

A letter to all Europeans

The statistics are startling.

One in three women and at least one in six men will suffer an osteoporotic fracture in their lifetime, and it is estimated that more than ten million men and women are at high risk of osteoporotic fractures in the European Union.

Osteoporosis and the 3.5 million fractures it causes cost the healthcare systems of Europe in excess of €37 billion each year based on data for 2010. But numbers don't tell the full story. For the individuals who suffer fractures as a result of the disease, the stories are personal. Pain, disability, reduced mobility and long-term disability are all too frequent. Additionally, fractures related to osteoporosis result in early death. About 43 000 deaths occur each year in Europe as a direct consequence of hip or spine fractures.

The primary purpose of the ScoreCard for Osteoporosis in Europe (SCOPE) is to help individuals reduce their risk of osteoporosis and to ensure that all Europeans have access to the best diagnosis and treatment. Components that are critical to achieving this goal include government policy, access to assessment of risk and access to medications. This Scorecard allows Europeans to measure how well their country is able to access these elements through the publicly-funded healthcare systems. It also provides a benchmark to measure future progress.

Our research reveals that facilities and access to testing for osteoporosis are far from adequate. Access to treatment that can help prevent fractures varies markedly from country to country; in some member states, individuals with osteoporosis are restricted from accessing effective treatment options. Less than half of women at high risk of fracture are treated despite the high cost of fractures and the availability of affordable medications.

Action is required. The national osteoporosis societies of the International Osteoporosis Foundation are calling for a Europe-wide strategy and parallel national strategies to provide coordinated osteoporosis care and to reduce debilitating fractures and their impact on individual lives and the healthcare system. We welcome the opportunity to partner with governments at the national and European level to develop and implement these strategies. Together we can improve the bone health of all in Europe.



Prof John A Kanis *on behalf of the Scorecard Panel*

SCOPE is led by an independent expert panel: Borgström F, Compston J, Dreinhofer K, Nolte E, Jonsson L, Lems WF, McCloskey EV, Rizzoli R, Stenmark J, Sundseth H

Scorecard for Osteoporosis in Europe

	Austria	Belgium	Bulgaria	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	UK	Description	Units	Score				
Burden of disease																																		
Hip fracture risk	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Age-standardised incidence of hip fracture in women	rate/100,000	<300	300-400	400+	unknown
Fracture risk	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	All osteoporotic fractures in men and women	rate/1000 >50 years	<15	15-20	>20	
Lifetime risk	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Lifetime risk of hip fracture (women aged 50y)	%	<13	13-18	>18	unknown
FRAX risk	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Men and women with a > 10% ten year probability of a major fracture	% in 50-89 years age range	<20	20-25	>25	
Fracture projections	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Increase in fracture number 2010-2025	% >50 years	0-25	26-33	>30	
Policy framework																																		
Quality of data	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Data on hip fracture rates	Score	-	-	-	
National health priority	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	The presence of government backed NHP	Score	-	-	-	
Care pathway	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Management in primary care	Score	-	-	-	
Specialist training	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Osteoporosis an established specialty.	Score	-	-	-		
Society support	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Patient support societies	Score	-	-	-	
Service provision																																		
Treatment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Reimbursement and problems that arise	Score	-	-	-	
Availability of DXA	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	DXA units available	Units/m of the general population	>18	8.4-18	<8.4	
Access to DXA	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Reimbursement and problems that arise	Score	-	-	-	
Risk models	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Availability of country-specific risk models and guidance	Score	-	-	-	
Guideline quality	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Quality and scope of guidelines for assessment and treatment	Score	-	-	-	none
Liaison service	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Provision for fracture liaison services	Score	-	-	-	unknown
Quality indicators	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Presence and use of quality indicators	Score	-	-	-	
Service uptake																																		
Risk models	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	FRAX calculations	/million of the general population/year	>1200	320-1200	<320	
Treatment gap	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Proportion of women at high risk who are untreated	% >50 years	<45	45-65	>65	unknown
Waiting time	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Average waiting time for hip surgery	days	<1	1-2	>2	unknown