

SCORECARD FOR OSTEOPOROSIS IN EUROPE (SCOPE)

Epidemiology, Burden, and Treatment of Osteoporosis in Slovakia

This document highlights the key findings for Slovakia published in "Osteoporosis in Europe: A Compendium of country-specific reports"¹. View the complete SCOPE 2021 report² and related 29 country profiles at: <https://www.osteoporosis.foundation/scope-2021>

BURDEN OF DISEASE

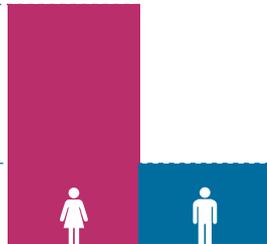
Individuals with osteoporosis in Slovakia

264,000

INDIVIDUALS WITH OSTEOPOROSIS IN 2019

81.0%
WOMEN

19.0%
MEN



The prevalence of osteoporosis in the total population amounted to 4.2%, lower than the EU27+2 average (5.6%). In Slovakia, 19.4% of women and 5.7% of men aged 50 years or more were estimated to have osteoporosis.

New fragility fractures in Slovakia

76,000

NEW FRAGILITY FRACTURES

IN 2019



207
FRACTURES /DAY



9
FRACTURES /HOUR

The number of new fragility fractures in Slovakia in 2019 has significantly increased compared to 2010, equivalent to an increment of 15.9 fractures per 1000 individuals, totalling 38.2 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.



SLOVAKIA
216/100,000
INDIVIDUALS AGED 50+



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

Remaining lifetime probability of hip fracture

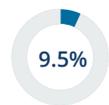
WOMEN

+50
YEARS



MEN

+50
YEARS



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 9.5% and 20.3%, respectively, placing Slovakia in the upper tertile of risk for both men and women.



“
THE NUMBER OF FRAGILITY FRACTURES IN SLOVAKIA IS EXPECTED TO INCREASE BY MORE THAN 33% 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 population aged 50 years or more is projected to increase by 20.2% between 2019 and 2034, significantly above the EU27+2 average of 11.4%. The increases in men and women aged 75 years or more are even more marked; 88.8% for men; 58.8% 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 Slovakia accounted for approximately 3.1% of healthcare spending (i.e., €193.6 million out of €5.8 billion in 2019), close to the EU27+2 average of 3.5%.

Type of costs	
Direct cost of incident fractures	€135.2 million
Ongoing cost resulting from fractures in previous years (long-term disability costs)	€41.7 million
Cost of pharmacological intervention (assessment & treatment)	€16.7 million
Total direct cost (excluding the value of QALYs* lost)	€193.6 million

*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 Slovakia was €35.6/person, while in 2010 the average was €22.1/person (increase of 61%).

The 2019 data ranked Slovakia in 22nd 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 Slovakia

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

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

In Slovakia, osteoporosis and metabolic bone disease are recognised specialties. 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 Slovakia, three of these advocacy areas (policy, capacity, peer support) were covered by a 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 Slovakia



Twelve out of 27 countries offered full reimbursement for osteoporosis medications. Slovakia offered 90% reimbursement depending on the prescribed treatment.

The number of DXA units expressed per million of the general population amounted to 30.2 which puts Slovakia in 2nd place among the EU27+2.

In Slovakia, the estimated average waiting time for DXA amounted to 18 days (16th rank). The reimbursement for DXA was unconditional.

National fracture risk assessment models such as FRAX® were available in Slovakia, 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 1-10% of hospitals in Slovakia.

Slovakia was one of the few countries with national quality indicators available to measure the quality of care provided to patients with osteoporosis or associated fractures.

SERVICE UPTAKE

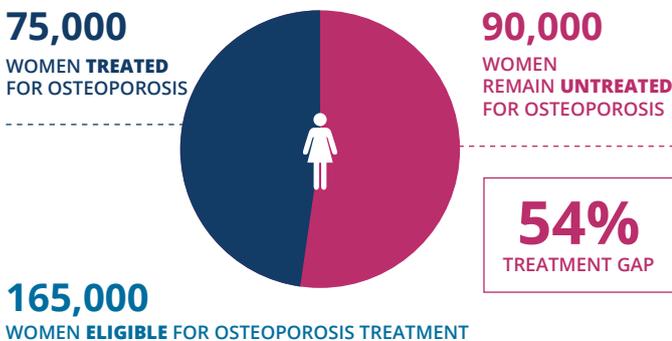
Service uptake for osteoporosis in Slovakia

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	504	21
Treatment gap for women eligible for treatment	54%	5
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 Slovakia, the use of FRAX® amounted to 504 sessions/million in 2019, with a 35% 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 Slovakia, the treatment gap amongst women amounted to 54% in 2019, which did not change significantly compared to 2010 (49% in 2010). In the EU27+2 the average gap was 71% but ranged from 32% to 87%.

For Slovakia, 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%.

SCORECARD

Burden of Disease		Policy Framework	
Hip Fracture Risk	Orange	Quality of Data	Green
Fracture Risk	Red	National Health Priority	Red
Lifetime Risk	Red	Care Pathway	Orange
FRAX® Risk	Red	Specialist Training	Green
Fracture Projections	Red	Society Support	Orange
Service Provision		Service Uptake	
Treatment	Orange	FRAX® Uptake	Red
Availability of DXA	Green	Treatment Gap	Green
Access to DXA	Green	Δ Treatment Gap	Orange
Risk Models	Orange	Waiting Time for Hip Fracture Surgery	Orange
Guideline Quality	Green		
Liaison Service	Orange		
Quality Indicators	Green		

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.

Slovakia scores resulted in a 5th place regarding Burden of Disease. The combined Healthcare Provision (Policy Framework, Service Provision, and Service Uptake) scorecard resulted in a 9th place for Slovakia. Accordingly, Slovakia represents one of the high-burden high-provision countries among the 29 European surveyed countries.

Overall, scores had improved in 15 countries, remained constant in 8 countries and worsened in 3 countries since the previous SCOPE study in 2010. For Slovakia, the scores were markedly improved.

Acknowledgments

SCOPE Corresponding National Societies based in Slovakia

- **Slovak Society for Osteoporosis and Metabolic Bone Diseases**
www.osteoporozas.sk/lekari
- **Slovak Union against Osteoporosis**
www.osteoporozas.sk/pacienti

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