BROKEN BONES, BROKEN LIVES:

The fragility fracture crisis in the UK

The development of this initiative has been supported by UCB.
Prevalence:
- approximately 3.5 million people have osteoporosis in the UK (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 the UK:
Estimated number of fragility fractures in 2017, and by fracture category.

TOTAL NUMBER OF FRAGILITY FRACTURES PER YEAR

520,000

of which 50% were MOFs*

- HIP FRACTURES: 19%
- VERTEBRAL FRACTURES: 16%
- OTHER FRACTURES: 65%

* Major Osteoporotic Fractures

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FRAGILITY FRACTURES IN THE CONTEXT OF PUBLIC HEALTH PRIORITIES

Lifetime risk of sustaining a MOF is markedly 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 the UK; equivalent stroke risk in Europe

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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
58% of total costs
FRAGILITY FRACTURES HAVE A MULTIFACETED IMPACT ON THE INDIVIDUAL AND SOCIETY

Reduced independence and lifestyle impairment:
estimated 12% of patients discharged
to long-term care after a hip fracture

Patients suffering fragility fractures depend on care from family and friends:
The UK has one of the lowest caregiver burdens of all EU6 nations with an average of 248 hours a year, per 1000 individuals

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

- 2017: 520,000 fragility fractures
- 2030: 660,000 fragility fractures

+26.2%

Fracture-related costs are set to rise

- 2017: £4.5 billion
- 2030: £5.9 billion

30.2%
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...

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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.

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**FRACTURE LIAISON SERVICES (FLS)**

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

<table>
<thead>
<tr>
<th>EFFECTS of FLS (absolute change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMD testing</td>
</tr>
<tr>
<td>Treatment adherence</td>
</tr>
<tr>
<td>Treatment initiation</td>
</tr>
</tbody>
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-5% Re-fracture rate
-3% Mortality

*Broken bones, broken lives: The fragility fracture crisis in the UK*
A ROADMAP TO SOLVE THE FRAGILITY FRACTURE CRISIS IN THE UK

The NOS and the osteoporosis community acknowledges that due to the devolution of powers to Scotland, Wales and Northern Ireland legislatures and administrations there is national variation.

This policy roadmap is aimed at all stakeholders, and in fact to any innovators who are bold, brave and curious to want to make a difference to the lives of people with osteoporosis and the improvement of bone health in the UK.

Roadmap centred around three main points:

1. Strengthen national policy
2. Improve local services
3. Raise awareness – change behaviour
Broken bones, broken lives: The fragility fracture crisis in the UK

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