BROKEN BONES, BROKEN LIVES:

The fragility fracture crisis in Sweden

The development of this initiative has been supported by UCB.
Prevalence:  
- Approximately ½ million people have osteoporosis in Sweden (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 Sweden:
Estimated number of fragility fractures in 2017, and by fracture category
FRAGILITY FRACTURES IN THE CONTEXT OF PUBLIC HEALTH PRIORITIES

Lifetime risk of sustaining a hip fracture is similar to the lifetime risk of having a stroke for both women and men.

* Stroke risk for individuals aged 50 in Europe

* 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

55% of total costs

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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 Sweden among individuals of pre-retirement age affected by fragility fractures.

1,078,370

Fragility fractures can significantly impact the working population:
Sweden has the highest number of average sick days taken per 1,000 people compared to the other EU6 nations

Patients suffering fragility fractures depend on care from family and friends:
Sweden has one of the lowest caregiver burdens of all the EU6 nations with an average of 191 hours a year, per 1,000 individuals

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FRAGILITY FRACTURES ARE A GROWING CHALLENGE IN THE PUBLIC HEALTH LANDSCAPE

The incidence of fragility fractures is set to rise

2017: 120,000 Fragility fractures
2030: 150,000 Fragility fractures
+26.6%

Fracture-related costs are set to rise

2017: €2 billion
2030: €2.6 billion
29.4%
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…

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%

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A ROADMAP TO SOLVE THE FRAGILITY FRACTURE CRISIS IN SWEDEN

The epidemic of fragility fractures is higher in Sweden than in any other EU country

Swedish authorities have realized the impact of fragility fractures on patients’ lives and healthcare systems, and have issued a number of recommendations to tackle this epidemic since 2009

These measures have contributed to improve awareness of fragility fractures as a public health issue, however, more can be done to improve implementation of the guidelines

Three key areas have been identified where policies can give an impetus towards secondary fracture prevention:

1. Address the treatment gap
2. Promote the establishment of fracture chains in all counties
3. Increase involvement of primary care practitioners in fracture prevention
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FOR MORE INFORMATION
www.iofbonehealth.org/broken-bones-broken-lives