

Failure to prevent fractures costing WA more than \$300 million each year: Osteoporosis Australia report

Launch of national SOS Fracture Alliance to 'make the first break the last'

The brittle bones of West Australians aged 50 plus are expected to cost \$307 million in 2017,¹ while the total cost over 10 years will climb to \$3.2 billion by 2022.¹

This is according to the first State report analysing the costs and burden of poor bone health for Western Australia, set for release by Osteoporosis Australia today (June 27, 2017).

Release of the *Osteoporosis costing Western Australia: A burden of disease analysis* report, will coincide with the launch of the independent SOS Fracture Alliance – Australia's only national alliance of 30 medical, allied health, patient and consumer organisations focusing on the prevention of osteoporotic fractures.

According to Clinical Epidemiologist and Consultant Physician in Rheumatology and Geriatric Medicine, Professor Charles Inderjeeth, Perth, 567,000 West Australians aged 50 and above are currently living with brittle bones.¹ This figure is expected to climb to 678,000 within the next five years,¹ leading to a cascade of fractures, which could be prevented, saving millions of dollars and improving patient lives. The report estimates by 2022, there will be 20,500 fractures in Western Australia each year.¹

"A broken bone is usually a sign that we need to take action to prevent more bone loss, as each fracture indicates an even higher risk of a further fracture.¹

"What is extremely worrying, is that four-out-of-five Australians treated for an osteoporotic fracture are not tested for osteoporosis, and therefore, are not offered treatment for osteoporosis,"² said Prof Inderjeeth.

"There is a significant gap in osteoporosis care, and our hospitals are becoming revolving doors for fracture patients being sent home, and returning with new fractures, rather than being properly assessed and treated for osteoporosis."

Founder and Chair of the SOS Fracture Alliance, Professor Markus Seibel, Sydney said Australians are being unnecessarily left to endure the pain of repeated fractures, and should regard the new figures as a serious public health warning.

"Two-thirds of West Australians aged 50 and above have poor bone health or osteoporosis, and many don't know it, even when they have obvious risk factors, or already have sustained a fracture,"¹ Prof Seibel said.

"More often than not, people are sent home, after their fracture has been 'fixed', and miss out on essential investigation and care which in many cases would prevent further fractures.

"The SOS Fracture Alliance is seeking to increase recognition nation-wide of first fractures in people with undiagnosed osteoporosis, to make their first break the last," said Prof Seibel.

"This is why the SOS Fracture Alliance strongly advocates the implementation, across the nation, of routine services that identify, investigate and treat patients with osteoporotic fractures. These secondary fracture prevention services will integrate all sectors of the health system, in particular, primary care and hospital-based services."

Epidemiologist and public health physician, Professor Bruce Armstrong, 73, Perth has had a distinguished career in research, academia and public service. Yet, despite his medical qualifications and experience, Bruce never gave genuine consideration to the potentially adverse impact of osteoporosis on his health and wellbeing. That was, up until October 2015 when, at the age of 71, a bone mineral density (BMD) test revealed worsening osteoporosis. An X-ray a decade earlier had identified wedge fractures in his spine.

Bruce has an immediate family history of osteoporosis. His mother experienced increasing back deformity during the one to two decades of her life, which, according to Bruce, "could only have been due to osteoporosis." His elder sister is also living with osteoporosis, and has been taking calcium and medication to prevent bone loss, for a number of years.

Following the BMD test in 2015, Bruce agreed to commence medication (to replace lost bone), combined with significantly increased dietary calcium intake, the use of calcium tablets, and a regular weight-bearing exercise program. The combination of dietary changes, bone-building exercises and osteoporosis medication have since halted any further bone loss. **more#**

“I am now fit and healthy, physically active and largely free of any back discomfort. I have fortunately had no fractures since my bone health is being properly managed,” Bruce said.

“I suspect I had a low to very low calcium intake for almost all of my adult life, and up until now, always thought aerobic exercise was sufficient to keep me healthy.

“If this was my level of ignorance, despite my medical training, what can we expect from members of the general community?” Bruce asked.

Bruce is a strong advocate for the new SOS Fracture Alliance, citing “I strongly support initiatives, such as the SOS Fracture Alliance, that ensure people who have had a fragility fracture, don’t have another one.”

According to CEO of Osteoporosis Australia, Greg Lyubomirsky, Sydney, urgent action is needed to improve health outcomes for patients and their families.

“Breaking a bone is an immediate and ongoing medical emergency. It involves time in hospital, surgery, rehabilitation and often home care.

“Fractures adversely impact patients and their families. Fractures disrupt daily activities, are painful, and take a long time to recover from,” said Mr Lyubomirsky.

“It is our collective responsibility to stop osteoporotic fractures from occurring.

“Fractures are an important cause of death in older people, and require the same focus and attention as heart attacks and stroke,” Mr Lyubomirsky said.

“Yet, we know too many fracture patients are leaving hospital without appropriate investigation for osteoporosis.¹

“Our report released today clearly demonstrates the high cost to the healthcare system of the growing numbers of preventable fractures.¹ We must do better,” said Mr Lyubomirsky.

Osteoporosis affects women and men, and occurs when bones lose their quality and strength, weakening the skeleton.³ Osteoporotic-fractures most often occur in the spine, hip, wrist, upper arm, ribs, and pelvis.³ Proper medical investigation and management can halve the risk of further fracture.³

Direct costs of managing fractures from osteoporosis include ambulance services, hospitalisations, emergency and outpatient departments, rehabilitation and community services.¹ These are preventable costs.

About the WA report

The ***Osteoporosis costing Western Australia: A burden of disease analysis*** report forms part of a series of reports commissioned by Osteoporosis Australia, and co-authored by health economics experts from the Australian Catholic University and Deakin University. The report investigates the rising costs and burden of poor bone health and related fractures.¹

The report reveals 46 fractures occur each day among residents aged over 50 in Western Australia.¹ The total costs of brittle bones in those aged 50 and above in Western Australia is projected to reach \$307 million this year, \$211 million (69 per cent) of which will relate directly to fracture costs.¹ By 2022, it is estimated 20,470 fractures will occur each year (56 per day).¹

About the SOS Fracture Alliance

The Australian National SOS Fracture Alliance unites 30 medical, allied health, patient and consumer organisations under its umbrella. The more than 2.91 million individual members have one common goal – to ‘*make the first break the last*’ by improving nation-wide care for patients presenting with a minimal trauma fracture. The SOS Fracture Alliance is working to close this gap in osteoporosis care by addressing the fact that the overwhelming majority of patients who sustain an osteoporotic fracture receive no investigation, nor treatment to prevent further fractures. Comparatively, Australia has one of the world’s poorest rates of identifying and managing osteoporotic fractures appropriately – some 70 to 80 per cent of women who have broken a bone and would therefore qualify for osteoporosis treatment, are not investigated or diagnosed, nor receive appropriate medical care.^{1,4} As a result, the numbers of preventable fractures impacting patients, their families and the healthcare system are steadily growing.

For more information about osteoporosis and the *Osteoporosis costing Western Australia: A burden of disease analysis* report, visit www.osteoporosis.org.au/burdenofdisease. For more information about the SOS Fracture Alliance, visit www.SOSfracturealliance.org.au.

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DIGITAL MEDIA KIT: Available for download TUES, JUNE 27, 2017 at www.fracturepreventionmediakit.org

To learn more, visit: osteoporosis.org.au/burdenofdisease & SOSfracturealliance.org.au

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References

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