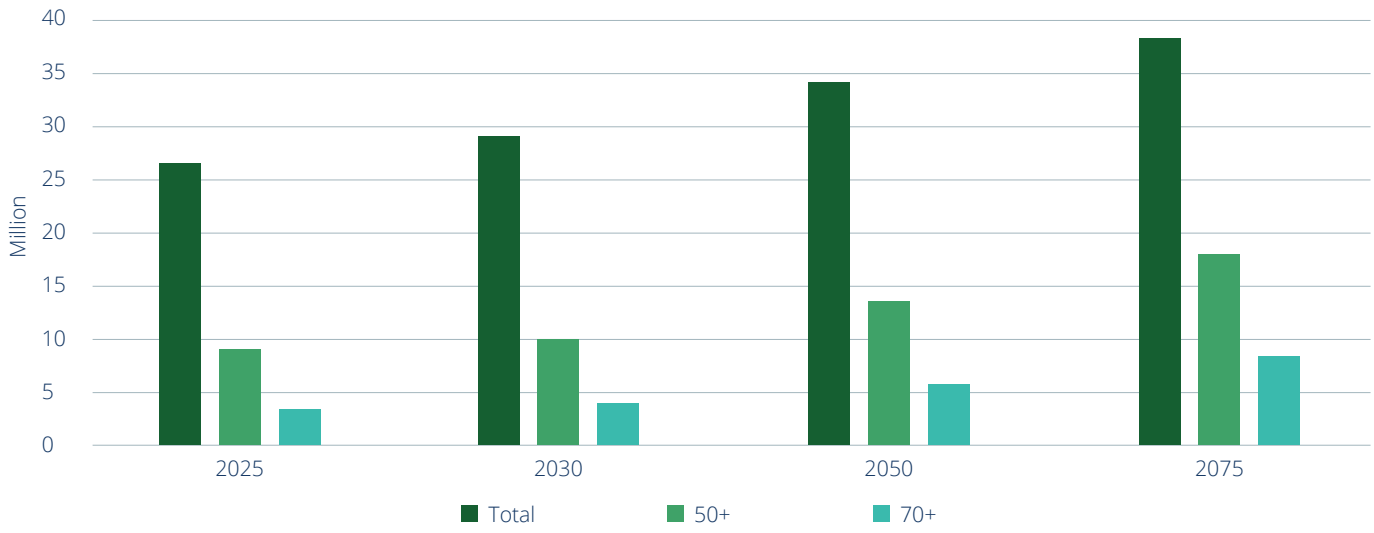
DEMOGRAPHIC TRENDS

Australia's population is projected to grow steadily over the coming decades, increasing by 23% from 27.1 million in 2025 to 33.4 million by 2050, and by a further 15% to reach 38.4 million by 2075 ***(Figure 1)***. Australians currently have an average life expectancy of 83.7 years, which is expected to rise to 90.8 years by 2075, an increase of more than 8%.

The proportion of Australians aged 50 years or older (50+) is set to rise significantly. In 2025, this group of 9.4 million people represents 35% of the total population. By 2075, this will increase to 45%, with numbers almost doubling to 17.2 million ***(Figure 1)***.

The most pronounced demographic shift will be among those aged 70 years or older (70+), whose numbers will rise from 3.3 million in 2025 to nearly 8.3 million in 2075. While this represents a growth of 150% in absolute numbers, a more telling statistic is their increasing share of the total population. In 2025, those aged 70+ years made up 12% of Australia's 27.1 million people, but by 2075, they will represent 22% of a larger 38.4 million population. This shift reflects a 76% relative increase in their share of the total population, underscoring the significant ageing of Australia's demographic profile.

Figure 1. Population projections for Australia from 2025 to 2075 [1]



CENTRALISED DATABASES FOR FRACTURES AND EPIDEMIOLOGY

Pursuant to publication of the Australian and New Zealand Guideline for Hip Fracture Care in 2014 [2], the first patient-level audit of the *Australian and New Zealand Hip Fracture Registry (ANZHFR)* was published in 2016 coincident with the launch of the first edition of the bi-national *Hip Fracture Care Clinical Care Standard* [3]. The first *ANZHFR Annual Report* [4] included data on 2,925 patient records from 21 hospitals in Australia and 594 from 4 hospitals in New Zealand. Significant progress in registry participation occurred in the ensuing years with a second edition of the *Hip Fracture Care Clinical Care Standard* published in 2023 [5] . The *10th ANZHFR Annual Report* [6] published in 2025 included 15,387 records from 84 Australian hospitals and 3,737 records from 22 New Zealand hospitals.

