

Summary – Key Findings

Know Your Bones Community Engagement

- Self-assessment completions following visits to website 30%
- Overall age breakdown of females and males completing self-assessment (see table) →
- Gender breakdown of self-assessment usage
 - 83% female and 17% male
- Age breakdown of self-assessment usage
 - 84% adults 50 years and over

Female	83%	Male	17%
under 50 years	13%	under 50 years	3%
50-69 years	54%	50-69 years	8%
70 years+	16%	70 years+	6%

Fracture Status and Bone Density Testing Status

- Number of assessments completed that reported a minimal trauma fracture 17%
- Based on total number of minimal trauma fractures reported 52% (over half) occurred in adults aged 50-69 years
- Number of assessments completed that reported a minimal trauma fracture and reported status of bone mineral density (BMD) testing:
 - Reported 'yes' for BMD testing 52%
 - Reported 'no' for BMD testing 40%
 - Reported 'don't know' for BMD testing 8%
- Number of assessments completed that reported a minimal trauma fracture and reported medication status:
 - On medication 14%
 - Not on medication 86%
- People over 70 years and Bone Mineral Density (BMD) testing status:
 - Reported 'yes' for BMD testing 59%
 - Reported 'no' for BMD testing 29%
 - Reported 'don't know' for BMD testing 12%

Clinical and Lifestyle Risk Factors*

- Number of assessments completed and total clinical risk factors reported:
 - Reported 'yes' to a clinical risk factor 36%
 - Reported 'no' to a clinical risk factor 64%
- Based on those reporting a clinical risk factor only half reported having a bone density test
- Based on those reporting 'yes' to a clinical risk factor the majority 70% had a single clinical risk factor and 30% had 2 (or more) clinical risk factors
- Number of assessments completed and total lifestyle risk factors reported:
 - The majority 99% reported having a lifestyle risk factor

Comment on Age and Risk

- Noteably 16% of completions were adults under 50 years. Research indicates bone health in younger adults can be impacted by specific risk factors such as early menopause, low testosterone, coeliac disease, anorexia nervosa, breast cancer treatment and cortico-steroid use. It is important to protect bone health in these groups.

The data in this report demonstrates further action is required to address poor bone health across Australia

- Only half of people reporting a fracture have reported having a bone mineral density test. Investigation of patients with a bone density test should be higher. Over half of the total number of reported fractures occurred in adults aged 50-60 years
- Vast majority of people (86%) reporting a previous fracture are also reporting not taking preventative medication.
- Nearly 40% of people completing assessment have a clinical risk factor for osteoporosis and vast majority of people completing assessment (99%) reported having a lifestyle risk factor.
- Bone density testing reimbursement remains available for anyone over 70 years, yet nearly 30% reported not having a bone density test.

The findings of this report are consistent with other studies which suggest osteoporosis is under-investigated and under-treated even where obvious risk factors (signals for development of osteoporosis and subsequent fracture) exist.

What is needed?

- ✓ Early intervention to capture adults following a broken bone (fracture) due to poor bone health.
- ✓ Routine investigation of adults with risk factors for poor bone health to ensure early diagnosis of osteoporosis to manage bone health and prevent unwanted fractures.

*Risk factors: Clinical risk includes: Daily oral use glucocorticoids, early menopause/low testosterone, loss of height, coeliac disease, overactive parathyroid, overactive thyroid, rheumatoid arthritis, chronic liver or kidney disease, treatment for breast cancer or prostate cancer. Lifestyle risk includes: smoking, alcohol intake, lack of adequate calcium/vitamin D/exercise.