

## **Treatment gap leaves many older adults at unnecessary risk of fracture**

International Osteoporosis Foundation

June 16, 2011

### ***New report reveals low treatment uptake, inadequate implementation of national osteoporosis guidelines and poor adherence to therapy***

In Europe, a serious treatment gap is leaving millions of people at high risk of fragility fractures.

The findings were revealed in 'Osteoporosis: Burden, health care provision and opportunities in the EU', a landmark report prepared by the International Osteoporosis Foundation (IOF) in collaboration with the European Federation of Pharmaceutical Industry Associations (EFPIA). The report found that only a minority of high risk patients are receiving treatment to prevent fractures - contrary to the recommendations of most national osteoporosis guidelines and despite continued advances in risk assessment and the wide-spread availability of effective medication.

Approximately 6% of all men and 21% of all women aged 50-84 years in Europe's five largest countries (France, Germany, Italy, Spain, UK) and in Sweden, are estimated to have osteoporosis. Osteoporosis is a chronic disease, more common in older adults, that leaves people at higher risk of bone fracture. Of most concern are spinal and hip fractures which may result in long-term disability, loss of independence and even early death. In the six countries studied specifically in the report, approximately 34,000 deaths annually are caused by fractures - the equivalent of 80 deaths per day. The health care cost, including pharmacological prevention, was estimated at Euro 30.7 billion for the six countries alone - corresponding to 3.5% of the total spending on health care in those countries. The report found that a serious treatment gap continues in Europe, for many reasons, including:

- Recommendations in national management guidelines are not always implemented;
- There is insufficient case-finding, i.e., those at risk of fracture (including secondary fracture) are not being identified and recommended for treatment;
- DXA resources to measure Bone Mineral Density (BMD) are insufficient in 40% of European countries (despite the fact that BMD is significantly more effective in predicting fracture than serum cholesterol is in predicting heart attack);
- Advances made in calculating the 10-year absolute risk of fracture, such as the WHO Fracture Risk Assessment Tool ([www.shef.ac.uk/FRAX](http://www.shef.ac.uk/FRAX)), are not being widely implemented;
- In some countries there is stringent criteria for the reimbursement of diagnostic

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testing or treatment (for example, only following a fragility fracture);

- Compliance and persistence with osteoporosis treatment are poor – approximately 50% of patients do not follow their prescribed treatment and/or discontinue treatment within one year.

The treatment gap was found to vary between countries. Spain was estimated to have the lowest treatment gap (about 19% for women) and Sweden the highest (about 71%).

“We have found that there is a large gap between the number of people that are treated compared to the proportion of the population that could be considered eligible for treatment based on fracture risk,” said Professor Bengt Jonsson of the Stockholm School of Economics and principal investigator of the report. “This means that thousands of patients go on to experience fractures which could have been prevented. Improved implementation of clinical guidelines and better treatment uptake to close this ‘treatment gap’ is cost-effective – we estimated that almost 700,000 fractures could be potentially avoided from 2010 to 2025 with increased treatment uptake.”

Professor John Kanis, IOF President, also noted that even those patients who are identified and are placed on a treatment regimen, will often fail to comply with their treatment. “With a chronic condition like osteoporosis, staying on treatment can be a challenge. Patients may fail to appreciate the benefits of a treatment as they can’t immediately feel or see their bones getting stronger. However, without regular medication, there is an increased risk of suffering debilitating fractures. From a socio-economic perspective, better adherence would lead to more avoided fractures and better cost-effectiveness,” he noted.

The comprehensive report, published online in ‘Archives of Osteoporosis’ provides an introduction to osteoporosis and reviews medical innovation and clinical progress in the management of osteoporosis, the epidemiology and burden of the disease, the current uptake of osteoporosis treatments and the future burden of fractures as a consequence of increasing treatment uptake.

The report can be accessed via the IOF website [here](#) [1] and will soon be available on the ‘Archives of Osteoporosis’ website at <http://www.springerlink.com/content/1862-3514> [2] .

### ***Osteoporosis: Burden, health care provision and opportunities in the European Union***

***Archives of Osteoporosis (2011). O. Ström, F. Borgström, J.A. Kanis, J. Compston, C. Cooper, E. V. McCloskey & B. Jönsson. DOI 10.1007/s11657-011-0060-1***

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About IOF

The International Osteoporosis Foundation (IOF) is a non-profit, nongovernmental umbrella organization dedicated to the worldwide fight against osteoporosis, the

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disease known as “the silent epidemic”. IOF’s members – committees of scientific researchers, patient, medical and research societies and industry representatives from around the world – share a common vision of a world without osteoporotic fractures. IOF now represents 199 societies in 93 locations.

<http://www.iofbonehealth.org>

### **About EFPIA**

EFPIA represents the pharmaceutical industry operating in Europe. Through its direct membership of 31 national associations and 40 leading pharmaceutical companies, EFPIA provides the voice of 2,200 companies committed to researching, developing and bringing new medicines to improve health and quality of life around the world.

<http://www.efpia.eu/>

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#### **Links:**

[1] <http://www.iofbonehealth.org/about-iof/the-organization/committee-of-scientific-advisors-csa/publications-position-and-consensus-statements.html>

[2] <http://www.springerlink.com/content/1862-3514>

[3] <http://www.iofbonehealth.org/news/news-detail.html?newsID=451>