LETTER TO THE EDITOR

The Role of Health Literacy in the Treatment of Osteoporosis

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To the Editor

We noted with interest the recent Editorial by Khosla and $Shane^{(1)}$ that drew attention to the

poor uptake of, and adherence to, therapeutic interventions in patients at risk of fragility

fracture. We wish to emphasize the authors' statement that highlighted the importance of

ensuring patients have access to accurate information to inform their healthcare decisions, and we agree that the consequences of osteoporosis and the importance of medication adherence are not necessarily clear to patients. We add that health literacy is likely to play a major role in the ability of patients to access, understand, and apply information in order to make informed decisions about osteoporosis treatment.

To date, very little research has been undertaken regarding health literacy, osteoporosis, and medication adherence. One population-based study found that individuals with osteoporosis had poorer functional health literacy (health-related literacy and numeracy skills) compared with the general population.⁽²⁾ Although another study found no association between health literacy and medication adherence in women with osteoporosis,⁽³⁾ studies of people with other chronic diseases have shown an association between lower levels of functional health literacy and poorer medication adherence.⁽⁴⁾

Functional health literacy tools are limited in their ability to capture the full breadth of the health literacy concept and focus principally on literacy, with some including numeracy skills.^(5–7) Additional aspects of health literacy that may be important in the decision to adhere to osteoporosis medication include the doctor–patient relationship as well as the doctor's ability to impart information and an individual's ability to understand and appraise additional information on the risks and benefits of treatment well enough to make an informed decision. It is likely that poor medication adherence is multifaceted and complex.

Understanding health literacy needs of individual patients might provide greater insight into the barriers of medication adherence, as discussed by Khosla and Shane. This may be achieved by the application of more recently developed health literacy tools. As an exemplar, the Health Literacy Questionnaire (HLQ)⁽⁸⁾ is a multidimensional measure of health literacy that was developed using a grounded approach. The HLQ includes nine independent domains of health literacy, and can be used to identify an individual's health literacy needs. This information would inform a more person-centered approach to addressing the problem and may be one method for improving medication adherence and patient outcomes.

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