

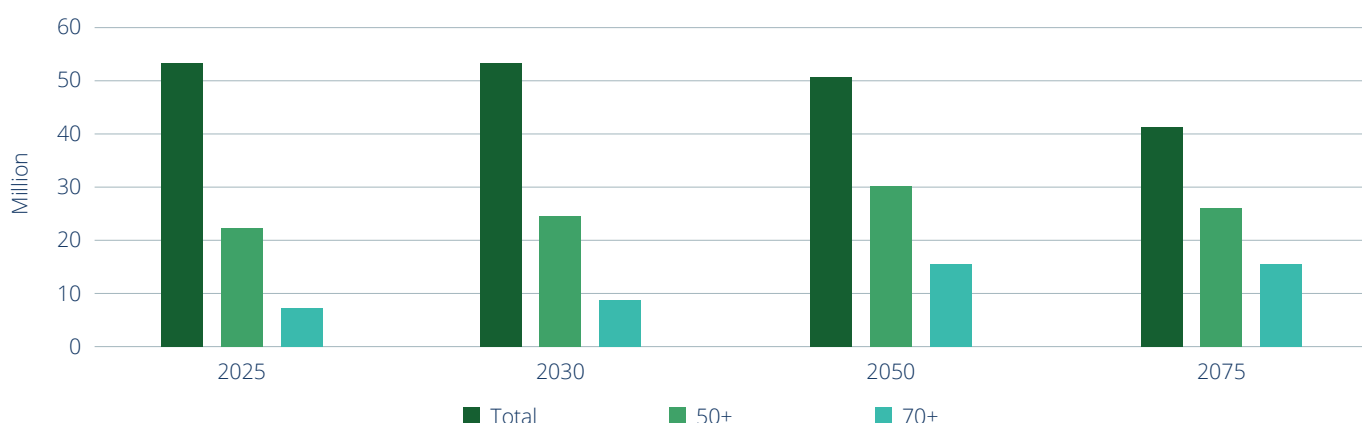
DEMOGRAPHIC TRENDS

The population of the Republic of Korea is projected to grow marginally from 52.2 million in 2025 to 52.6 million in 2030, an increase of less than 1% - before entering a period of significant decline. This downward trend is expected to accelerate in the second half of the century, with the population falling by 21% relative to 2025 levels, reaching 41.3 million by 2075 (*Figure 1*). South Koreans currently have an average life expectancy of 83.6 years, which is expected to rise to 90.8 years by 2075, an increase of more than 8%.

The proportion of South Koreans aged 50 years or older is projected to rise significantly in the coming decades. In 2025, this age group comprises nearly 23.0 million people, accounting for 44% of the total population. By 2075, despite a declining overall population, the number of people aged 50 years or older is expected to grow to 25.3 million, representing 61% of the population (*Figure 1*).

The most dramatic demographic shift in the Republic of Korea will be among those aged 70 years or older, whose numbers are projected to increase from 6.8 million in 2025 to almost 15.3 million in 2075, a 123% increase in absolute terms. Equally striking is their growing share of the total population. In 2025, those aged 70+ accounted for 13% of the Republic of Korea's 52.2 million people. By 2075, they will make up 37% of a smaller 41.3 million population, reflecting a 182% relative increase in their proportion of the total population.

Figure 1. Population projections for the Republic of Korea from 2025 to 2075 ^[1]



HEALTHCARE COSTS ASSOCIATED WITH FRAGILITY FRACTURES

<p>Average direct hospital costs for treating osteoporotic hip fractures (USD)</p> <p>4,880 - 8,000*</p>	<p>Average indirect hospital costs for treating osteoporotic hip fractures (USD)</p> <p>663*</p>	<p>Average bed days for hip fractures</p> <p>21 - 25*</p>
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**Best available estimates as reported by country experts.*

CENTRALISED DATABASES FOR FRACTURES AND EPIDEMIOLOGY

In 2022, NHHS data was available for hip and all fractures as shown in *Table 1*.

Table 1. Status of centralised fracture databases in the Republic of Korea

Is a centralised database established?	Yes
Level of database coverage	National
Hip fracture records documented per year	87,254
Percentage of hip fractures treated surgically	No data
All fracture records documented per year	434,500
Percentage of all fractures treated surgically	No data
Age range and gender of patients in database	51-75+ years for both males and females

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, geriatricians, rehabilitation medicine physicians, and internal medicine doctors. Osteoporosis is recognised as a standalone medical specialty and is currently a formal component of specialty medical training, particularly for endocrinologists, orthopaedic surgeons, and rehabilitation medicine physicians.

PATIENT SUPPORT ORGANISATIONS

There is no patient support organisation that focuses on osteoporosis in the Republic of Korea.

WAITING TIME FOR HIP SURGERY

Average waiting time for hip surgery after hip fracture	1 - 2 days
% of hip fractures surgically managed	76 - 90%

QUALITY INDICATORS

Level	Title	Topics covered	Frequency of reporting
Local	FLS guidebook 2023	Primary treatment and secondary prevention of fragility fracture	No data

AVAILABILITY AND REIMBURSEMENT OF MEDICATION

As shown in *Table 2*, a range of osteoporosis treatments are available and reimbursed in the Republic of Korea. Bisphosphonates, denosumab and selective oestrogen receptor modulators (SERMs) are designated as first-line treatments in the country.

