Czech Republic

Overview

The overall number of patients admitted to hospital for hip fracture has increased in the last few years. Unfortunately there is no special national fragility fracture registry at the present time. Despite the presence of the Czech Society for Metabolic Skeletal Diseases as well as the Czech National Forum against Osteoporosis, osteoporosis is not yet designated a governmental healthcare priority in the Czech Republic. All proven therapies for the treatment (but not prevention) of osteoporosis are mostly (about 80%) reimbursed in all patients with accepted indications. But patients with osteoporosis are often prevented from accessing treatment because of low prescription limits for the doctors and consecutive fines charged by insurance companies to the physicians for the limit violation. This common practice may explain why only a small proportion of people with osteoporosis receive adequate treatment.

There is no direct governmental financial support of osteoporosis patient and scientific societies. There is no official national health programme in relation to osteoporosis. The solution can be found in convincing policy-making authorities of long-term savings in hospitalization and fracture treatment costs through prevention and early treatment of osteoporosis and prevention of fractures.

Key findings

The present population in the Czech Republic is estimated to be 10 million, of this 37% (3.7 million) is 50 years of age and over and 11% (1.1 million) is 70 and over. By 2050, it is estimated that 53% (4.5 million) of the population will be 50 and over and 26% (2.2 million) will be 70 and over while the total population will decrease to 8.5 million (fig. 1).

Figure 1 Population projection for the Czech Republic until 2050

![Population projection for the Czech Republic until 2050](image)

**Hip fractures**

In 2004, the total number of hip fractures was estimated to be 21,000 cases, with 2.4 times more hip fractures in women than men. The incidence of hip fractures has been calculated to be 15.6 hip fractures /10,000 population. The average number of hospital days in acute care was 35.6 days in 1986, which decreased to 16.1 days in 2004. The total direct hospital cost of hip fractures is estimated to be €70 million per year.

**Vertebral fractures**

No available information

**Diagnosis**

The number of DXA scanners in the Czech Republic is 4 per million population and 75% are in the public system. The waiting time to access a DXA exam is between 1 and 3 weeks (2007). The cost of a DXA exam is around €20 in the public system (€26 in the private system) and it is fully reimbursed for patients at risk.
**Reimbursement**

Regarding drug reimbursement, generics are mostly reimbursed but other drugs only partially. Patients with DXA proven osteoporosis and/or low trauma fracture are reimbursed; the same criteria allow reimbursement before the first fracture.

**Calcium and vitamin D**

National Guidelines have been developed on optimum daily intake of calcium and vitamin D but currently there is no national public health programme. Information is provided through activities among physicians (CSMSD) and public education (CNFO).

**Prevention, education, government policy**

Osteoporosis is not considered a health priority in the Czech Republic and there is no national registry for fragility fractures. Fracture monitoring is achieved via hospitalization reports and the government does not support patient and scientific societies.

Osteoporosis is included in the curriculum of the medical faculties as well as in postgraduate training in several specializations. IOF has organized the Osteoporosis Diagnosis Course with Densitometry Certification in 2007. Specialisation in clinical osteology is newly established with innovation of postgraduate education system.

Specialization in clinical osteology has been newly established within the postgraduate educational system. Basic research is inhibited by the lack of financial means.

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**References**

1. Source: U.S. Census Bureau, International Data Base.

More robust epidemiological data and the implementation of national fragility fracture registries are required in most countries of the region.