As shown in Table 1, data collection at the time of the survey was limited to hip fractures only.

Table 1. Status of centralised fracture databases in Australia [6]

Is a centralised database established?	Yes
Level of database coverage	National
Hip fracture records documented per year	15,387
Percentage of hip fractures treated surgically	97
All fracture records documented per year	Database only includes hip fractures
Percentage of all fractures treated surgically	Database only includes hip fractures
Other fracture records documented per year	Database only includes hip fractures
Percentage of other fractures treated surgically	Database only includes hip fractures
Age range and gender of patients in database	50-75+ years for both males and females

HEALTHCARE COSTS ASSOCIATED WITH FRAGILITY FRACTURES

In October 2024, Healthy Bones Australia published a comprehensive burden of disease analysis for the period 2023 to 2033 [7]. In 2023, the direct healthcare costs associated with managing fractures caused by osteoporosis and osteopenia in Australia were substantial, encompassing acute care, subacute rehabilitation, and community-based management.

ACUTE CARE: PRE-HOSPITAL AMBULANCE SERVICES

The cost of ambulance paramedic care prior to hospitalisation for individuals with osteoporosis or osteopenia-related fractures amounted to AU$139.4 million (US$91 million). Older adults bore the bulk of these costs, with AU$98.8 million (US$64.5 million) (71%) spent on individuals aged 70+ years. While hip fractures commonly necessitated ambulance use, they accounted for only 31% of ambulance costs. Interestingly, 'other' fractures represented the largest share at 43%, followed by vertebral fractures at 19%.

ACUTE HOSPITAL SERVICES

Acute hospital care, encompassing both inpatient admissions and non-admitted services (such as emergency department and outpatient care), totalled AU$2.1 billion (US$1.4 billion). Of this, inpatient hospitalisation dominated, accounting for AU$1.9 billion (US$1.2 billion) or 92% of the total. Hip fractures were a major cost driver, comprising 45% of all acute hospital expenses. People aged 70+ years contributed 72% of inpatient costs, with women accounting for 71% of the total. The most expensive demographic subgroup was women aged 70+ years hospitalised with a hip fracture, whose care cost AU$549.2 million (US$358 million), or 28% of total hospital expenditures.

SUBACUTE CARE: REHABILITATION SERVICES

Rehabilitation or subacute care services for fracture recovery incurred costs of AU$460.3 million (US$300.2 million). Older adults aged 70+ years were again the most affected, accounting for AU$321.4 million (US$209.6 million) (70% of total rehabilitation costs). Women made up the majority, contributing AU$350.3 million (US$228.5 million) or 76% of the total. Rehabilitation for hip fractures alone cost AU$193.1 million (US$126 million [42%]), followed by 'other' fractures at AU$171 million (US$111.5 million [37%]).

COMMUNITY-BASED FRACTURE MANAGEMENT

The total cost of managing fractures in the community setting, which includes services provided by general practitioners, radiological imaging, post-discharge medical care, physiotherapy, and pharmaceutical interventions (e.g. pain management), amounted to AU$34 million (US$22.1 million). This component reflects the ongoing, non-hospital-based care provided to individuals either not admitted to hospital or following discharge from acute or subacute services.

CLINICAL SPECIALTY RESPONSIBLE FOR MANAGEMENT OF OSTEOPOROSIS

Osteoporosis is primarily managed by primary care physicians, while specialist input is provided by rheumatologists, orthopaedic surgeons, endocrinologists, geriatricians, and rehabilitation medicine physicians. Although osteoporosis is not a standalone medical specialty, it is formally recognised within the broader disciplines of endocrinology and rheumatology. It also features as a core component of specialty medical training, particularly for endocrinologists.

