

## Age and Ageing article- Tables

**Table 1**

<b>TFA domain</b>	<b>Description</b>
Affective Attitude	An individual's feelings about intervention
Burden	How much effort is perceived to be necessary for individuals to participate in intervention
Ethicality	How well the intervention aligns with individuals' value systems
Intervention Coherence	How well the individual understands the intervention and how it works
Opportunity Costs	The extent to which benefits, profits or values need to be sacrificed for the individual to engage in intervention
Perceived Effectiveness	Perceptions around the likelihood of an intervention to achieve its purpose
Self-Efficacy	Individuals' confidence that they can undertake the necessary behaviour to participate in the intervention

Table 1: Description of TFA domains, adopted for Sekhon et al. (2017)

**Table 2**

<b>NVivo node</b>	<b>Description</b>
Reflections on Engagement	Reported reasons why people engaged in treatment regimens and how they engaged
Reflections on Non-Engagement	Reported reasons why people did not engage in treatment regimens and how they disengaged.
Stopping	Why people stopped engaging in treatment regimens and factors that were causing people to consider stopping.
Difficulties of use or receiving	Reported difficulties with treatment regimens, e.g. experiencing side effects
Disruptions and inconveniences	Reported factors that made treatment regimens disruptive and inconvenient e.g. needing to remain upright for 30 minutes to take oral bisphosphonates
Perceptions of Effectiveness	What individuals understood to be a sign of effectiveness and/or indication that the treatment was working, and how they thought this could be measured/assessed

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Oral versus other types of treatment	What direct comparisons individuals made between different treatment types
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Table 2: NVivo nodes of priority

**Table 3**

<b>Participant demographics</b>	<b>N</b>
Gender:	
- Female:	73
- Male:	5
Age group:	
- Under 50 years:	1
- 50-60 years:	7
- 61-70 years:	37
- 71- 79 years:	21
- 80+ years	12
Bisphosphonate treatment experience:	
- Oral bisphosphonates only:	41
o <i>Alendronate/ alendronic acid tablets only</i> [31]	
o <i>Soluble alendronic acid (Binosto); previously on alendronic acid tablets</i> [3]	
o <i>Risedronate tablets only</i> [4]	
o <i>Risedronate tablets; previously on alendronic acid tablets</i> [2]	
o <i>Ibandronate tablets; previously on alendronic acid tablets</i> [1]	
- IV zoledronic acid bisphosphonates only	13
- Different bisphosphonates (i.e., oral and IV)	24

Table 3: Participant demographics

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**Table 4**

Quotation number	Quotation
1.	<i>"Oh, just because I'd had, I'd fallen and broken my hip and I didn't want to fall and break something else again."</i> (B076p_IV).
2.	<i>"The state of my father really, because mentally he was one hundred percent, and physically he was an absolute wreck. His spine had bent completely."</i> (B042p_Dif).
3.	<i>"I felt that everything had been explained and I just thought [treatment] was a way of preventing it getting worse really."</i> (B068p_Dif).
4.	<i>"My hip then improved over three years to -1.1, so OK, it was a slight improvement but as the consultant said, 'it is an improvement, and it hasn't got worse'. And I think well, something is working somewhere along the line... That encouraged me then just to keep going with it."</i> (B009p_O).
5.	<i>"And if it adds another five years or longer, ten years of me having a more stable life, I want that, I'll go for it, thank you."</i> (B055p_O).
6.	<i>"And my first initial reaction was 'you're taking something for osteoporosis that causes a fracture!' And it didn't make sense. It was almost too much to take on-board at the time. And from that to say, 'will you just pop in and collect your prescription and start taking it'- 'mm-mm, no way!'"</i> (B013p_O).
7.	<i>"I do think that somebody should have carried out a proper, as I said before, a proper review after five years... and said you know 'I think you need another DXA scan to see if that's the right drug.'" -</i> (B031p_O).
8.	<i>"The care particularly centred on the second infusion was so reassuring...I felt so well looked after. And having it explained to me I think several times in several different ways because people realised that I just wasn't taking stuff in."</i> (B066p_IV).
9.	<i>"Well, I think they give reassurance, and they give you their time, because I was very impressed with the chap, who came last week, because when I asked about my DXA scan results he had to go out to the car to get his laptop and he, you know he wasn't rushing me. He got his laptop, and he sorted out exactly what the data was from the DXA scan and told me all the data."</i> (B081p_IV).
10.	<i>"Oh, I'm just sent a letter with an appointment date and time. And I can sort of change it, if it's not convenient...it's always been alright."</i> (B080p_IV).
11.	<i>"I had no sort of medical expertise at all, but to have an infusion would seem to me to get to the heart of the matter more than a pill!"</i> (B051p_Dif).
12.	<i>"I find it a total burden to be honest...I'm an early riser, and I do like to wake up early and have a cup of tea, I know this is all trivial, but just have to swallow a huge amount of water with this tablet, and then sit around for half an hour, trying to occupy myself – it just, it's just alien."</i> (B037p_O).
13.	<i>"I mean, in fact you can sort of sit bolt upright but I'm not very good at that, so I always seem to hunch a bit and since I had the fractures that's really not possible."</i> (B014p_Dif).
14.	<i>"I try to keep active for an hour – because I'm frightened, you're frightened taking that particular alendronic acid. I don't like taking it, I find it a real inconvenience."</i> (B027p_O).
15.	<i>"I've got an alarm on my phone to remind me that it's Wednesday and I've got to take my alendronic acid."</i> (B071p_O).
16.	<i>"I think I had to go to something like atrium three which didn't happen to be marked and it was all a bit, it was a bit confusing and a bit open, but I found it. I blundered my way towards it. It wasn't ideal."</i> (B023p_Dif).
17.	<i>"They just come into the dining room, the chair is pulled out, they set their gear up on the table and we're away, no problem... I mean how could it be better? You just sit down, she puts a needle in, pops it in and then Bob's your Uncle! No problem!"</i> (B077p_Dif).
18.	<i>"I would prefer it at home, because it is a bit of a struggle for me to get to places, you know with the multiple sclerosis."</i> (B075p_Dif).

