



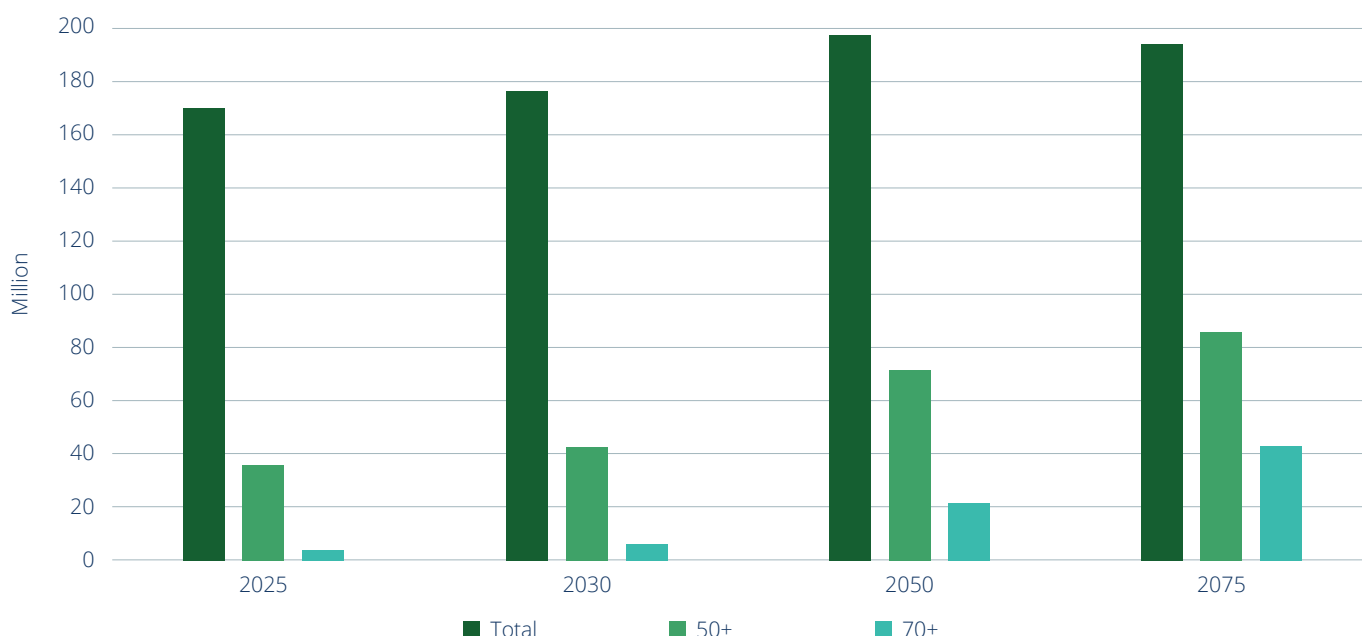
## DEMOGRAPHIC TRENDS

Bangladesh's population is projected to grow steadily until the mid-21<sup>st</sup> century, increasing by 14% from 170.2 million in 2025 to 194.3 million by 2050. However, this growth will be followed by a period of gradual decline, with the population decreasing by 2% to 191.1 million by 2075 (*Figure 1*). Bangladeshis currently have an average life expectancy of 75.5 years, which is expected to rise to 86.1 years by 2075, an increase of 14%.

The proportion of Bangladeshis aged 50 years or older (50+) is set to rise significantly. In 2025, this group of 37.2 million people represents 22% of the total population. By 2075, this will increase to 46%, with numbers more than doubling to 88.1 million (*Figure 1*).

The most dramatic demographic shift in Bangladesh will be among those aged 70 years or older (70+), whose numbers are projected to surge from 8.6 million in 2025 to 42.8 million in 2075, a nearly 400% increase in absolute terms. Equally striking is their growing share of the total population. In 2025, those aged 70+ years accounted for just 5% of Bangladesh's 170.2 million people. By 2075, they will make up 22% of a larger 191.1 million population, reflecting a 343% relative increase in their proportion of the total population.

**Figure 1. Population projections for Bangladesh from 2025 to 2075<sup>[1]</sup>**



## CENTRALISED DATABASES FOR FRACTURES AND EPIDEMIOLOGY

Bangladesh does not have a centralised database for fractures.

