VENEZUELA

OVERVIEW

Currently, Venezuela does not have a system in place to track the incidence of osteoporosis using public hospital records. There is no active prevention programme for osteoporosis. The Venezuelan Society of Menopause and Osteoporosis (SOVEMO) is making efforts to raise awareness among the public in general via their chapter OSTEOAMIGO. SOVEMO is a non-profit scientific society established in 1989. Every two years, SOVEMO organizes a three-day national congress and in between carries out workshops, seminars and other educational programmes for clinicians all around the country. An Executive Committee runs the society and the members are renewed by election every three years. SOVEMO maintains a good relationship with other scientific societies with a focus on menopause and osteoporosis locally and around the world, and is a full IOF CNS Member.

OSTEOAMIGO is a patient oriented organization that is part of SOVEMO and relies on its scientific content and support. OSTEOAMIGO provides patient education and organizes activities to create awareness about osteoporosis, its risk factors and available treatments. Last year, in partnership with the IOF Latin America office, OSTEOAMIGO organized the Women Leaders Round Table in Venezuela, under the theme “Valuable Women. Valuable Bones. Love your bones” that had a great impact on public opinion about bone health in Venezuela. In 2012, OSTEOAMIGO will organize the Walk for Your Bones to celebrate World Osteoporosis Day on October 20th.

Published in 2009, The Practical Guide of Osteoporosis was intended to provide guidelines for diagnosis and treatment of metabolic disease. There is a clear lack of statistical records for this public health problem in Venezuela. The local society (SOVEMO) is struggling to tackle this problem. Despite the recent increase in numbers of DXA machines, there is a lack of trained personnel available to perform the actual tests. This lack of training significantly limits their ability to do research. SOVEMO is actively working to correct this problem. There are specific studies published about proximal femur fractures which report that it is possible that growth in the number of proximal femur fracture in the next decade will be 14%. It is important to note that in most of these studies, the average age of the patients is 50 years or postmenopausal. The average life expectancy in Venezuela is currently 74 years with an expected increase to 79 years by the year 2050.

KEY FINDINGS

Population growth statistics

The present population of Venezuela is estimated to be 28 million, of which 17% (4.8 million) is 50 years of age and older and 3.5% (961 000) is 70 years and over. By 2050, it is estimated that the total population will rise to 40 million, of which 33% (13 million) will be 50 years and older and 11% (4.3 million) will be 70 years and older1 (fig 1).

FIGURE 1 Population projection for Venezuela until 2050

SOURCE US Census Bureau

Epidemiology

There is minimal epidemiological information on osteoporosis in Venezuela. One study, conducted in 2003, showed that only 10% of the population older than 70 years had a normal bone density2.
Hip fracture

There is a dearth of data on hip fracture incidence in Venezuela. In 1995, it was reported that 9.6 hip fractures occurred each day in Venezuela. Based on population statistics, it is estimated that 67 hip fractures will occur daily in 2030. The study also found that 17% of those who suffer a hip fracture died within four months of fracturing.

A community based study examining the population 50 years and over in the late 1980’s showed a hip fracture incidence rate of 94:100,000 per year and 44:100,000 per year in women and men respectively. The participants in the study were 50 years of age and older. Kanis et al. reported a hip fracture rate of 150:100,000 in women over 50 years in Venezuela. In 2002, Kanis et al. predicted a hip fracture incidence rate of 193:100,000 per year and 381:100,000 per year for 80 year old men and women respectively in Venezuela.

There is currently no information available demonstrating the direct cost of hip fracture today. However, a study conducted in 2000 showed the direct cost of hip fracture in Venezuela was 4500 USD. This cost was significant as the national gross income per capita at that time was 3680 USD.

Vertebral fracture, other fragility fractures

No available information.

Diagnosis

In Venezuela there are 149 DXA machines. This allows for approximately one machine per 200,000 inhabitants. No information is available for ultrasound machines or length of wait for a DXA scan.

Reimbursement policy

A study conducted in 2000 showed the cost of DXA testing at that time was 40 USD. Presently, experts estimate the cost of a DXA at 25 USD.

Bisphosphonates, including annual intravenous (IV) infusion, and PTH are reimbursed by both public and private health care insurance plans.

Calcium and vitamin D

Calcium, vitamin D supplements, and fortified foods are available in Venezuela.

PREVENTION, EDUCATION, LEVEL OF AWARENESS

Osteoporosis is not recognized as a major health problem and there are currently no government public awareness programmes covering prevention, diagnosis or management of osteoporosis. Physician guidelines prepared by the local society SOVEMO were published in 2009. There is no governmental health professional training and currently no approved governmental guidelines for osteoporosis treatment or prevention.

Public health awareness programmes are supported via websites, advertisements, public lectures as well as World Osteoporosis Day activities supported by local societies.

In general, physicians and allied health care professionals alike are poorly trained in the diagnosis and treatment of osteoporosis. Orthopaedists, rheumatologists, gynaecologists, endocrinologists, radiologists and physiotherapists are better equipped than other health professionals to provide care for patients with osteoporosis.
RECOMMENDATIONS

SOVEMO has several initiatives planned to facilitate understanding of the extent of osteoporosis in Venezuela. They also have plans to increase the amount of education available to the medical community and the public alike.

• Determine the peak bone mass by densitometry in the Venezuelan population and its loss rate taking account of the Hispanic/indigenous population structure.

• Determine the prevalence of osteoporosis in Venezuela.

• Study the incidence of fractures due to osteoporosis at individual sites including the distal radius, spine and proximal femur.

• Develop more educational courses for medical specialists on osteoporosis.

• Institute general information courses for the public.

• Attempt to create interest in the field among national and regional health authorities in Venezuela.

REFERENCES

1. US Census Bureau, International Data Base, 2011