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

The development of this initiative has been supported by UCB.
Prevalence: 
- approximately 4 million people have osteoporosis in Italy (2015) 
- comparable to the other EU6* nations

* EU6: France, Germany, Italy, Spain, Sweden and the UK
Fragility fractures due to osteoporosis affect both men and women.

Incidence in Italy:
Estimated number of fragility fractures in 2017, and by fracture category.
Lifetime risk of sustaining a MOF is higher than the lifetime risk of a having a stroke for both women and men.

* MOF (Major Osteoporotic Fracture) risk for individuals aged 50 in Italy; equivalent stroke risk in Europe
FRAGILITY FRACTURES INCUR SUBSTANTIAL HEALTHCARE COSTS

Fracture-related costs:

1st YEAR

Happen **during first year** after fracture

Highest with **hip fractures**

1/5 of total fractures

59% of total costs
FRAGILITY FRACTURES HAVE A MULTIFACETED IMPACT ON THE INDIVIDUAL AND SOCIETY

Reduced independence and lifestyle impairment

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 Italy by working persons due to fragility fractures

717,316

Patients suffering fragility fractures depend on care from family and friends

Fragility fractures can significantly impact the working population:

Italy is close to the EU6 average number of sick days taken per 1000 people

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FRAGILITY FRACTURES ARE A GROWING CHALLENGE IN THE PUBLIC HEALTH LANDSCAPE

The incidence of fragility fractures is set to rise

560,000
2017

690,000
2030

+22.4%

Fracture-related costs are set to rise

€ 11,9 BILLION
2030

€ 9,4 BILLION
2017

26.2%
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

77%

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 ITALY

Italy faces a paradoxical situation:
On paper, there is a strong framework to encourage post-fracture care

However, many of these recommendations remain theoretical and are yet to be implemented in practice

As a consequence, Italian patients do not receive optimal care and the healthcare system does not benefit from the potential cost savings

All stakeholders have a responsibility to implement the following policy recommendations:

1. Prioritize sub-populations at risk of subsequent fracture
2. Encourage the development of patient pathways after a fragility fracture
3. Use quality metrics and a database to reduce costs associated with hospitalization
4. Foster patient proactivity through awareness campaigns

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FOR MORE INFORMATION
www.iofbonehealth.org/broken-bones-broken-lives