Overview

The Slovak Association for Osteoporosis and Metabolic Bone Diseases (SOMOK) was established in 1998. Roughly 300 physicians are currently members of SOMOK. The major tasks are: studying the evolution and specificities of osteoporosis in Slovakia; assessment of risk factors; providing information and guidance about osteoporosis for patients and medical personnel at all stages of medical care; scientific and educational activities; and attracting attention to the problem of osteoporosis. The Patient’s Association is an integral and active part of SOMOK. The Association’s website www.osteoporoza.sk provides information for health care specialists as well as patients.

Key findings

The present population of Slovakia is estimated to be 5.5 million, of this 32% (1.8 million) is 50 years of age and over and 9% (476,000) is 70 and over. By 2050, it is estimated that 50% (2.5 million) of the population will be 50 and over and 22% (1.1 million) will be 70 and over while the total population will decrease to 4.9 million (fig. 1).

Hip fractures

In 2006, the number of patients hospitalized with hip fracture in Slovakia was 6,913 in total, 5,462 cases (79%) amongst patients over 50 years of age, with an incidence rate of 12.6 per 10,000 population and approximately 2 times more fractures in women than in men. The average number of hospital days spent in acute care was 8 days and 10 to 13 days in rehabilitation or long-term care. The total direct hospital costs for hip fractures are estimated to be more than €60 million per year. The National Health Statistic Centre is responsible for collecting statistical data from the health care providers but there is no national hip fracture registry, only the National Arthroplasty Register (NAR).

Vertebral fractures

No information available

Diagnosis

In Slovakia, there are 13.1 DXA scanners per million population. The waiting time for a DXA scan in the public health system is 2 to 3 weeks. The cost of a DXA scan is €30. The exam is fully reimbursed. The Health Insurance Companies are responsible for purchasing health care services for their clients. The purchasing of services is related to the increasing demand of the population. The number of specific examinations and DXA scans are growing from year to year.

Reimbursement

In general, all treatments are reimbursed up to more than 90%. Main criteria are a T-score ≤ -2.5 and/or a presence of low energy trauma fracture. PTH analogues are reimbursed only for patients with severe

Figure 1 Population projection for Slovakia until 2050
osteoporosis (T-score ≤-2.5) and multiple vertebral fractures treated in selected osteo-centres.

**Calcium and vitamin D**

There are no national public health programmes. Guidelines for health care professionals recommend optimum daily intake of calcium and vitamin D in Slovakia.

**Prevention, education, government policy**

Osteoporosis is not a national health priority in Slovakia, however thanks to the collaboration of the Slovak Osteoporosis Society and the Health Care Department of the Ministry of Health, guidelines for the diagnosis and treatment of osteoporosis were issued in 2006 and guidelines for diagnosis and therapy of glucocorticoid induced osteoporosis were issued in 2009. Educational activities and training of health professionals are offered by the Slovak Health University and the Slovak Osteoporosis Society.

References

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

In many countries of Eastern Europe and Central Asia the number of elderly people will rise dramatically over the next few decades. Strategies for cost effective prevention, early detection and treatment of high risk patients are critical if the region is to reduce the projected burden of fragility fractures.