PATIENT SUPPORT ORGANISATIONS

Healthy Bones Australia (HBA), formerly known as *Osteoporosis Australia*, is a national not-for-profit organisation and the leading consumer body dedicated to reducing fractures and improving bone health across the country. Established in 2001 in response to the rising prevalence of poor bone health and the limited focus on osteoporosis prevention within the healthcare system, HBA plays a critical role in raising awareness among the community and healthcare professionals. The organisation's work spans several key areas, including policy development, capacity building, education, peer support, and research and development.
Learn more from *https://healthybonesaustralia.org.au/.*

OSTEOPOROSIS AS A DOCUMENTED NATIONAL HEALTH PRIORITY (NHP)

Osteoporosis has been recognised as a National Health Priority (NHP) in Australia since 2002. The NHP is mandated solely by the Australian Government Department of Health and Aged Care, with no other governing body involved in the formal mandate. An associated action plan prioritises chronic disease prevention and is closely aligned with public health programmes. Key focus areas include public awareness and education, prevention, improved diagnosis, management and care, data collection, monitoring, and strategic research. In addition, there is meaningful patient engagement outside the formal NHP framework, including consumer participation in forums, contributions to clinical guideline development, and involvement in awareness campaigns. The most recent *National Strategic Action Plan for Osteoporosis* [8], published in 2019, sets out clear priorities and actions aimed at reducing the burden of osteoporosis and improving the quality of life for Australians affected by the condition.

AVAILABILITY AND REIMBURSEMENT OF MEDICATION

Australia offers a comprehensive and supportive framework for osteoporosis treatment through its national Pharmaceutical Benefits Scheme (PBS), which subsidises the cost of many essential medications. This system ensures that individuals at risk of osteoporotic fractures can access treatment affordably, depending on their clinical status and financial circumstances.

PBS subsidies are available to several key groups. These include people who have already sustained a fracture due to osteoporosis, individuals aged 70 years or older with confirmed low bone mineral density (BMD), and those diagnosed with low BMD who are prescribed long-term corticosteroid therapy (such as prednisone or cortisone) at a daily dose of 7.5 mg or higher for a minimum of three months. These criteria ensure that both primary and secondary prevention of fragility fractures are well-supported through public funding.

For patients eligible under the PBS, the cost of medicines is capped at a modest co-payment. As of 2025, general patients pay up to AU$31.60 (US$20.22) per prescription, while holders of a concession card, which includes pensioners and other low-income groups, pay only AU$7.70 (US$4.90). The Australian Government covers the remainder of the medication cost, except in instances where brand premiums or minor allowable surcharges apply.

To further reduce the financial burden on frequent medicine users, Australia also operates an annual PBS Safety Net. Once a patient's total spending on PBS medicines in a calendar year reaches a specified threshold, their out-of-pocket costs are substantially reduced or eliminated for the remainder of the year. The current thresholds are:

- **AU$2,569.80 (US$1,563.50)** for general patients, after which prescriptions are charged at the concessional rate.
- **AU$431.80 (US$262.80)** for concession card holders, after which PBS prescriptions are provided free of charge.

These protections offer considerable financial relief, particularly for older adults and retirees, ensuring continuity of care without the deterrent of rising medication costs.

From a clinical standpoint, all bisphosphonates and anabolic agents are approved for use as first-line treatments for osteoporosis. While these medicines are broadly reimbursed, certain clinical and administrative criteria must be met for PBS coverage. These criteria may include a prior fracture, diagnostic evidence of low BMD, the purpose of treatment (whether for primary or secondary prevention), and whether the medication is being used as first- or second-line therapy. In some cases, prior authorisation from PBS is required before the subsidy is granted.

Importantly, Australia's reimbursement policy does not restrict physicians' clinical judgement. Doctors are free to prescribe the treatments they deem most appropriate. However, there may be instances where a recommended medication is not subsidised under PBS for a particular patient. In such cases, patients still have the option to obtain the medication privately, albeit at a higher personal cost. This separation between clinical recommendation and reimbursement ensures both flexibility in treatment decisions and robust financial support where eligibility is met.

Table 2 provides an illustration of which osteoporosis treatments are available in Australia, whether they are reimbursed under PBS, and the proportion of the cost covered by the subsidy.