## HEALTHCARE COSTS ASSOCIATED WITH FRAGILITY FRACTURES

Average direct hospital costs for treating osteoporotic hip fractures (USD)	Average indirect hospital costs for treating osteoporotic hip fractures (USD)	Average bed days for hip fractures
1,000*	500*	7*

\*Best available estimates as reported by country experts in the absence of published data.

## CLINICAL SPECIALTY RESPONSIBLE FOR MANAGEMENT OF OSTEOPOROSIS





Osteoporosis is not primarily managed by primary care physicians. Instead, it is under the care of rheumatologists, orthopaedic surgeons, gynaecologists, endocrinologists, and physiatrists. Osteoporosis is not a standalone medical specialty. It features as a core component of specialty medical training, particularly for rheumatologists.

## PATIENT SUPPORT ORGANISATIONS




Bangladesh does not have any patient support organisations focused on osteoporosis.

## ACCESS TO DXA AND/OR ULTRASOUND AND REIMBURSEMENT

DXA is available in Bangladesh.

	Waiting time (d)	0 - 3
	Cost (USD)	15 - 25
	Is it reimbursed?	Limited to none
	Is reimbursement a barrier to accessing treatment?	Yes

Quantitative ultrasound is available in Bangladesh.

	Waiting time (d)	0 - 7
	Cost (USD)	8 - 20
	Is it reimbursed?	Limited to none
	Is reimbursement a barrier to accessing treatment?	Yes

## AVAILABILITY AND REIMBURSEMENT OF MEDICATION

As shown in *Table 1*, a range of osteoporosis treatments are available in Bangladesh. However, none are designated as first-line or reimbursed.

**Table 1. Availability and reimbursement of osteoporosis treatments in Bangladesh**

Treatment	Available
Risedronate	X
Alendronate	X
Ibandronate	X
Zoledronic acid	X
Clodronate	
Pamidronate	X
Raloxifene	X
Bazedoxifene	
Denosumab	X
Strontium Ranelate	X
Teriparatide	X
PTH (1-84)	
Abaloparatide	
Romosozumab	
Vitamin D/Calcium supplements	X
Calcitonin	X
Hormone Replacement Therapy	X
Testosterone	X
Alfacalcidol	X
Calcidiol	
Calcitriol	
Tibolone	X

## OSTEOPOROSIS AS A DOCUMENTED NATIONAL HEALTH PRIORITY (NHP)

Osteoporosis is not recognised as a National Health Priority (NHP) in Bangladesh.

## FRACTURE LIAISON SERVICES (FLS) REIMBURSEMENT AND AVAILABILITY

No FLS have been established in hospitals in Bangladesh.

## WAITING TIME FOR HIP SURGERY

Average waiting time for hip surgery after hip fracture	> 3 days
% of hip fractures surgically managed	51 – 75%

# GUIDELINES FOR OSTEOPOROSIS MANAGEMENT

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There are no guidelines for osteoporosis management in Bangladesh.

## FRACTURE RISK ASSESSMENT TOOLS

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Bangladesh uses FRAX®, but it is not widely used within the country.

## QUALITY INDICATORS

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There are no quality indicators for hip and other fractures in Bangladesh.



## OVERVIEW OF OSTEOPOROSIS IN BANGLADESH

While osteoporosis is a commonly encountered in clinical practice in Bangladesh, data on the prevalence and incidence of both osteoporosis and hip fractures are currently not available. The *Bangladesh Rheumatology Society (BRS)* is advocating for osteoporosis to be designated a National Health Priority. The majority of the Bangladeshi population have vitamin D deficiency (60-70%)<sup>[2]</sup> and have lower calcium intake than is recommended (90-95%)<sup>[3]</sup>. A recent study among patients with unexplained musculoskeletal symptoms found that 80% had vitamin D deficiency, with bone pain, muscle cramps, and difficulty climbing stairs most strongly associated with low levels<sup>[4]</sup>. In Bangladesh, there is a need to raise awareness about osteoporosis among the general public, as well as among doctors, nurses, and caregivers.

## REFERENCES

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*This document highlights the key findings for Bangladesh, 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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