



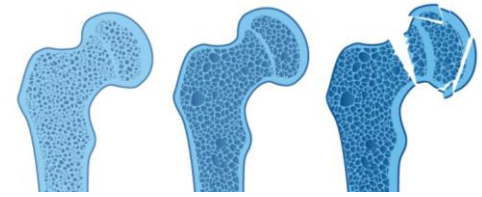
BROKEN BONES, BROKEN LIVES:

The fragility fracture crisis in Sweden

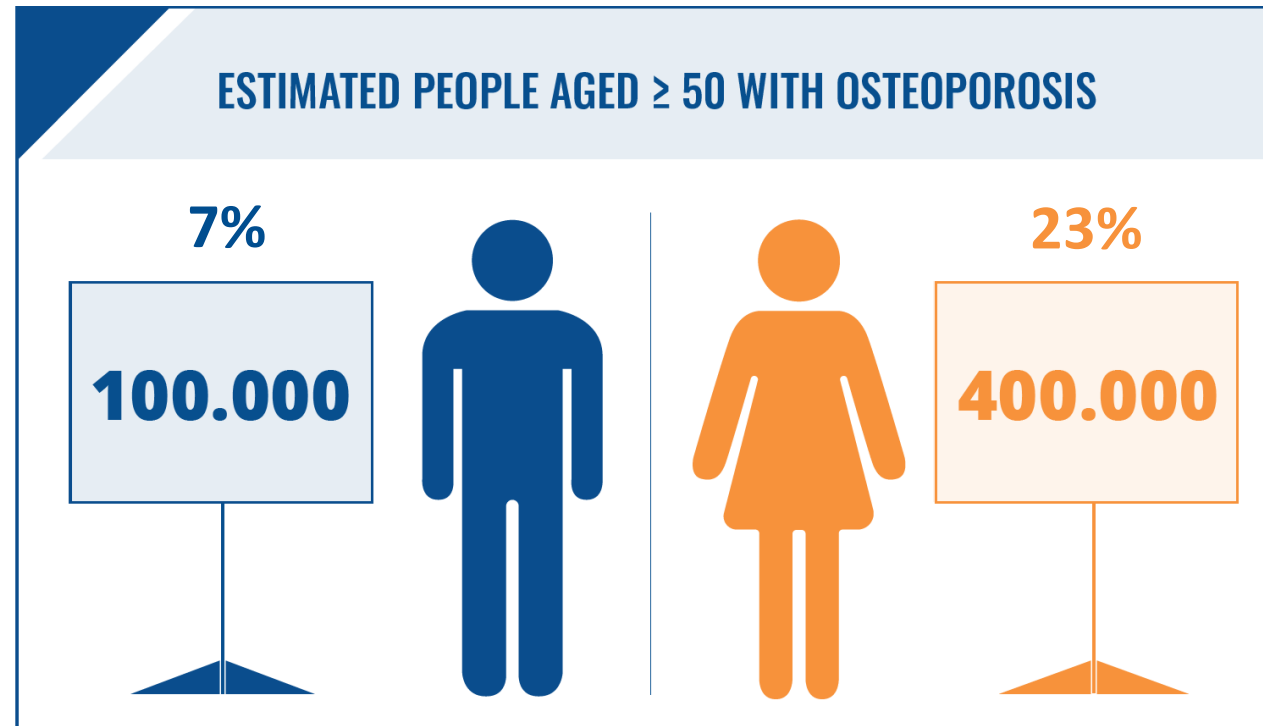


The development of this initiative has been supported by UCB.