Table 2. Availability and reimbursement of osteoporosis treatments in Australia

Treatment	Available	Reimbursed	% Reimbursed
Risedronate	X	X	*150 mg, 1 tablet* - Dispensed price for maximum quantity (DPMQ) = AU$57.75 General Patient Charge = AU$31.60 (reimbursement without concession card = 45.3%). *30 mg, 28 tablet* - Dispensed price for maximum quantity (DPMQ) = AU$180.66 General Patient Charge = AU$31.60 (reimbursement without concession card = 82.5%)
Alendronate	X	X	*Fosamax Plus 70 mg/140 mcg* **-** Dispensed price for maximum quantity (DPMQ) = AU$18.98 General Patient Charge = AU$7.70 (reimbursement without concession card = 59.4%)
Ibandronate			
Pamidronate			
Clodronate			

Zoledronic acid	X	X	*Zoledronic acid 4 mg/5 mL injection* **-** Dispensed price for maximum quantity (DPMQ) = AU$72.23 General Patient Charge = AU$31.60 (reimbursement without concession card = 56.3%)
Raloxifene	X	X	*Raloxifene hydrochloride 60 mg tablet, 28 tablets* - Dispensed price for maximum quantity (DPMQ) = AU$47.15 General Patient Charge = AU$31.60 (reimbursement without concession card = 33.0%)
Bazedoxifene			
Denosumab	X	X	*Denosumab 120 mg/1.7 mL injection, 1.7 mL vial* - Dispensed price for maximum quantity (DPMQ) = AU$462.13 General Patient Charge = AU$31.60 (reimbursement without concession card = 93.2%). *Denosumab 60 mg/mL injection, 1 mL syringe* - Dispensed price for maximum quantity (DPMQ) = AU$251.97 General Patient Charge = AU$31.60 (reimbursement without concession card = 87.5%)
Strontium Ranelate	X	X	No data
Teriparatide	X	X	*Teriparatide 250 microgram/mL injection,* 2.4 mL pen device - Dispensed price for maximum quantity (DPMQ) = AU$177.30 General Patient Charge = AU$31.60 (reimbursement without concession card = 82.2%)
PTH (1-84)			
Abaloparatide			
Romosozumab	X	X	*Romosozumab 105 mg/1.17 mL injection,* 2 x 1.17 mL syringes - Dispensed price for maximum quantity (DPMQ) = AU$406.13 General Patient Charge = AU$31.60 (reimbursement without concession card = 92.2%)
Hormone Replacement Therapy	X	X	*Estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets* - Dispensed price for maximum quantity (DPMQ) = AU$37.81 – General Patient Charge = AU$31.60 (reimbursement without concession card = 16.4%)
Testosterone	X	X	No data
Alfacalcidol			
Calcidiol			

Calcitonin	X	X	*Calcitonin salmon 100 units/mL injection, 5 x 1 mL ampoules* - Dispensed price for maximum quantity (DPMQ) = AU$128.37 General Patient Charge = AU$31.60 (reimbursement without concession card = 75.4%)
Calcitriol	X	X	*Calcitriol 0.25 microgram capsule, 100 tablets* - Dispensed price for maximum quantity (DPMQ) = AU$45.71 General Patient Charge = AU$31.60 (reimbursement without concession card = 30.9%)
Tibolone	X	X	No data
Vitamin D/Calcium supplements	X	X	*Calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120 tablets* - Dispensed price for maximum quantity (DPMQ) = AU$45.63 General Patient Charge = AU$31.60 (reimbursement without concession card = 30.7%)

FRACTURE LIAISON SERVICES (FLS) REIMBURSEMENT AND AVAILABILITY

% of hospitals with an FLS

10 – 24 %

Hip fractures identified by or referred to an FLS

5 – 16%

Vertebral fractures identified by or referred to an FLS

0.5%

Other fracture types identified by or referred to an FLS

15%

Reimbursement mechanism to support FLS activities

Local health service

% of patients recommended for treatment who actually receive treatment

20 – 49%

WAITING TIME FOR HIP SURGERY

Average waiting time for hip surgery after hip fracture	1-2 days
% of hip fractures surgically managed	> 90%

GUIDELINES FOR OSTEOPOROSIS MANAGEMENT

In 2024, the *Royal Australian College of General Practitioners (RACGP)*, in collaboration with *Healthy Bones Australia (HBA)*, released an updated clinical guideline to support general practitioners in the prevention, diagnosis, and management of osteoporosis in postmenopausal women and men over 50 years of age [9]. This update builds on the previous 2017 edition, reflecting significant developments in clinical evidence, expert consensus, and advancements in pharmacological treatments, particularly the emerging role of osteoanabolic therapies. The revised guideline aims to enhance primary care management of osteoporosis in light of the evolving evidence base.

