Economic development in Bahrain has resulted in rapid socioeconomic changes in the Bahraini population and non-communicable diseases have become the leading cause of mortality and morbidity. Furthermore, the number of people over 60 years of age is increasing rapidly with osteoporosis and subsequent fragility fractures becoming a serious problem in the population.

The Bahrain Osteoporosis Society (BOS) has been active since 2000. BOS strives to provide information and support for people with osteoporosis, promote education for the public and health professionals, lobby Government and Health Authorities for policy change and encourage funding for research into osteoporosis prevention and treatment.

BOS is dedicated to reducing the incidence of osteoporosis and promoting bone health. BOS provides information to the public and health professionals on all aspects of the disease and offers support to people with osteoporosis and those at risk of fracture.

BOS has held several successful awareness campaigns for the general public over the past decade as well as providing ultrasound testing, medical counseling and advice. An Osteoporosis Diagnostic Course was organized in Bahrain in February 2010, which was a phenomenal success, drawing 220 participants from across the region.

The present population in Bahrain is estimated to be 1.2 million. Of this, 12% is 50 years of age or over and 1.5% is 70 or over. By 2050, it is estimated that 27% of the population will be 50 or over and 8% will be 70 or over while the total population will increase to 1.8 million (fig 1).

By 2025, it is projected that the demand for treatment regarding musculoskeletal diseases will increase by 162% in Bahrain.

A study was conducted in 2007 in five randomly selected primary health care centres in Bahrain, to test the association between edentulism (tooth loss) and osteoporosis. A sample of 170 postmenopausal Bahraini women was recruited and bone density measured using ultrasound. It was observed that only 21.7% of the women who participated in the study had normal bone density: 51.2% had osteopenia and 27.1% had osteoporosis.

Hip fracture
No available information.

Vertebral fracture, other fragility fractures
No available information.

Diagnosis
No available information.
REIMBURSEMENT POLICY

Like all other health services, Bahrainis are in principle covered for all prescription drugs dispensed or administered in public facilities, provided they are included in the Drug Formulary and are prescribed by an authorized prescriber. Within the public sector, patients may choose to use branded drugs or products not listed in the public sector formulary. Consequently, patients will pay the full price of these products.

Another occasion that would require patient’s payment for pharmaceutical product is out of stock items. Occasionally the public hospitals run out of certain drugs. Accordingly the patient is given the choice of waiting for official supply procedures or purchasing and personally supplying the drug(s). Unless covered by a voluntary health insurance plan that pays for drugs, patients bear the full cost of pharmaceuticals purchased from retail pharmacies and non-retail providers.

Voluntary private health insurance plans tend to act as a ‘passive bill payer’, typically reimbursing plan members (who normally must pay out of their own pocket first and then seek reimbursement) for the cost of prescribed medicine. However, certain plans require the beneficiary cost sharing in pharmaceutical cost.

CALCIUM AND VITAMIN D

In 2002, around 80% of males and 70% of females achieved the UK Reference Nutrient Intakes for calcium intake. Current WHO recommendations are 1000 mg per day for men aged between 19 to 65, and 1300 mg aged over 65. In women, recommendations are 1000 mg per day if aged between 19 and the menopause and 1300 mg for postmenopausal women.

| TABLE 1 Calcium intake in the adult Bahrainis population in 2002 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                 | MALE | FEMALE |                  |                  |                  |
| 19-50 YEARS     | 588  | 589    | 498             | 498             |
| OVER 50 YEARS   |      |        |                  |                  |
| 19-50 YEARS     | 588  | 589    | 498             | 498             |
| OVER 50 YEARS   |      |        |                  |                  |

REFERENCES

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