OSTEOPOROSIS



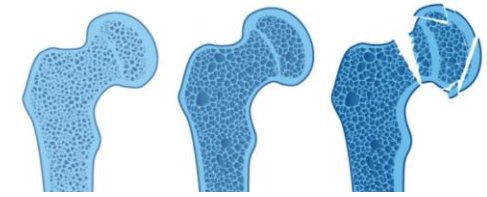
- Prevalence:**
- approximately ½ million people have osteoporosis in Sweden (2015)
 - comparable to the other EU6* nations



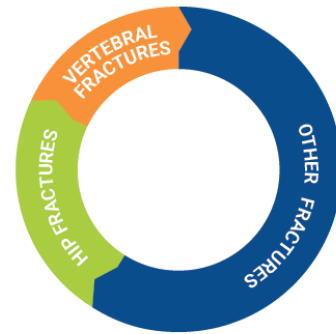
OSTEOPOROSIS



FRAGILE BONES THAT **FRACTURE EASILY**



TOTAL NUMBER OF FRAGILITY FRACTURES PER YEAR



119.723

of which 51% were MOFs*



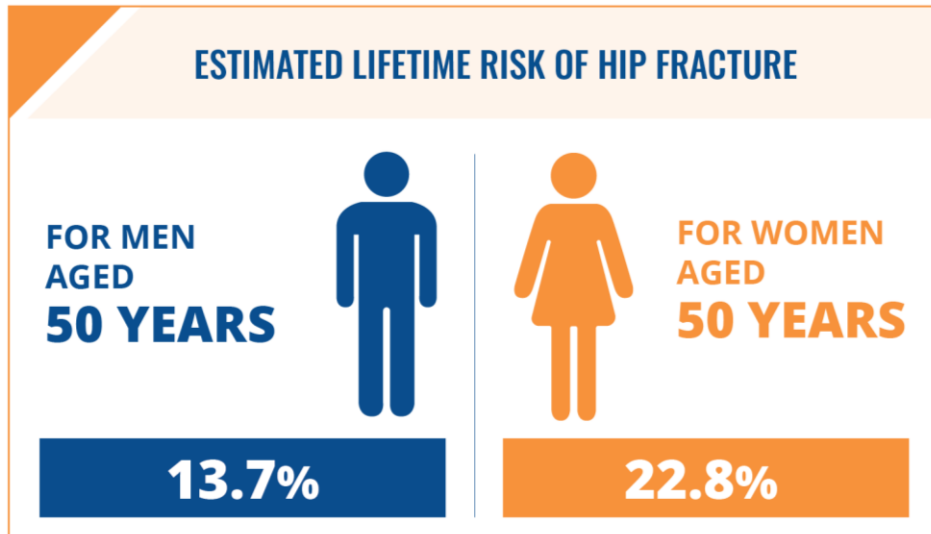
* Major Osteoporotic Fractures

Fragility fractures due to osteoporosis affect both men and women

Incidence in Sweden:
Estimated number of fragility fractures in 2017, and by fracture category