Treatment reimbursement in the Republic of Korea involves a combination of funding from the national health system, private insurance, and patient co-payments. Reimbursement is subject to specific criteria, including prior fracture history, age, bone mineral density results, whether the treatment is for primary or secondary prevention, and first- or second-line treatment option.

The 2024 Korean clinical guidelines^[2] recommend anabolic-first therapy for very high-risk patients. However, reimbursement access to anabolic agents (e.g., teriparatide, romosozumab) requires failure of prior bisphosphonate therapy, creating a misalignment between evidence-based recommendations and policy.

Table 2. Availability and reimbursement of osteoporosis treatments in the Republic of Korea

Treatment	Available	Reimbursed	% Reimbursed
Risedronate	X	X	40 - 70%
Alendronate	X	X	40 - 70%
Ibandronate	X	X	40 - 70%
Zoledronic acid	X	X	40 - 70%
Clodronate			
Pamidronate	X	X	40 - 70%
Raloxifene	X	X	40 - 70%
Bazedoxifene	X	X	40 - 70%
Denosumab	X	X	40 - 70%
Strontium Ranelate			
Teriparatide	X	X	40 - 70%
PTH (1-84)	X		
Abaloparatide			
Romosozumab	X	X	40 - 70%
Vitamin D/Calcium supplements	X	X	40 - 70%
Calcitonin	X	X	40 - 70%
Hormone Replacement Therapy	X	X	40 - 70%
Testosterone			
Alfacalcidol	X	X	40 - 70%
Calcidiol	X	X	40 - 70%
Calcitriol	X	X	40 - 70%
Tibolone	X	X	40 - 70%

OSTEOPOROSIS AS A DOCUMENTED NATIONAL HEALTH PRIORITY (NHP)

Osteoporosis is not documented as a National Health Priority (NHP) in the Republic of Korea.

FRACTURE LIAISON SERVICES (FLS) REIMBURSEMENT AND AVAILABILITY

% of hospitals with an FLS		Other fracture types identified by or referred to an FLS
1 - 9%		No data
Hip fractures identified by or referred to an FLS		Reimbursement mechanism to support FLS activities
No data		National health service
Vertebral fractures identified by or referred to an FLS		% of patients recommended for treatment who actually receive treatment
No data		50 - 69%

ACCESS TO DXA AND/OR ULTRASOUND AND REIMBURSEMENT

DXA is available in the Republic of Korea.

	Waiting time (d)	1
	Cost (USD)	36.2 / free at specific age if price is less than 40 USD
	Is it reimbursed?	Yes
	Is reimbursement a barrier to accessing treatment?	No / only available once 1 year

No data was provided on access to ultrasound in the Republic of Korea.

FRACTURE RISK ASSESSMENT TOOLS

The Republic of Korea uses FRAX®, but it is not widely used within the country.

GUIDELINES FOR OSTEOPOROSIS MANAGEMENT

In 2024, a total of four clinical practice guidelines were published in Korea by relevant academic societies.

- Korean Society of Osteoporosis (KSO). (2024). *Clinician's Guide to Osteoporosis and Sarcopenia*. Seoul, Korea: KSO Publishing.
- Korean Society for Bone and Mineral Research (KSBMR). (2024) *Physician's Guide to Osteoporosis*.
- Korea Academy of Medical Science (KAMS) and Korea Disease Control and Prevention Agency (KDCA) (2024). *Evidence-based Recommendations for Osteoporosis in Primary Care*.
- The Korean Society of Menopause (KSM) (2024) *The 2024 Guidelines for Osteoporosis - Korean Society of Menopause*.

The guideline covers the management of osteoporosis in postmenopausal women, men, individuals with glucocorticoid-induced osteoporosis (GIOP), and those with sarcopenia.

While the guidelines offer detailed recommendations on fracture risk assessment, including factors such as prior fracture, bone mineral density, and FRAX® scores, they do not include strategies for population-based screening. The guidance also sets out criteria for initiating treatment based on similar clinical risk factors and GIOP.

Reimbursement policies for osteoporosis medications, particularly anabolic agents, does not currently follow the recommendations made in the *Clinician's Guide*. The guidelines were developed without direct patient involvement. Additional details on the development of these guidelines are included in *Table 3*.

Table 3. Development of clinical guidelines for the management of osteoporosis in the Republic of Korea

Systematic literature review undertaken	Yes
Recommendations	Yes
Stakeholder involvement	Yes
External review	Yes
Procedure for update defined	Yes
Economic analysis	Yes
Editorial independence	Yes



OVERVIEW OF OSTEOPOROSIS IN THE REPUBLIC OF KOREA

The Korean Society of Osteoporosis advocate for broadening access to osteoporosis treatments, particularly anabolic agents.

The Korean Society for Bone and Mineral Research noted that in 2024 there were six Fracture Liaison Services in the country.

REFERENCES

1. US Census Bureau International Database (IDB) Website. 2025. https://www.census.gov/data-tools/demo/idb/#/dashboard?dashboard_page=country&COUNTRY_YR_ANIM=2025. Accessed 22 May 2025.
2. Korean Society for Bone and Mineral Research. Seoul: Korean Society for Bone and Mineral Research; 2024. <https://www.ksbmr.org/bbs/?code=guideline> (in Korean). Accessed 12 August 2025.

This document highlights the key findings for the Republic of Korea, 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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Korean Society of Bone and Mineral Research (KSBMR)
<https://www.ksbmr.org/eng/>

Korean Society of Osteoporosis (KSO)
<https://www.koreanosteoporosis.or.kr/eng/main.html>



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