

**SCORECARD FOR OSTEOPOROSIS IN EUROPE (SCOPE)**

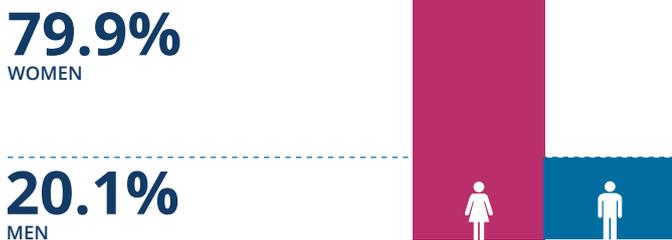
# Epidemiology, Burden, and Treatment of Osteoporosis in France

This document highlights the key findings for France, published in "Osteoporosis in Europe: A Compendium of country-specific reports"<sup>1</sup>. View the complete SCOPE 2021 report<sup>2</sup> and related 29 country profiles at: <https://www.osteoporosis.foundation/scope-2021>

## BURDEN OF DISEASE

### Individuals with osteoporosis in France

**3,991,000**  
INDIVIDUALS WITH OSTEOPOROSIS IN 2019



The prevalence of osteoporosis in the total population amounted to 5.5%, on par with the EU27+2 average (5.6%). In France, 22.5% of women and 6.7% of men aged 50 years or more were estimated to have osteoporosis.

### New fragility fractures in France



The number of new fragility fractures in France in 2019 was slightly increased compared to 2010, equivalent to an increment of 1.9 fractures per 1000 individuals, totalling 18.5 fractures/ 1000 individuals in 2019.

### Estimated annual number of deaths associated with a fracture event

In addition to pain and disability, some fractures are associated with premature mortality. SCOPE 2021 showed that the number of fracture-related deaths varied between the EU27+2 countries, reflecting the variable incidence of fractures rather than standards of healthcare.



### Remaining lifetime probability of hip fracture



Hip fracture is the most serious consequence of osteoporosis in terms of morbidity, mortality and health care expenditure. The remaining lifetime probability of hip fracture (%) at the ages of 50 years in men and women was 5.6% and 18.4%, respectively, placing France in the mid tertile of risk for men and the upper tertile of risk for women.



THE NUMBER OF FRAGILITY FRACTURES IN FRANCE IS EXPECTED TO INCREASE BY 26.0% BETWEEN 2019 AND 2034, WITH A SUBSTANTIAL IMPACT ON THE HEALTHCARE BUDGET

### Projected increase in the number of fragility fractures



Age is an important risk factor for fractures. The French population aged 50 years or more is projected to increase by 11.8% between 2019 and 2034, close to the EU27+2 average of 11.4%. The increases in men and women aged 75 years or more are even more marked; 57.0% for men; 41.8% for women. Accordingly, the number and burden of fragility fractures are likely to increase.

### Healthcare cost of osteoporotic fractures

The cost of osteoporotic fractures in France accounted for approximately 2.6% of healthcare spending (i.e., €6.98 billion out of €262 billion in 2019), which is lower than the EU27+2 average of 3.5%. These numbers indicate a substantial impact of fragility fractures on the healthcare budget.

Type of costs	
Direct cost of incident fractures	€5.05 billion
Ongoing cost resulting from fractures in previous years (long-term disability costs)	€1.77 billion
Cost of pharmacological intervention (assessment & treatment)	€162 million
<b>Total direct cost (excluding the value of QALYs* lost)</b>	<b>€6.98 billion</b>

\*QALYs: Quality-Adjusted Life-Year – a multidimensional outcome measure that incorporates both the Quality (health-related) and Quantity (length) of life

In 2019, the average direct cost of osteoporotic fractures in France was €104.2/person, while in 2010 the average was €85.0/person (increase of 23%).

The 2019 data ranked France in 8<sup>th</sup> place in terms of highest cost of osteoporotic fractures per capita in the surveyed 29 countries.



## POLICY FRAMEWORK

Documentation of the burden of disease is an essential prerequisite to determine if the resources are appropriately allocated in accordance with the country's policy framework for the diagnosis and treatment of the disease.

### Key measures of policy framework for osteoporosis in France

Measure	Estimate
Established national fracture registries	Yes
Osteoporosis recognised as a specialty	No
Osteoporosis primarily managed in primary care	Yes
Other specialties involved in osteoporosis care	Rheumatology, Geriatrics, Endocrinology, Gynaecology, Orthopaedics, Internal medicine
Advocacy areas covered by patient organisations	Policy, Capacity, Peer support, Research & Development

High quality of national data on hip fracture rates have been identified in France. Data are collected on a national basis and include only hip fracture data.

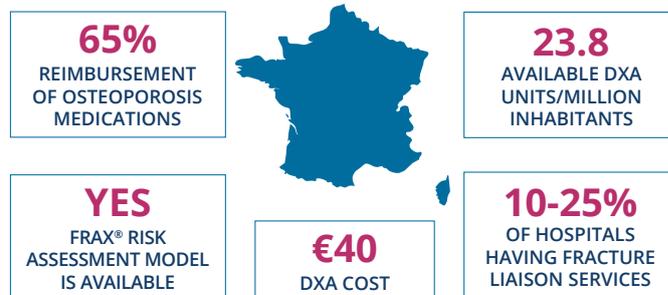
In France, osteoporosis and metabolic bone disease are not recognised specialties. However, osteoporosis is recognised as a component of specialty training.