FRAGILITY FRACTURES IN THE CONTEXT OF PUBLIC HEALTH PRIORITIES

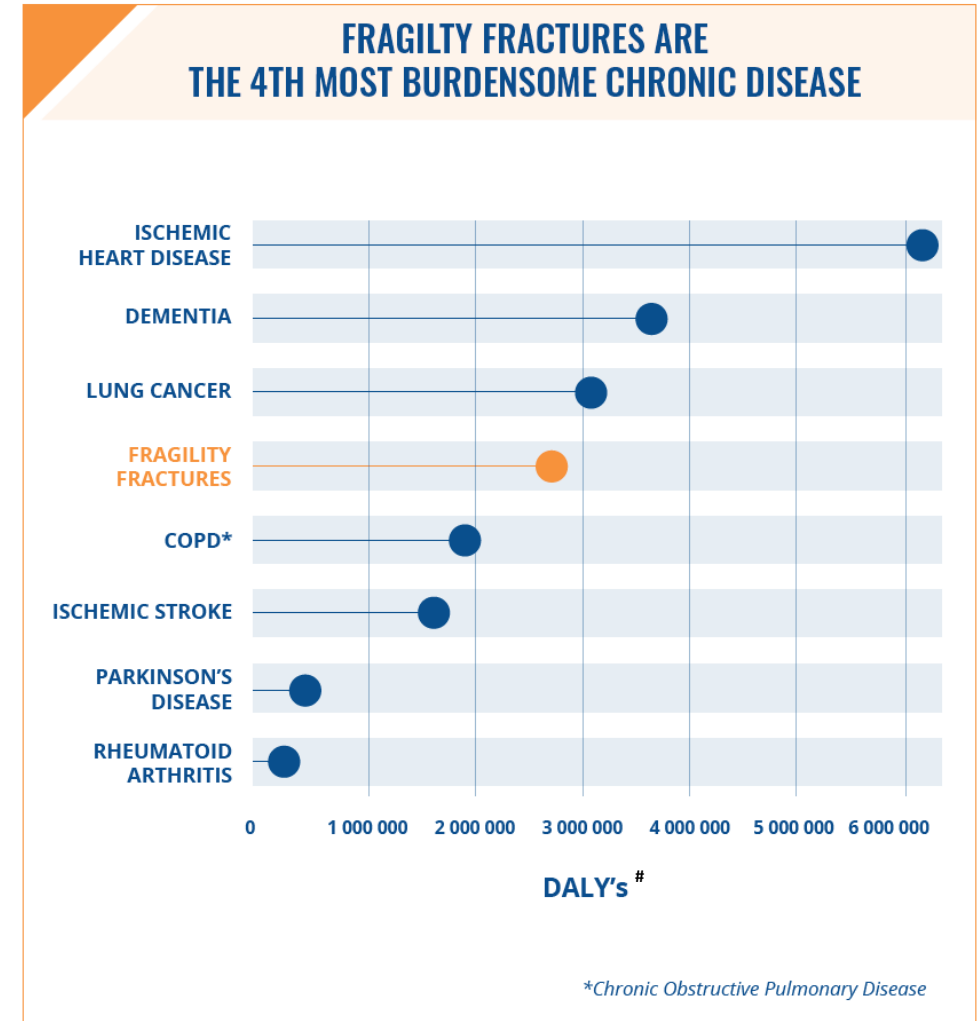
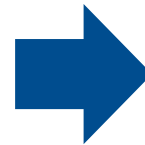


STROKE = 14% +

STROKE = 20% +

Lifetime risk of sustaining a hip fracture is similar to the lifetime risk of a having a stroke+ for both women and men

+ Stroke risk for individuals aged 50 in Europe



Disability-adjusted life years: a measure of the impact of a disease or injury in terms of healthy years lost



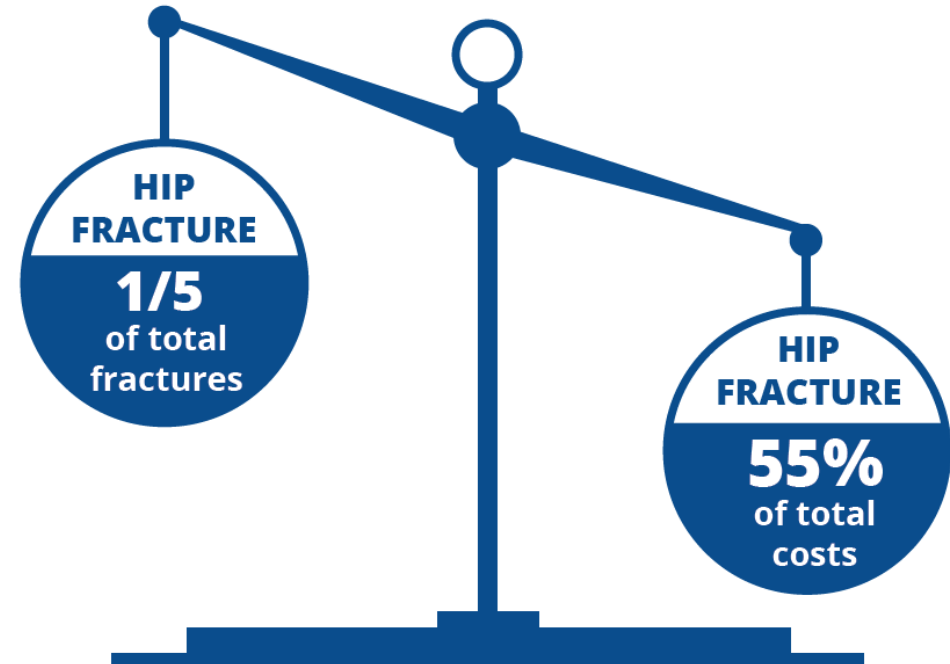

FRAGILITY FRACTURES INCUR SUBSTANTIAL HEALTHCARE COSTS

Fracture-related costs:

