BROKEN BONES, BROKEN LIVES:

The fragility fracture crisis in Spain

The development of this initiative has been supported by UCB.
Prevalence:  
- approximately 2.8 million people have osteoporosis in Spain (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 Spain:
Estimated number of fragility fractures in 2017, and by fracture category.
MOF = 18% +
STROKE = 14% +

MOF = 20% +
STROKE = 20% +

Lifetime risk of sustaining a MOF is similar to the lifetime risk of a having a stroke for both women and men +

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

Disability-adjusted life years: a measure of the impact of a disease or injury in terms of healthy years lost

FRAGILITY FRACTURES IN THE CONTEXT OF PUBLIC HEALTH PRIORITIES

FRAGILITY FRACTURES ARE THE 4TH MOST BURDENSOME CHRONIC DISEASE

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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
62% 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 Spain among individuals of pre-retirement age affected by fragility fractures.

355,306

REDUCED MOBILITY AND INABILITY TO CARRY OUT DAILY ACTIVITIES = BURDEN ON CAREGIVERS

HOURS OF CARE PER 1,000 INDIVIDUALS

VERTEBRAL FRACTURES
263 HOURS
OF CARE

HIP FRACTURES
370 HOURS
OF CARE

OTHER FRACTURES
130 HOURS
OF CARE

Patients suffering fragility fractures depend on care from family and friends:
Spain has the second highest caregiver burden of all EU6 nations with 756 hours of care per 1000 individuals, per year

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Fragility fractures can significantly impact the working population:
Spain has the lowest number of average sick days taken per 1000 people compared to the EU6
FRAGILITY FRACTURES ARE A GROWING CHALLENGE IN THE PUBLIC HEALTH LANDSCAPE

The incidence of fragility fractures is set to rise

- 2017: 330,000 fragility fractures
- 2030: 420,000 fragility fractures

+28.8%

Fracture-related costs are set to rise

- 2017: €4.2 billion
- 2030: €5.5 billion

30.6%
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

72% 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)

<table>
<thead>
<tr>
<th>Treatment Adherence</th>
<th>BMD Testing</th>
<th>Treatment Initiation</th>
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<tr>
<td>+22%</td>
<td>+24%</td>
<td>+20%</td>
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-5% Re-fracture rate
-3% Mortality

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A ROADMAP TO SOLVE THE FRAGILITY FRACTURE CRISIS IN SPAIN

Spain fares slightly better than other countries in terms of fragility fracture management. However, a lot of work is still required to achieve excellence in managing this growing public health problem.

Policy has a strong role to play in recognizing that fragility fractures are a hidden public health threat that requires immediate action.

1. Prioritize secondary fracture prevention
2. Create national consensus care protocols (Código de Fractura)
3. Support the development and implementation of post-fracture care models
4. Strengthen registries tracking fragility fractures and FLS’ impact
5. Develop a guidance to reduce waiting time for hip fracture surgery
6. Improve and harmonize post-fracture care through quality standards and indicators
7. Patient awareness and engagement campaigns
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FOR MORE INFORMATION

www.iofbonehealth.org/broken-bones-broken-lives