

A letter to all Europeans

The statistics are startling.

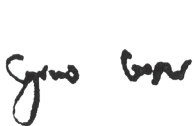
One in three women and at least one in six men will suffer an osteoporotic fracture in their lifetime. For every minute that passes eight new fracture cases arise in the EU. It is estimated that **more than 23 million men and women are at high risk of osteoporotic fractures** in the European Union.

Osteoporosis and the 4.3 million fragility fractures that it causes cost the health care systems of Europe in excess of €56 billion each year based on data for 2019. Only 3% of this money was spent on medical treatment. But numbers don't tell the full story. For the individuals who suffer fractures as a result of the disease, the stories are personal. Pain, disability, reduced mobility and long-term disability are all too frequent. Additionally, some fractures related to osteoporosis result in death. Nearly a quarter of a million deaths occur each year in Europe as a direct consequence of hip or spine fractures.

SCOPE is committed to helping individuals reduce their risk of osteoporosis and to ensuring that all Europeans have access to the best diagnosis and treatment. Components that are critical to achieving this goal include government policy, access to risk assessments, and access to medications. This update of the scorecard allows Europeans to measure how well their country is able to access these elements through publicly funded health care systems. It also provides a new benchmark to follow trends in osteoporosis management, and to measure future progress.

Our research reveals that facilities and access to testing for osteoporosis is far from adequate. Access to drug treatment that can help prevent fractures varies markedly from country to country; in some member states, individuals with osteoporosis are restricted from accessing effective treatment options. Less than half of women at high risk of fracture are treated despite the high cost of fractures and the availability of affordable medications.

Action is required. The national osteoporosis societies within the International Osteoporosis Foundation are calling for a Europe-wide strategy and parallel national strategies to provide coordinated osteoporosis care and to reduce debilitating fractures and their impact on individual lives and the health care system. We welcome the opportunity to partner with governments at the national and European level to develop and implement these strategies. **Together we can improve bone health for all in Europe.**



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President of IOF



John A Kanis
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Jean-Yves Reginster
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Scorecard for Osteoporosis in Europe

Austria
Belgium
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Ireland
Italy
Latvia
Lithuania
Luxembourg
Malta
Netherlands
Poland
Portugal
Romania
Slovakia
Slovenia
Spain
Sweden
Switzerland
UK

Burden of Disease		Description	Units	Score
Hip Fracture Risk		The age-standardised incidence of hip fracture in women	rate/100,000	<400
Fracture Risk		All osteoporotic fractures in men and women in 2019	rate/1000 >50 years	<18
Lifetime Risk		Remaining lifetime risk of hip fracture (women aged 50y)	%	<13
FRAX Risk		Men and women with a > 10% ten-year probability of a major fracture	% in 50-89 y age range	<22.5
Fracture Projections		Increase in fracture number 2019-2034	% >50 years	<25
Policy Framework				
Quality of Data		Hip fracture register	Score	3
National Health Priority		The presence of government backed NHP	Score	3
Care Pathway		Management in primary care	Score	3
Specialist Training		Osteoporosis an established speciality	Score	3
Society Support		Patient support societies	Score	3
Service Provision				
Treatment		Reimbursement and problems that arise	Score	3
Availability of DXA		Number of DXA units available	Units/million of the general population	>20
Access to DXA		Reimbursement and problems that arise	Score	3
Risk Models		Availability of country-specific risk models and guidance	Score	3
Guideline Quality		Quality and scope of guidelines for assessment and treatment	Score	9-10
Liaison Service		Provision for fracture liaison services (FLS)	Hospitals with FLS (%)	>25
Quality Indicators		Presence and use of quality indicators	Score	3
Service Uptake				
FRAX Uptake		FRAX sessions	/million of the general population/year	>2000
Treatment Gap		Proportion of women at high risk who are untreated	% >50y	<60
Δ Treatment Gap		Change from 2010	Score	3
Waiting Time Hip Surgery		Average waiting time for hip surgery	days	<1

Austria
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* NHP: National Health Priority

