

PATIENT PERSPECTIVES TO CATALYZE ACTION IN OSTEOPOROSIS CARE

The impact of the fractures I suffered had devastating consequences for myself and my family members alike.” – Chris, living with osteoporosis



Aiming to be a catalyst for the advancement of policy, this **first-of-its-kind qualitative study**, *Patients’ Perspectives as a Catalyst for Action to Improving Osteoporosis Care*, by Ghent University, captures perspectives from people around the globe living with osteoporosis. It identifies gaps and policy recommendations that, if implemented, could improve the lives of people living with this potentially life-altering disease.

EVERY 3 SECONDS someone in the world suffers a bone fracture due to osteoporosis.¹



~200 MILLION PEOPLE WORLDWIDE

Osteoporosis is a serious, chronic disease impacting patients, their families and health systems and should not be accepted as a normal part of an ageing population.

AN UNPRECEDENTED OPPORTUNITY FOR SYSTEMIC CHANGE



The United Nations (UN) General Assembly declared 2021–2030 the Decade of Healthy Ageing—a tremendous opportunity to bend the curve in this concerning projection.

Bone health is essential to healthy ageing. The UN, World Health Organization (WHO) and Member States must include bone health in their healthy ageing goals.



A systematic effort by all stakeholders is urgently needed as part of a **concerted action to close the gap** between evidence-based care and the actual care provided.

MORE QUICK FACTS ON THE BURDEN OF OSTEOPOROSIS



By 2050, the annual number of fractures attributable to osteoporosis is projected to have increased by 240% in women and 310% in men.¹



The lifetime risk of fragility fracture in men is greater than that of prostate cancer.¹

“When I was admitted to the hospital the doctor failed to recognize the underlying cause of my fracture. After I had healed, I was sent back home, and I broke another bone soon after.”
– Diane, living with osteoporosis

TAKE THE STEPS TODAY TO ELEVATE BONE HEALTH TO A NATIONAL HEALTH PRIORITY

RAISE AWARENESS OF OSTEOPOROSIS, FRAGILITY FRACTURES, AND FALL PREVENTION



- Communicate clear, consistent, and compelling evidence-based messages to encourage healthy lifestyles and behaviors that help maintain good bone health.

“There is a lot we can do ourselves to maintain healthy bones, but we are simply never told.”

– Louisa, living with osteoporosis

ENSURE REIMBURSEMENT STRUCTURES REFLECT NATIONAL SCIENTIFIC CONSENSUS ON DETECTION, CARE, AND PREVENTION



- Reimbursement decisions should reflect the true costs of fragility fractures to the wider healthcare system and society. At a minimum, there should be reimbursement for nationally recommended diagnostic tools (e.g., DXA scanning, Fracture Risk Assessment Tool) and treatments.

“Patients should be referred for bone mineral density testing in a much timely manner.”

– Pascale, living with osteoporosis

PROMOTE MULTIDISCIPLINARY AND INTEGRATED OSTEOPOROSIS CARE

- Multidisciplinary osteoporosis care teams are needed across care settings with Fracture Liaison Services to bridge primary and secondary care.



“Osteoporosis takes a team. I had to create my own.”

– Anne, living with osteoporosis

CLOSE THE CARE AND GENDER GAPS

- Foster the use of existing evidence-based strategies for risk identification and management in both primary and secondary care.
- As a disease that largely affects women, men are less often screened and treated.



“Increasing awareness of osteoporosis in men among physicians and the lay public is critical for the prevention of fractures in our ageing male population.”

– Rudi, living with osteoporosis

DEVELOP NATIONWIDE REGISTRIES AND AUDITS TO ENABLE LOCAL-LEVEL MONITORING AND SURVEILLANCE OF PATIENT HEALTH OUTCOMES

- Promote the availability of high-quality data on osteoporosis and fragility fractures to allow for vital national and local feedback and consideration on how to use these data to incentivise quality-of-care improvements.

PRIORITY INTERVENTIONS COMMON TO ALL COUNTRIES

All stakeholders – including, but not limited to, governments, patient and professional associations, clinicians, hospitals, insurers and industry – play a critical role in closing the gap between evidence-based care and the actual care provided through priority interventions, such as:

- Policy interventions
- Quality improvement initiatives
- Promoting bone health lifestyles
- Patient registries
- Continuing education

IT’S TIME FOR POLICYMAKERS AND HEALTH SYSTEMS TO URGENTLY PRIORITISE INTEGRATED PEOPLE-CENTERED OSTEOPOROSIS CARE AND ELEVATE BONE HEALTH TO A NATIONAL HEALTH PRIORITY.

TO LEARN MORE AND TO READ THE FULL REPORT, VISIT [AMGEN.EU](https://www.amgen.eu).

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References:

1. [IOF] International Osteoporosis Foundation. Epidemiology of osteoporosis and fragility fractures. Retrieved 2022; available from: <https://www.osteoporosis.foundation/facts-statistics/epidemiology-of-osteoporosis-and-fragility-fractures>.
2. Reginster JY, Burlet N. Osteoporosis: A still increasing prevalence. *Bone*. 2006;38 (2 Suppl 1):S4-S9