BROKEN BONES, BROKEN LIVES:
The fragility fracture crisis in France

The development of this initiative has been supported by UCB.
Prevalence:  
- approximately 3.8 million people have osteoporosis in France (2015)  
- comparable to the other EU6* nations
Fragility fractures due to osteoporosis affect both men and women. Incidence in France:

Estimated number of fragility fractures in 2017, and by fracture category:

- **381,566 total fractures per year**
  - **20%** Hip fractures
  - **15%** Verterbral fractures
  - **65%** Other fractures

* Of which 51% were MOFs*
**FRAGILITY FRACTURES IN THE CONTEXT OF PUBLIC HEALTH PRIORITIES**

<table>
<thead>
<tr>
<th>ESTIMATED LIFETIME RISK OF HIP FRACTURE</th>
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<tr>
<td><strong>FOR MEN AGED 50 YEARS</strong></td>
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<tr>
<td><strong>6%</strong></td>
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<td><strong>MOF = 13%</strong></td>
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<td><strong>STROKE = 14%</strong></td>
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<td><strong>FOR WOMEN AGED 50 YEARS</strong></td>
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<tr>
<td><strong>11%</strong></td>
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<td><strong>MOF = 22%</strong></td>
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<tr>
<td><strong>STROKE = 20%</strong></td>
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Lifetime risk of sustaining a MOF is similar to the lifetime risk of having a stroke for both women and men.

* MOF (Major Osteoporotic Fracture) risk for individuals aged 50 in France; equivalent stroke risk in Europe

**FRAGILITY FRACTURES ARE THE 4TH MOST BURDENSOME CHRONIC DISEASE**

<table>
<thead>
<tr>
<th>Disease</th>
<th>DALY's</th>
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<tr>
<td>Ischemic Heart Disease</td>
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<tr>
<td>Dementia</td>
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<tr>
<td>Lung Cancer</td>
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<tr>
<td>Fragility Fractures</td>
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<tr>
<td>COPD*</td>
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<tr>
<td>Ischemic Stroke</td>
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<tr>
<td>Parkinson's Disease</td>
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<tr>
<td>Rheumatoid Arthritis</td>
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*Chronic Obstructive Pulmonary Disease

# Disability-adjusted life years: a measure of the impact of a disease or injury in terms of healthy years lost
FRAGILITY FRACTURES INCUR SUBSTANTIAL HEALTHCARE COSTS

Fracture-related costs:

1st YEAR

Happen during first year after fracture

Highest with hip fractures

HIP FRACTURE 1/5 of total fractures

HIP FRACTURE 57% of total costs

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FRAGILITY FRACTURES HAVE A MULTIFACETED IMPACT ON THE INDIVIDUAL AND SOCIETY

Reduced independence and lifestyle impairment: year following initial fracture, 12.5% re-hospitalisation

LIFE-CHANGING IMPACT OF FRAGILITY FRACTURES

LONG-TERM CARE
35.3% of patients aged 90 + years move into long-term care following hip fracture

SICK DAYS
taken in France among individuals of pre-retirement age affected by fragility fractures.

1,461,444

Patients suffering fragility fractures depend on care from family and friends

Fragility fractures can significantly impact the working population: estimated 20% of fractures occur at pre-retirement age

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FRAGILITY FRACTURES ARE A GROWING CHALLENGE IN THE PUBLIC HEALTH LANDSCAPE

The incidence of fragility fractures is set to rise

- 380,000 Fragility fractures in 2017
- 470,000 Fragility fractures in 2030

+24.4%

Fracture-related costs are set to rise

- €5.4 billion in 2017
- €6.8 billion in 2030

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EFFECTIVE MANAGEMENT IMPROVES OUTCOMES AND REDUCES COSTS

One fragility fracture leads to another:

Women who have had a fragility fracture are five times more likely to experience a second fracture within the first year after a fracture than women who have not had a prior fracture, yet…

MASSIVE TREATMENT GAP

85% OF WOMEN DO NOT RECEIVE TREATMENT FOLLOWING A FRACTURE

With appropriate medical treatment, many fragility fractures can be avoided.
EFFECTIVE MANAGEMENT IMPROVES OUTCOMES AND REDUCES COSTS

Coordinated care models are multidisciplinary healthcare delivery models which aim to identify, diagnose and treat patients who have suffered a fragility fracture.

Multidisciplinary models for secondary fracture prevention can contribute to closing the treatment gap.

FRACTURE LIAISON SERVICES (FLS)

= cost-effective care delivery model to IMPROVE OVERALL OUTCOMES & REDUCE COSTS

**EFFECTS of FLS** (absolute change)

- **BMD testing**: +24%
- **Treatment adherence**: +22%
- **Treatment initiation**: +20%
- **Re-fracture rate**: -5%
- **Mortality**: -3%
A ROADMAP TO SOLVE THE FRAGILITY FRACTURE CRISIS IN FRANCE

As part of a multidisciplinary consultation across France, the Estates General for osteoporosis, established seven key priorities to enable better management of fragility fractures in 2017.

A year on, the Estates General’s recommendations remain more relevant than ever to improve the care of the many patients who have experienced at least one fragility fracture.

1. Change the paradigm from osteoporosis to fracture: Awareness campaigns
2. Develop primary prevention strategies for fragility fractures
3. Develop secondary prevention strategies so that the first fracture is the last
4. Promote incentive measures for GPs in the management of osteoporosis
5. Promote and support a research plan to address the costs of the ‘fracture cascade’ and the benefits of innovative multidisciplinary care pathways
6. Promote fall prevention and support the independent living of patients at risk of fragility fracture
7. Create a fragility fracture registry, potentially starting with pilots in one or two regions.
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FOR MORE INFORMATION
www.iofbonehealth.org/broken-bones-broken-lives