Advocacy by patient organisations can fall into four categories: policy, capacity building and education, peer support, research and development. For France, all four of the advocacy areas were covered by a patient organisation, which was the case for only 10 out of the 26 countries with at least one patient organisation.

## SERVICE PROVISION

The provision of medical services for osteoporosis was reviewed with certain key components, including reimbursement elements which may impair the delivery of healthcare.

### Service provision for osteoporosis in France



Twelve out of 27 countries offered full reimbursement for osteoporosis medications. France offered partial reimbursement.

The number of DXA units per million of the general population amounted to 23.8 which puts France in 8<sup>th</sup> place among the EU27+2. The availability of Trabecular Bone Score (TBS), which measures an aspect of bone quality, was amongst the highest in France.

The estimated average waiting time for DXA amounted to 30 days (18<sup>th</sup> rank). The reimbursement for DXA was conditional and varied depending on the patient's condition.

National fracture risk assessment models such as FRAX® were available in France, as well as guidance on the use of fracture risk assessment within national guidelines.

Guidelines for the management of osteoporosis were available with a focus on different specificities; postmenopausal women, osteoporosis in men, secondary osteoporosis including glucocorticoid-induced osteoporosis.

Fracture Liaison Services (FLS), also known as post-fracture care coordination programmes and care manager programmes were reported for 10-25% of hospitals.

National quality indicators allow to measure the quality of care provided to patients with osteoporosis or associated fractures. However, no use of quality indicators was reported for France.

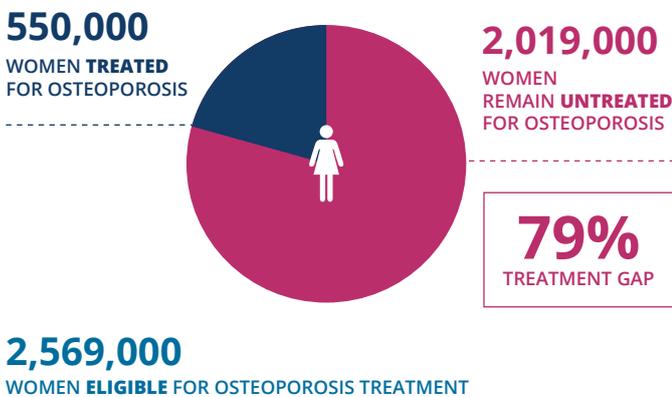
Service uptake for osteoporosis in France

The condition of service uptake was evaluated with metrics that reflect fracture risk assessment, treatment gap, and management of surgery for hip fractures.

Measure	Estimate	Rank among EU27+2
Number of FRAX® sessions/ million people/year	676	16
Treatment gap for women eligible for treatment	79%	20
Proportion of surgically managed hip fractures	>90%	

There was considerable heterogeneity between the countries in web-based FRAX® usage. The average uptake for the EU27+2 was 1,555 sessions/million/year of the general population with an enormous range of 49 to 41,874 sessions/million. For France, the use of FRAX® amounted to 676 sessions/million in 2019 with a 115% increase since 2011.

Do women at high fracture risk receive treatment?



Many studies have demonstrated that a significant proportion of men and women at high fracture risk do not receive therapy for osteoporosis (the treatment gap). For France, the treatment gap amongst women increased to 79% in 2019, compared to 43% in 2010. In the EU27+2 the average gap was 71% but ranged from 32% to 87%.

For France, the average waiting time for hip fracture surgery after hospital admission was reported to be 1-2 days. The proportion of surgically managed hip fractures was over 90%.

Burden of Disease		Policy Framework	
Hip Fracture Risk	Green	Quality of Data	Green
Fracture Risk	Yellow	National Health Priority	Green
Lifetime Risk	Red	Care Pathway	Green
FRAX® Risk	Green	Specialist Training	Yellow
Fracture Projections	Yellow	Society Support	Green

Service Provision		Service Uptake	
Treatment	Yellow	FRAX® Uptake	Yellow
Availability of DXA	Green	Treatment Gap	Red
Access to DXA	Yellow	Δ Treatment Gap	Red
Risk Models	Green	Waiting Time for Hip Fracture Surgery	Yellow
Guideline Quality	Green		
Liaison Service	Yellow		
Quality Indicators	Red		

The elements of each domain in each country were scored and coded using a traffic light system (red, orange, green) and used to synthesise a scorecard.

France scores resulted in a 15<sup>th</sup> place regarding Burden of Disease. The combined Healthcare provision (Policy Framework, Service Provision, and Service Uptake) scorecard resulted in a 11<sup>th</sup> place for France. Accordingly, France represents one of the low-burden high-provision countries among the 29 European surveyed countries.

Since the previous SCOPE study in 2010, scores for France were much improved. Overall, they had improved in 15 countries, remained constant in 8 countries and worsened in 3 countries.

Acknowledgments

SCOPE Corresponding National Societies based in France

- **Research and information Group on Osteoporosis (GRIO)**  
www.grio.org
- **Société Française de Rhumatologie (SFR)**  
www.sfr.larhumatologie.fr
- **Association Française de Lutte Anti-Rhumatismale (AFLAR)**  
www.aflar.org

References

1. Willers C, et al. Osteoporosis in Europe: A compendium of country-specific reports, Arch Osteoporos, 2022
2. Kanis JA, et al. SCOPE 2021: a new scorecard for osteoporosis in Europe, Arch Osteoporos, 2021