individuell vård och behandling</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
<p>McKenna 2008 Most of the patients felt they had a good overall relationship with their doctor, with some describing them as ‘caring’ or ‘delightful’.</p>	<p>Patienten känner sig omhändertagen</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
<p>Hansen 2014 This informant described how well she felt taken care of by the health care professionals: the chief physician at the hospital who referred her to a DXA scan; the medical laboratory technologist who was highly skilled, caring, and informative; and the general practitioner who afterward explained once again about the medical treatment.</p>	<p>Patienten känner sig omhändertagen</p>	<p>Patienter med osteoporos vill bli tagna på allvar som individer</p>
<p>McKenna 2008 <i>Unless you ask the right questions, you don’t get any answers ... unless you are prepared to stick your neck out, nothing happens I think most people have to take responsibility ... but how on earth do people get on if they’re not articulate?</i> Participants described that a more proactive, engaged approach was needed.</p>	<p>Patienten måste ställa frågor för att få information</p>	<p>Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa</p>
<p>Beaton 2012 They [patients] actively sought information to manage a health issue: <i>“You have to ask the questions. I’m the one who’s always</i></p>	<p>Patienterna blev sina egna hälsoadvokater</p>	<p>Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta</p>

	<i>pushing. I had to ask for my first bone density [test] because my doctor didn't believe I needed to do anything, and I was well over 50."</i>		eget ansvar för sin hälsa
	Svensson 2016 They were forced to become their own health advocates in explaining their illness and its consequences to others who did not take them seriously. Health-care providers did not ask about their needs and did not meet their expectations regarding appropriate information or support.	Patienterna blev sina egna hälsoadvokater	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	Hansen 2014 These descriptions were in terms of needing to be a persistent advocate for one's own health and having to convince the physician of the need for a thorough examination. Among others, this appeared in the text as a description of the physician's apparent rejection to accept information from other therapists: 74-year-old former preschool teacher <i>"he [the chiropractor] had made a tape for my physician, but of course she [the physician] would not consider looking at it"</i>	Patienterna blev sina egna hälsoadvokater	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	McKenna 2008 Women learned about osteoporosis (OP) care by active engagement with support groups, from other OP sufferers, newspapers, books, magazines or searching the internet. The desire to learn more about OP helped sustain and support extensive general practitioner dialogue.	Välinformerade patienter skapar förutsättningar för en bra dialog med allmänläkaren	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	McKenna 2008 Sharing her knowledge enabled the woman to feel stronger and take control of her condition, which involved educating her general practitioner over a prolonged relationship.	Att dela kunskapen med läkaren hjälper patienten att ta kontroll över sin situation	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	Beaton 2012 One participant emphasized the importance of asking questions: <i>"A lot of people don't ask questions. If the doctor says, "Your bone density is fine," everything's fine. I want to know more than that, and I ask a</i>	Patienten måste ställa frågor för att få information	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa

	<i>million questions, and he knows. I write them down before I go, and I take a list, and he says, "What's on the list today?" And my doctor is very good about answering all my questions. But you have to ask the questions."</i>		
	Berlin Hallrup 2009 The health service provides recommendations that may lead the women to passively take in advice and information, and expose themselves to various investigations. Still, the women can express trust in their individual judgements and then choose their own strategies for their continued care.	Patienterna litar mer på sin egen bedömning	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	Dohrn 2015 [Patients] having to find strategies and solutions to face the challenges: <i>"They say I'm not allowed to mow the lawn. But I don't know . . . I've got one of those self-propelled movers... And I feel much better after mowing the lawn for half an hour. I walk a lot, and I have something to hold on to."</i>	Patienterna litar på sin egen bedömning	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	Beaton 2012 Patients waited for the physician to endorse specific actions: <i>"If my doctor thought it was something I should have done, I would do it."</i> This type of response placed the responsibility for action primarily on the health care practitioner.	Patienten väntar på vårdens initiativ	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa
	McKenna 2008 Older South Asian women looked to, and expected 'complete' care, from their general practitioner particularly for medications (e.g. painkillers). <i>"Doctor tells us everything ... never asked any questions"</i> .	Patienten väntar på vårdens initiativ	Patienter med osteoporos upplever att de på bristfälliga grunder lämnas att ta eget ansvar för sin hälsa

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