1st
YEAR

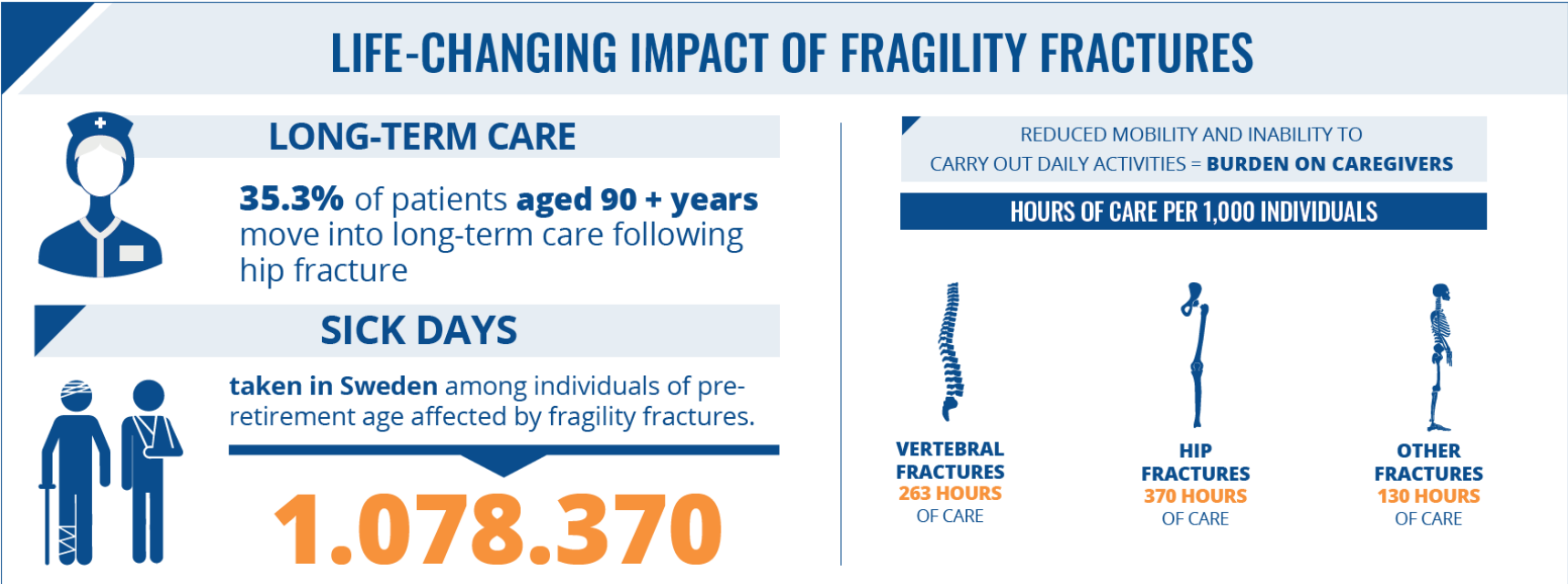
Happen **during first year** after fracture

Highest with **hip fractures**



FRAGILITY FRACTURES HAVE A MULTIFACETED IMPACT ON THE INDIVIDUAL AND SOCIETY

Reduced independence and lifestyle impairment



Patients suffering fragility fractures depend on care from family and friends:

Sweden has one of the lowest caregiver burdens of all the EU6 nations with an average of 191 hours a year, per 1000 individuals