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19.	<i>"I've only got one vein that they can get a needle into and it's a bit of a struggle. The first time I think it was quite cold, I was cold, so I had to have a hot water bottle on my arm for a while to warm it up."</i> (B060p_IV).
20.	<i>"I just [worry] about side effects and if you put intravenously, you know, how you counter them. And I thought I'm not going down this road at the moment."</i> (B013p_O).
21.	<i>"[After a year's gap] I was very happy to go back on alendronic acid having had no trouble previously."</i> (B039p_O).
22.	<i>"And I just thought the side effects from the alendronic acid just weren't worth it, they were impacting my life."</i> (B032p_O).
23.	<i>"You know, it does worry me that if I have to have a tooth out there could be complications... it's adding to my decision to stop when I've been on it for five years."</i> (B005p_O)
24.	<i>"And so, I think that the fact that you don't, you know it doesn't cause any irritation in your oesophagus is quite an advantage to have the infusion actually".</i> (B081p_IV).
25.	<i>"I wrote to my doctor and said I'd read all the information, so when she started prescribing, "pretty please prescribe the soluble tablet", which to my way of thinking was the least harmful or least – the one I could tolerate most, of the options. And that got ignored, and I got sent the prescription for the Alendronic tablet, and I refused to take it. I took it once, and I just found it so difficult I felt I'm not taking it – I'd rather not have it."</i> (B037p_O).
26.	<i>"I shouldn't complain really because so many people have so many things, and their lives are really dictated by their meds. But what annoys me is the reluctance to actually discuss any options."</i> (B044p_O).
27.	<i>"I was, you know I never enjoyed the fact that I had to have my glass of water and potter around the house but well, there was sort of no option, so I was perfectly happy. I knew what, I know what osteoporosis can do."</i> (B023p_Dif).
28.	<i>"I know it's only little things really but the convenience of having something once a year compared to 52 times a year is amazing."</i> (B074p_Dif).
29.	<i>"The consultant that diagnosed it, because he looked back at this x-ray and saw it and he just put everything into action and was very clear...so professional... And yes, so that was very positive for me. And the actual treatments, because I've always felt quite secure and quite happy with them."</i> (B060p_IV).
30.	<i>"I'm assuming that because I'm on zoledronate infusion which is obviously much more expensive, that this is going to be a better treatment than Fosamax [alendronic acid]... I'm having faith this zoledronate is going to work."</i> (B050p_Dif).
31.	<i>"And then of course I hit the jackpot with the infusion and that's marvellous."</i> (B014p_Dif).
32.	<i>"I've talked to people afterwards who just have the tablet, and they're surprised that I had the infusion, but I was quite happy to have the infusion."</i> (B081p_IV).
33.	<i>"[Intravenous treatment is] just wonderful...I've never been up nor down or anything, and compared to what I was suffering with, fabulous. For me it's been great."</i> (B030p_Dif).
34.	<i>"It might be nice to know that they were aware that there are alternatives, but I don't take a massive amount of notice of what they are because, at the moment, I'm quite happy on the risedronate."</i> (B024p_O).
35.	<i>"...so I think all in all [the tablet] definitely agrees with me, and it's so easy to take. You just get into a routine you know, like Friday morning, I know exactly what I'm doing and what times I'm doing it at you know."</i> (B011p_O).
36.	<i>"I know what [the staff are] there for and yeah, I just, put your arm out and keep it in a safe place. So, they just, put you in a comfortable position. And then they just do it, so...I don't really feel anything to be honest."</i> (B078p_IV).
37.	<i>"I need to be on a treatment. I think [intravenous is] the best one for me at the moment but I'm fully aware I am at high fracture risk anyway."</i> (B023p_Dif).
38.	<i>"I was really sort of rather pleased that I'd finally achieved, you know, some other treatment and I didn't have to keep taking the wretched [oral] bisphosphonates."</i> (B014p_Dif).

Table 4: Supporting quotations