The scope of the guideline includes the following:

- Postmenopausal women and men older than 50 years of age **who may be at risk of minimal trauma fracture**.
- Postmenopausal women and men older than 50 years of age **diagnosed as having at least one fracture following minimal trauma** (equivalent to a fall from standing height or less).
- Postmenopausal women and men older than 50 years of age **diagnosed with osteoporosis**, defined as a T-score of –2.5 or less, **but without evidence of a minimal trauma fracture**.
- **Glucocorticoid-induced osteoporosis (GIOP) and osteoporosis in men.**

The guidelines provide clear recommendations on population-based screening, including the assessment of vitamin D levels, falls risk, and osteoporosis, with particular attention to individuals aged 70 years or older, as well as those over 50 years with relevant risk factors. Fracture risk assessment is comprehensively addressed, incorporating prior fracture history, age, bone mineral density (BMD), and the use of validated tools such as the FRAX® tool and the Garvan Fracture Risk Calculator. While the guidelines are generally compatible with existing reimbursement policies, a notable gap remains. Individuals under 70 years of age with a BMD T-score below -2.5 are currently not eligible for reimbursement, even though the guidelines support treatment in these cases. Criteria for initiating treatment include prior fracture, age, BMD, FRAX® score, GIOP, and the presence of other clinical risk factors. The guidelines were developed without direct involvement from patients. Additional details about the development of guideline are included in *Table 3*.

Table 3. Development of clinical guidelines for the management of osteoporosis in Australia [9]

Systematic literature review undertaken	Yes
Recommendations	Graded from A to D based on the NHMRC[1] grades of recommendation
Stakeholder involvement	The consultation period was focused on HBA[2] stakeholders and review by the main users of the guideline i.e. general practitioners (GPs). The guideline was reviewed by GP subject matter experts and the RACGP[3] Expert Committee for Quality Care and endorsed by the RACGP Council
External review	Yes
Procedure for update defined	Yes
Economic analysis	Summaries of cost-effectiveness are provided
Editorial independence	Yes

1. National Health and Medical Research Council
2. Healthy Bones Australia
3. Royal Australian College of General Practitioners

ACCESS TO DXA AND/OR ULTRASOUND AND REIMBURSEMENT

As shown in *Table 4*, DXA is widely available in Australia. No information was reported in relation to availability of quantitative ultrasound.

Table 4. Access to and reimbursement of DXA in Australia

Waiting time (d)	Variable but up to 7 days
Cost (USD)	50-80
Is it reimbursed?	Yes; 75 to 85% of the cost of a DXA scan may be reimbursed under the Medicare Benefits Schedule if the patient meets the following criteria: People with diagnosed osteoporosis; Anyone with one or more previous fractures from a minor incident; Corticosteroids use (common for asthma); Women with early menopause; Men with low testosterone; Individuals with coeliac disease (or other malabsorption conditions), overactive thyroid or parathyroid conditions, rheumatoid arthritis, liver or kidney disease; those aged 70 years or over
Is reimbursement a barrier to accessing treatment?	Potentially for people who do not meet the above criteria and are not eligible for reimbursement. It may also be a barrier for those from low social-economic groups even when eligible for reimbursement.

FRACTURE RISK ASSESSMENT TOOLS

In Australia, both the FRAX® tool and the Garvan Fracture Risk Calculator are used to assess fracture risk, with FRAX® being the more widely adopted tool in clinical practice. When determining whether treatment is indicated using FRAX®, clinicians apply a fixed probability threshold rather than age-dependent probability thresholds and may also consider a combination of FRAX® score and bone mineral density (BMD) results. This approach is applied consistently for both men and women.

QUALITY INDICATORS

The second edition of the *Hip Fracture Care Clinical Care Standard* [5], published in 2023 by the *Australian Commission on Safety and Quality in Health Care (ACSQHC)*, was designed to improve the care of individuals with hip fractures from the time they present to hospital through to discharge. This updated standard aims to optimise outcomes by promoting evidence-based practices, minimising delays to surgery, supporting early mobilisation, and reducing the risk of subsequent fractures.

