

#### **CONSUMER BACKGROUND**

# EMBARGOED: THURSDAY, OCTOBER 19, 2023

# About poor bone health, osteoporosis & osteopenia

# ABOUT OSTEOPOROSIS

- Osteoporosis is a disease that leads to reduced bone strength and increased risk of fracture.<sup>1</sup>
- Once a fracture occurs, action must be taken to protect bone health, and the level of bone density is monitored to gauge improvement.<sup>2</sup>
- Particular risk factors place people at higher risk of developing osteoporosis.
- Patients may not find out they have osteoporosis until after a first fracture.<sup>1</sup>
- Any bone can be affected by osteoporosis, however fractures most often occur in the hip, spine, arm, wrist, ribs, legs and pelvis.<sup>1</sup>
- Fractures are expensive for the healthcare system, and disruptive to the lives of patients and their families.<sup>3</sup>
- Data shows 22 per cent of people over 50 with poor bone health have osteoporosis.<sup>3</sup>

#### ABOUT OSTEOPENIA (LOW BONE DENSITY)

- Osteopenia is low bone mineral density defined by a Bone Density Test result between normal and osteoporosis.<sup>4</sup>
- Fractures in people with low bone density (osteopenia) are common.<sup>5</sup> Once a fracture occurs and low bone density is present, action must be taken to protect bone health, including the monitoring of bone density.<sup>6</sup>
- Of those aged over 50 with poor bone health, 78 per cent have osteopenia.<sup>3</sup>
- Not every person diagnosed with osteopenia will develop osteoporosis.<sup>4</sup>

#### **RISK FACTORS FOR POOR BONE HEALTH**

- Minimal trauma fracture in adults aged over 50 years (from tripping or falling).7
- Family history of osteoporosis (or a broken hip).<sup>2,7</sup>
- Medical risk factors coeliac disease, early menopause, low testosterone, rheumatoid arthritis, corticosteroid treatment (for longer than three months), overactive thyroid or parathyroid conditions, some treatment for breast or prostate cancer, chronic kidney or chronic liver disease, and epilepsy treatment.<sup>2,7</sup> Age is also taken into account.
- Lifestyle risk factors poor calcium intake, vitamin D deficiency, smoking, excessive alcohol intake, and physical inactivity.<sup>2</sup>



#### **BONE DENSITY TEST**

- A bone density test is a simple scan that measures the density of the bones, usually at the hip and spine, and requires a GP referral.<sup>8</sup>
- A bone density scan will determine if bones are in the range of osteopenia, or osteoporosis.<sup>8</sup>
- A scan takes 10-15 minutes, during which the patient remains fully clothed as the arm of the machine passes over the body.<sup>8</sup>
- People over 50 years of age with risk factors for osteoporosis need a bone density scan.



#### **ABOUT FRACTURES**

- More than 183,000 fractures in Australia are estimated to occur annually in 2022.<sup>3</sup>
- Fractures can require an ambulance, emergency services, surgery, hospital stays, rehabilitation and home care.<sup>3</sup>
- People who sustain a fracture from poor bone health are two-to-four times more likely to sustain a further fracture.<sup>3, 9</sup>
- Fractures due to poor bone health can severely disrupt normal life. Patients are commonly unable to work, drive, shop, complete household tasks, and have reduced mobility.<sup>1</sup>
- Spinal fractures can lead to loss of height, changes in posture, and deformity of the spine.<sup>1</sup>
- Only 20 per cent of women, and an even smaller percentage of men who sustain a minimal trauma fracture, are investigated for poor bone health. The healthcare system is treating the fracture and missing the underlying cause.<sup>10</sup>
- Two-thirds of spinal fractures (vertebral fractures) are not diagnosed or treated, even though nearly all cause pain and some disability.<sup>11</sup>
- The burden of osteoporosis not only affects those living with the disease, but also their families, and the community at large.<sup>1</sup>

#### **KEY STATISTICS**

- More than 1.2 million Australians are living with osteoporosis, and the prevalence is on the rise.<sup>12</sup>
- Osteoporosis-related fractures are costly to the Australian healthcare system, accounting for up to 67 per cent of the overall cost of the disease, which totals \$3.4 billion per year.<sup>3</sup>
- Data shows 66 per cent of people over 50 years of age have poor bone health (osteoporosis or osteopenia).<sup>3</sup>
- Hip fracture remains the most costly type of fracture. However fractures at other sites are more common (spine, wrist, arm and leg).<sup>3</sup>
- Nearly half of those who have experienced a hip fracture have sustained a previous fracture.13
- It is estimated that a bone will be broken every 3.4 minutes due to poor bone health.<sup>14</sup>
- People who have sustained a spinal fracture are four-times more likely to experience another fracture within 12 months, compared with those who have never sustained an osteoporotic fracture.<sup>9, 15</sup>
- Only 20 per cent of women, and an even smaller percentage of men who come to medical attention with a fracture, are then investigated and treated to prevent further fractures.<sup>10</sup>
- Targeted identification and management of patients' post-fracture may reduce the risk of refracture by 80 per cent.<sup>16</sup>

