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”. View the complete SCOPE 2021 report 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

79.9%
WOMEN

20.1%
MEN

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

484,000
NEW FRAGILITY FRACTURES IN 2019

1,325
FRACTURES /DAY

55
FRACTURES /HOUR

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.

FRANCE
77/100,000
INDIVIDUALS AGED 50+

EU 27+2
116/100,000
INDIVIDUALS AGED 50+

Remaining lifetime probability of hip fracture

WOMEN
+50 YEARS
18.4%
MEN
+50 YEARS
5.6%

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 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.

**Healthcare cost of osteoporotic fractures**

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

*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 8th place in terms of highest cost of osteoporotic fractures per capita in the surveyed 29 countries.

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**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**

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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.
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.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>Established national fracture registries</td>
<td>Yes</td>
</tr>
<tr>
<td>Osteoporosis recognised as a specialty</td>
<td>No</td>
</tr>
<tr>
<td>Osteoporosis primarily managed in primary care</td>
<td>Yes</td>
</tr>
<tr>
<td>Other specialties involved in osteoporosis care</td>
<td>Rheumatology, Geriatrics, Endocrinology, Gynaecology, Orthopaedics, Internal medicine</td>
</tr>
<tr>
<td>Advocacy areas covered by patient organisations</td>
<td>Policy, Capacity, Peer support, Research &amp; Development</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65% reimbursement of osteoporosis medications</td>
<td></td>
</tr>
<tr>
<td>23.8 Available DXA units/million inhabitants</td>
<td></td>
</tr>
<tr>
<td>Yes FRAX® risk assessment model is available</td>
<td></td>
</tr>
<tr>
<td>€40 DXA cost</td>
<td></td>
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<tr>
<td>10-25% of hospitals having fracture liaison services</td>
<td></td>
</tr>
</tbody>
</table>

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 8th 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 (18th 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

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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Estimate</th>
<th>Rank among EU27+2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FRAX® sessions/million people/year</td>
<td>676</td>
<td>16</td>
</tr>
<tr>
<td>Treatment gap for women eligible for treatment</td>
<td>79%</td>
<td>20</td>
</tr>
<tr>
<td>Proportion of surgically managed hip fractures</td>
<td>&gt;90%</td>
<td></td>
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</table>

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%.

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