Bilaga 5 Studier som ligger till grund for resultat och slutsatser (kvalitativa studier)/ Studies of low and moderate risk of bias used for results and conclusions in the present report

Author Year Reference Country	Aim Data collection Analytic method	Informants	Summary of results	Risk of bias Comments
Alami et al. 2016 [1] France	**Aim** To study patients with, postmenopausal osteoporosis (PMO), views regarding PMO to identify impediments to good care **Data collection** Face-to-face semi-structured interviews **Analytic method** An inductive enquiry consistent with a grounded-theory approach	To be eligible for the study women had to have been diagnosed with postmenopausal osteoporosis (PMO) by a bone density test and to have received a long-term prescription for an anti-osteoporotic treatment (there were 16 fractures, 7 hip fractures) n=37 women Age range: 57–87 years	Women received general life-style recommendations from their physicians positively, but did not connect them specifically to osteoporosis. Indeed, these recommendations, along with the fear of side effects, the absence of tangible results of treatments, the view of postmenopausal osteoporosis (PMO) as a natural process, and the representations of PMO severity are factors that may deter treatments and impact compliance. More attention and time should be devoted to patients' concerns and representations in order to better understand their priorities, including their fears concerning treatment	Low
Beaton et al. 2012 [2] Canada	**Aim** To interview patients at risk for an additional osteoporosis-related fragility fracture and to understand their experiences of	All participants had experienced at least one fragility fracture within the previous 12 months and participated in one of five focus groups	The participants wanted to have more information about their condition and its consequences but sensed resistance to the patients raising questions regarding osteoporosis. Patients were also disappointed that they were not told about what their particular results was from tests and what they meant. The patients depended on their health care providers to take on	Moderate Deviation from the selected method was made and selection of participants is not clear

	osteoporosis awareness, diagnosis, testing, and treatment within the context of a coordinator-based system in an orthopaedic fracture clinic setting **Data collection** Data was gathered from focus groups interviews **Analytic method** The analysis was made using a constructivist grounded theory approach	n=24 18 women and 6 men Mean age: 64.2 years (range 47–80)	osteoporosis management, but often perceived them to be too busy to do so. The greatest difficulties they experienced were 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	The focus groups were not described Saturation was not mentioned, nor the authors' preunderstanding
Berlin Hallrup et al. 2009 [3] Sweden	**Aim** To describe the meaning of the lived experience of falls risk in community-dwelling elderly women with previous fracture experience as a result of a fall **Data collection** In-depth interview data **Analytic method** The data was analysed using a phenomenological method	All participants were women living in their own homes in rural areas and they had previously participated in a voluntary hip fracture prevention programme since year 2002 n=13 women Age range: 76–86 years	By not getting enough information or cooperation with health care made women feel that they have become strangers to their changed bodies and to their ageing lives. They felt that their bodies was always in the foreground while their fragile existence may end up in the background. The women perceived that a lack of continuity from the doctor led to a non-compliance and mistrust of taking further medication. They searched strategies for reducing their insecurities while they strived to keep up their mobility, which lead them into learning to live more carefully	Low
Dohrn et al. 2015 [4] Sweden	**Aim** To describe perceptions and experiences of physical activity and the factors that influence habitual physical activity among older women with osteoporosis, impaired balance, and fear of falling **Data collection**	Community-dwelling women were recruited from a previous randomized controlled study evaluating a 12-week balance training program n=18 women Mean age: 76.5 years (range 66-86)	Many informants expressed a wish to be seen as individuals by their caregivers. This wish included getting individualized advice and treatment. Individuality also was important in their general view of physical activity, participation had to be on their own terms. They said that it is only the individual themselves who can decide what intensity or type of physical activity to engage in, and they described how they had chosen a type of physical activity that they enjoyed and thereby managed to sustain motivation and adherence to the activity. The informants described different	Low