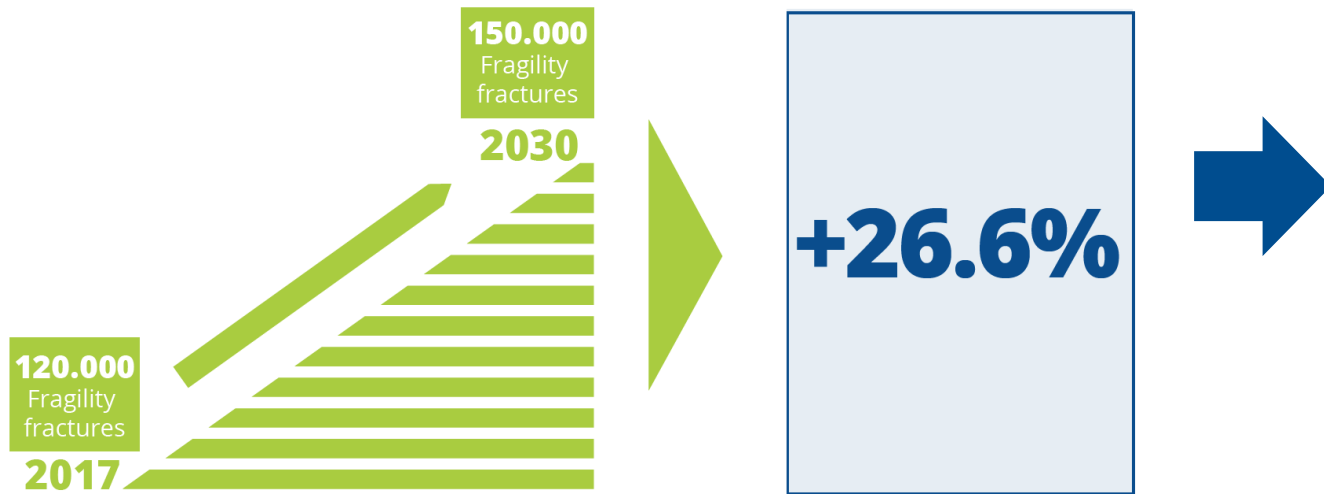
Fragility fractures can significantly impact the working population:

Sweden has the highest number of average sick days taken per 1000 people compared to the other EU6 nations