## **MORBIDITY & MORTALITY**

- Fractures are associated with increased risk of death approximately 3,489 deaths in Australia per year (mainly among the over 70s).<sup>3</sup>
- Hip fractures are most severe in terms of ongoing pain, disability and mortality.<sup>1</sup>
- Following a hip fracture in Australia, 11 per cent of patients are discharged to residential care, and up to six per cent of cases result in death.<sup>3</sup>

# IMPACT ON QUALITY OF LIFE

• The effects on quality of life include loss of independence, chronic pain, disability, emotional distress, lost productivity, reduced social interaction, and self-limitation caused by a fear of falling.<sup>1</sup>

#### PREVENTION

- Lifestyle changes that may reduce the risk of developing osteoporosis include not smoking, limiting alcohol consumption, getting an adequate calcium intake and sufficient vitamin D.<sup>2</sup>
- Regular exercise (weight bearing and resistance combined) helps to strengthen bones and muscles, and prevents falls.<sup>16</sup>

#### TREATMENT

- Treatment can reduce fracture risk by up to 50 per cent.7
- Early diagnosis and treatment can help prevent fractures and slow the progression of osteoporosis.<sup>11</sup>
- Osteoporosis is generally managed with medication and other changes that help support treatment e.g. weight-bearing exercise, adequate dietary calcium intake, adequate vitamin D (sunshine), or supplements as required.<sup>11</sup>

#### ends#

For more information about poor bone health, osteopenia, or osteoporosis, head to: <u>healthybonesaustralia.org.au</u> or follow us on <u>Facebook</u>, <u>Twitter</u> and <u>LinkedIn</u>.

MEDIA CONTACTS: Kirsten Bruce & Millie Chamberlain VIVA! Communications M 0401 717 566 | 0404 568 615 T 02 9968 3741 | 02 9968 3741

**E** <u>kirstenbruce@vivacommunications.com.au</u> <u>millie@vivacommunications.com.au</u>

# References

- 1. Australian Institute of Health and Welfare (AIHW), Australia's health 2010. 2010.
- 2. Healthy Bones Australia. *Risk factors*. 2022 [cited October 2022]; Available from: <u>https://healthybonesaustralia.org.au/your-bone-health/risk-factors/</u>.
- 3. Abimanyi-Ochom, J., J. Watts, & K. Sanders, Osteoporosis Costing all Australians. A New Burden of Disease Analysis 2012-2022. 2013.
- 4. Healthy Bones Australia, Consumer guide. 2021.
- 5. Harvard Medical School. Osteopenia: When you have weak bones, but not osteoporosis. 2020 [cited December 2020]; Available from: <u>https://www.health.harvard.edu/womens-health/osteopenia-when-you-have-weak-bones-but-not-osteoporosis</u>.
- 6. Better Health Channel. Bone density testing. [cited December 2020]; Available from: https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/bone-density-testing.
- 7. The Royal Australian College of General Practitioners (RACGP), Clinical guideline for the prevention and treatment of osteoporosis in postmenopausal women and older men. 2010.
- 8. Healthy Bones Australia. *Diagnosis*. [cited October 2023]; Available from: https://healthybonesaustralia.org.au/osteoporosis-you/diagnosis/.
- 9. Center, J.R., et al., Risk of subsequent fracture after low-trauma fracture in men and women. JAMA, 2007. 297(4): p. 387-94.
- 10. Eisman, J., et al., Osteoporosis prevalence and levels of treatment in primary care: the Australian BoneCare Study. J Bone Miner Res, 2004. 19(12): p. 1969-75.
- 11. Ebeling, P., et al., Position Statement on Management of Osteoporosis. May 2022.
- 12. Henry, M.J., et al., Prevalence of osteoporosis in Australian men and women: Geelong Osteoporosis Study. Med J Aust, 2011. 195(6): p. 321-2.
- 13. Australian and New Zealand Hip Fracture Registry Annual Report 2017. 2017 [cited October 2022]; Available from: <u>https://anzhfr.org/wp-content/uploads/2017/08/ANZHFRAnnual-Report-2017.pdf</u>.
- 14. Sanders K.M., W.J.J., Abimanyi-Ochom J., & Murtaza G., Osteoporosis: A Burden of Disease Analysis Preliminary Data 2016. Osteoporosis Australia, 2016.
- 15. Siris, E.S., et al., Failure to perceive increased risk of fracture in women 55 years and older: the Global Longitudinal Study of Osteoporosis in Women (GLOW). Osteoporos Int, 2011. 22(1): p. 27-35.
- 16. Lih, A., et al., Targeted intervention reduces refracture rates in patients with incident non-vertebral osteoporotic fractures: a 4-year prospective controlled study. Osteoporos Int, 2011. 22(3): p. 849-58.