	Participants were recruited through advertisements in local newspapers, through an endocrinology clinic, and through an osteoporosis association. Individual semi structured face- to-face interviews were conducted **Analytic method** The analysis was inspired by a thematic content analysis		strategies to face the challenges of being physically active with osteoporosis. They took special precautions in how to perform certain activities, they tried to conserve energy, and they tried not to be too careful but rather to challenge feat and dare to do somewhat risky activities as a way to strengthen their self-efficacy	
Hansen et al. 2014 [5] Denmark	**Aim** To investigate women's experiences of living with a new osteoporosis diagnosis during the first 6 months after diagnosis when fracture preventive treatment had been prescribed **Data collection** Informants were included consecutively and individual interviews were performed. The informants were interviewed twice, the first interview took place shortly after the diagnosis; the second interview was about 6 months later **Analytic method** Data was analysed using a phenomenological hermeneutic approach	The participants were women who attended DXA-scan at one of the two participating hospitals n=15 women Mean age: 71.9 years (range 65-79)	Descriptions of the absence of being taken seriously were commonly found in the study. 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. Others described a mix of presence and absence of the experience of being taken seriously. Prominent in stories about handling practical issues were worries and need for information and knowledge about osteoporosis and anti-osteoporotic medications, side effects and discomfort, as well as attitudes and current life circumstances	Low

McKenna et al. 2008 [6] UK	**Aim** To compare experiences of osteoporosis care and fracture prevention in Caucasian and South Asian women. The women had been diagnosed with osteoporosis for 8 months up to 40 years **Data collection** Semi-structured interviews were conducted **Analytic method** A hermeneutic phenomenological approach. One additional researcher analysed the material	The women were sought through National osteoporosis society (NOS) support groups, osteoporosis exercise classes and South Asian community centres in south east England n=21 women Age range: 43-82 years	Participants reported uncertainty concerning self-care and lack of information and support from the general practitioners (GPs). Some of the informants took own initiatives and educated the GP:s in osteoporosis and self-care such as physical activity. Several informants instigated discussions about physical activity with their doctor once they understood the benefits of such activity. They felt that sharing their knowledge made them feel stronger and in control of the condition	Moderate Unclear data analysis, more sorting data than deeper analysis, no method discussion
Paier 1996 [7] USA	**Aim** Explore the experiences of living with osteoporotic vertebral fracture **Data collection** Semi structured interviews were conducted **Analytic method** A descriptive, phenomenological approach. Analysis following Colaizzi's eight step procedure. Analysis validated by a nurse researcher	A purposive sample of women who had experienced spinal fractures as a result of osteoporosis was recruited n=5 women Age range: 58-86 years	Negative experiences such as feeling of social isolation, pain, changed body, decreased functional ability, insecurity concerning the future dominated the results. Participants experienced lack of information about the diagnosis, treatment and prognosis from the doctor. At follow-up visit after bone mass density test there was no discussion about future fracture risk	Low
Sale et al. 2014 [8]	**Aim** Examine patients' experiences of bone mineral	Patients who presented with a fragility fracture to one of Canadas leading community teaching hospitals, and	Most difficulties were connected to the doctors who did not recommend bone density testing and gave wrong or insufficient information about osteoporosis. Informants who were sent for tests	Moderate

Canada	density testing and bone health treatment after an osteoporosis screening programme **Data collection** A prospective study with a purposeful sampling. Interviews within 6 and 18 months of their clinic visit **Analytic method** Phenomenological method. Two researchers analysed the interviews directly after the interview	were candidates for fracture risk assessment n= 25 (51 interviews) 22 women and 3 men Age range: 50-79 years	and were found to have low bone density were sent to primary care for a follow up visit. In these meetings, they reported not to have discussed their fracture risk with the general practitioner	No deeper qualitative analysis, more like a manifest analysis of barriers (deductive)
Svensson et al. 2016 [9] Sweden	**Aim** To illuminate the lived experience of women with osteoporosis-related vertebral compression fracture **Data collection** Individual interviews **Analytic method** A phenomenological hermeneutic method	Women diagnosed with one or several osteoporotic vertebral compression fracture with subsequent pain and reduced physical function, living in their own homes were recruited from an outpatient clinic n=10 women Age range: 65-79 years	The women often felt that they were not being taken seriously by healthcare providers, who saw them as untrustworthy and constantly referred them elsewhere. Despite complaining about increasing pain and discomfort, they felt they never got a thorough examination and ultimately they ended up being sent home with pain medication and advice to rest. 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. They felt that the care professionals saw them as unnecessary care seekers, and they felt ashamed when they were told that other patients where in greater need of care. They were forced to become their own health advocates in explaining their illness and its consequences to others who did not take them seriously	Low

References

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