By adopting this standard, healthcare providers can deliver consistent, high-quality care across a range of settings, resulting in better patient outcomes and more informed clinical decision-making. Adherence to the standard is benchmarked and publicly reported in the Annual Reports of the *Australian and New Zealand Hip Fracture Registry (ANZHFR)* [10], supporting transparency and driving continuous quality improvement. The standard is a valuable resource for clinicians, patients, and policymakers alike and is available via the following link: *https://www.safetyandquality.gov.au/standards/clinical-care-standards/hip-fracture-clinical-care-standard.*

OVERVIEW OF OSTEOPOROSIS IN AUSTRALIA

The comprehensive burden of disease analysis published by *Healthy Bones Australia* in October 2024[7] provides an updated and detailed overview of the impact of osteoporosis and osteopenia nationwide. Building upon the previous analysis conducted in 2012, this new report presents clear evidence of rising disease prevalence and fracture rates, underscoring the urgent need for more effective prevention and treatment strategies. Without significant changes to current approaches, the burden of poor bone health in Australia is projected to increase markedly in the years ahead. A summary of the report's key findings is outlined below.

RISING PREVALENCE OF POOR BONE HEALTH

In 2023, an estimated 6.2 million Australians aged 50+ years, approximately 67% of that population, were living with poor bone health. This reflects a 34% increase since 2012. Among those affected, 77% had osteopenia and 23% had osteoporosis. Adults between the ages of 50 and 69 were identified as having a particularly high risk of osteopenia. Projections suggest that by 2033, the number of Australians in this age group with osteoporosis or osteopenia will rise to 7.7 million, a 23% increase from 2023 and a 69% increase since 2012.

ESCALATING FRACTURE RATES

Fracture incidence related to osteoporosis and osteopenia is also increasing. In 2023, there were an estimated 193,482 fragility fractures across Australia. This number is expected to climb by 34% over the subsequent decade, reaching 237,632 by 2033. During the period 2023 to 2033, the cumulative total number of new and repeat fractures is expected to exceed 2.1 million cases.

RECOMMENDATIONS FOR ACTION

To mitigate the rising burden of osteoporosis and osteopenia, the following recommendations were made:

- **Active investigation** targeting at-risk groups.
- **Early diagnosis** of both men and women, with osteoporosis or osteopenia, aged 50+ years.
- **Encourage inclusion** of bone mineral density checks in regular General Practitioner health check-ups for high-risk groups.
- **Fracture prevention** should target both men and women aged 50+ years with low bone mineral density.
- **Initiate osteoporosis treatment** for women and men, aged 50+ years or older, with proven minimal trauma fracture.
- **Treatment is recommended** for women and men (50+ years or older) diagnosed with osteoporosis (no fracture history). Refer to national guidelines for osteoporosis risk assessment, diagnosis and management.
- **Consider reimbursement** of bone mineral testing for high-risk groups.
- **Increase funding towards public awareness** and education programmes on osteoporosis and osteopenia prevention.

The *Australian and New Zealand Bone and Mineral Society (ANZBMS)* is a professional medical and scientific society established in 1988 to bring together clinical and experimental scientists and physicians actively involved in the study of bone and mineral metabolism in Australia and New Zealand. ANZBMS includes a number of committees that regularly undertake initiatives to address its mission of advancing the education of clinicians, allied health professionals and the public in the nature of and management of diseases impacting upon the skeleton. These include:

- **The Clinical Practice Committee** that critically appraises new guidelines, publications and regulatory applications, as presented to the society, on matters relating to clinical practice in bone and mineral metabolism and musculoskeletal medicine.
- **The Therapeutics Committee** that facilitates and advises on the introduction of new dietary, physical, pharmacological and surgical therapies into practice in Australia and New Zealand.

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This document highlights the key findings for Australia, published in "The Asia Pacific Regional Audit: Epidemiology, costs and burden of osteoporosis in 2025". ***View the complete report at: https://www.osteoporosis.foundation/asia-pacific-audit-2025***

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Australian and New Zealand Bone & Mineral Society (ANZBMS)
https://www.anzbms.org.au/

Healthy Bones Australia
https://healthybonesaustralia.org.au/