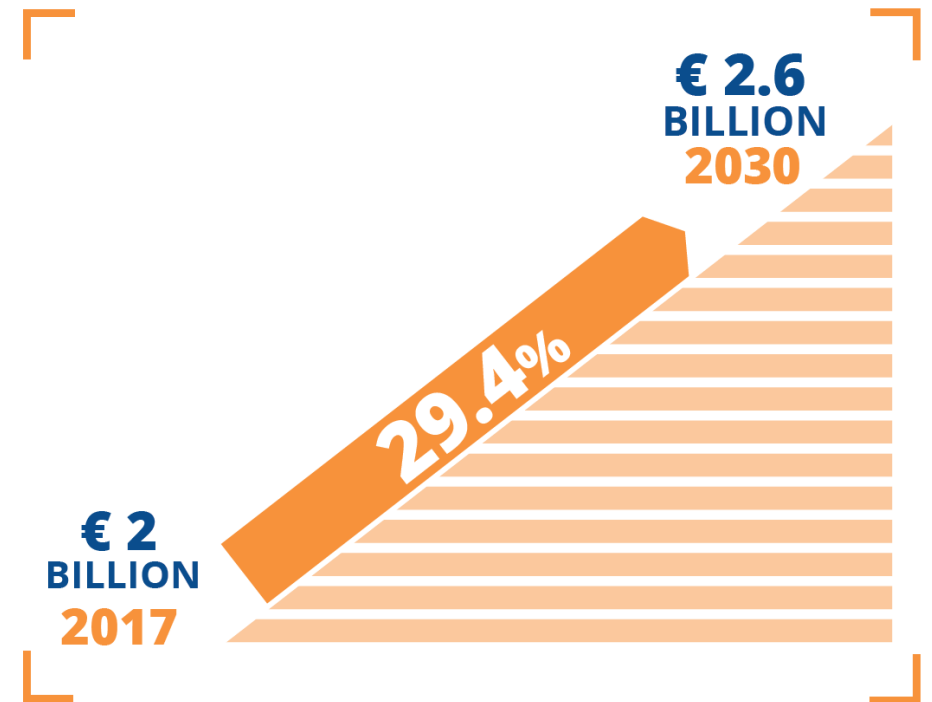


FRAGILITY FRACTURES ARE A GROWING CHALLENGE IN THE PUBLIC HEALTH LANDSCAPE

The incidence of fragility fractures is set to rise



Fracture-related costs are set to rise



EFFECTIVE MANAGEMENT IMPROVES OUTCOMES AND REDUCES COSTS

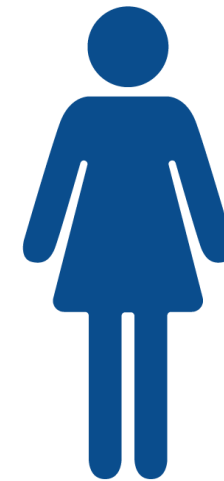
One fragility fracture leads to another:

Women who have had a fragility fracture are

five times more likely to experience a second fracture

within the first year after a fracture than women who have not had a prior fracture,

yet...



MASSIVE TREATMENT GAP

83%

OF ELDERLY PATIENTS DO NOT RECEIVE TREATMENT

FOLLOWING A FRACTURE

With appropriate medical treatment, many fragility fractures can be avoided



EFFECTIVE MANAGEMENT IMPROVES OUTCOMES AND REDUCES COSTS

Coordinated care models are multidisciplinary

healthcare delivery models which aim to identify, diagnose and treat patients who have suffered a fragility fracture

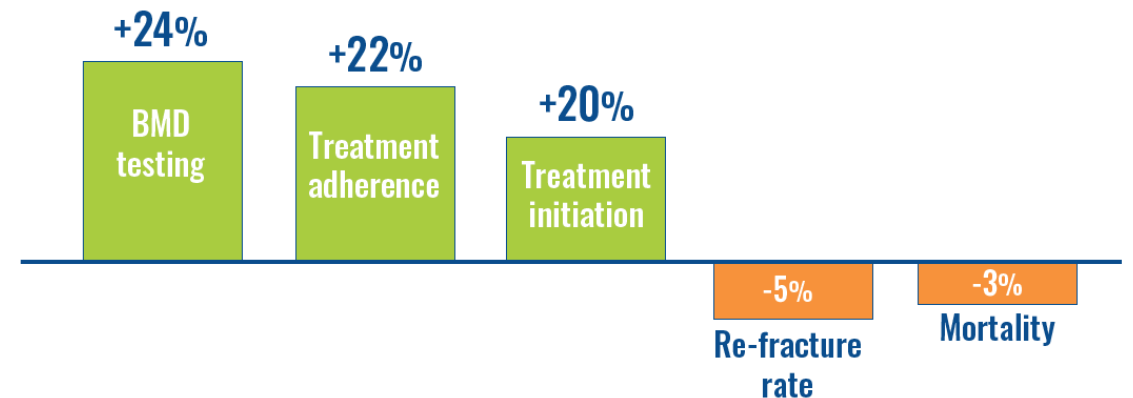
Multidisciplinary models

for secondary fracture prevention can contribute to closing the treatment gap

FRACTURE LIAISON SERVICES (FLS)

= cost-effective care delivery model to **IMPROVE OVERALL OUTCOMES & REDUCE COSTS**

EFFECTS of FLS (absolute change)



A ROADMAP TO SOLVE THE FRAGILITY FRACTURE CRISIS IN SWEDEN

The epidemic of fragility fractures is higher in Sweden than in any other EU country



Swedish authorities have realized the impact of fragility fractures on patients' lives and healthcare systems, and have issued a number of recommendations to tackle this epidemic since 2009



These measures have contributed to improve awareness of fragility fractures as a public health issue, however, more can be done to improve implementation of the guidelines

Three key areas have been identified where policies can give an impetus towards secondary fracture prevention:

- 1. Address the treatment gap**
- 2. Promote the establishment of fracture chains in all counties**
- 3. Increase involvement of primary care practitioners in fracture prevention**





Broken bones, broken lives:
The fragility fracture
crisis in Sweden



FOR MORE INFORMATION

www.iofbonehealth.org/broken-bones-broken-lives