Overview

The detection, prevention and treatment of osteoporosis in Slovenia is not lagging significantly behind the most developed EU countries. The main obstacle remains that DXA is reimbursed only for secondary osteoporosis, while for everybody else it is carried out on a self-payment basis. Potential patients are well aware of the disease, at least in the urban areas, and are organized in a very active Slovene Osteoporosis Patient Society. All the internationally accessible medications against osteoporosis are also available in Slovenia, generally via health insurance with some limitations for certain medications (strontium ranelate and teriparatide). In recent years, a number of seminars and courses on osteoporosis have been conducted by the Slovene Bone Society. The last one in 2010 was endorsed by IOF and focused on bone densitometry. It has been recently estimated that around one third of patients with osteoporosis are receiving adequate treatment, which is far from perfect, but still above average.

Key findings

The present population in Slovenia is estimated at 2 million, 38% (760,000) is aged 50 and over and 12% (235,600) is 70 and over. By 2050, it is estimated that 53% (846,500) of the population will be 50 and over and 26% (421,000) will be 70 and over while the total population will decrease to 1.6 million (fig. 1). The prevalence rate of osteoporosis for women over 50 years is 27.5% and 14.6% for men over 60 years old.

Hip fractures

In 2005, the total number of hip fractures was 2,267 (women 1,656, men 611), a 40% increase since 1998. The incidence rate is 11.2 per 10,000 population. The average number of hospital days is 16.1 days in acute care and 16.7 days in rehabilitation or long-term care. The cost per day in acute care is €280 and the total direct hospital costs of hip fractures were estimated at over €11 million in 2005.
Vertebral fractures
No information available

Diagnosis
In Slovenia, there are 20 DXA scanners per million population, 7 DXA are in the public system and 33 scanners are in the private; their distribution is homogeneous throughout the country. The waiting time for a DXA scan is 10 days in the public and private health system. The cost of a DXA scan varies between €25 and €50. DXA is not reimbursed for primary osteoporosis and the exam has to be paid by the patients. There are some limited discounts available for the members of the Osteoporosis Patients Societies and DXA is fully reimbursed for secondary osteoporosis. A standardized national training course for DXA technologists and physicians was introduced in 2010.

Reimbursement
Reimbursement for osteoporotic treatment is generally provided for patients treated according to National Guidelines. There are limitations for strontium ranelate which is reimbursed only for patients older than 74 and those who are not able to take bisphosphonates. Teriparatide is reimbursed only for patients with severe osteoporosis who do not respond to other treatment (defined as a new hip or vertebral fracture after at least one year of appropriate treatment with other drugs).

Calcium and vitamin D
There is no national public health programme. Public awareness about vitamin D was increased with the help of some articles on vitamin D in the leading national newspapers and seminars on this topic by the Slovene Bone Society in collaboration with pharmaceutical companies. The role of calcium in the prevention and treatment of osteoporosis is well known.

Prevention, education, government policy
Osteoporosis is not a national health priority in Slovenia, however some national and regional campaigns have been supported by the government. Evidence based guidelines exist on prevention, diagnosis and treatment of postmenopausal osteoporosis and they have been published on the Slovenian Endocrine Society’s website: www.endodiab.si

Research is conducted on the genetics of osteoporosis, modifiable determinants of peak bone mass (such as exercise and calcium intake) and identification of risk factors for falling and the effects of fall prevention strategies on fracture.