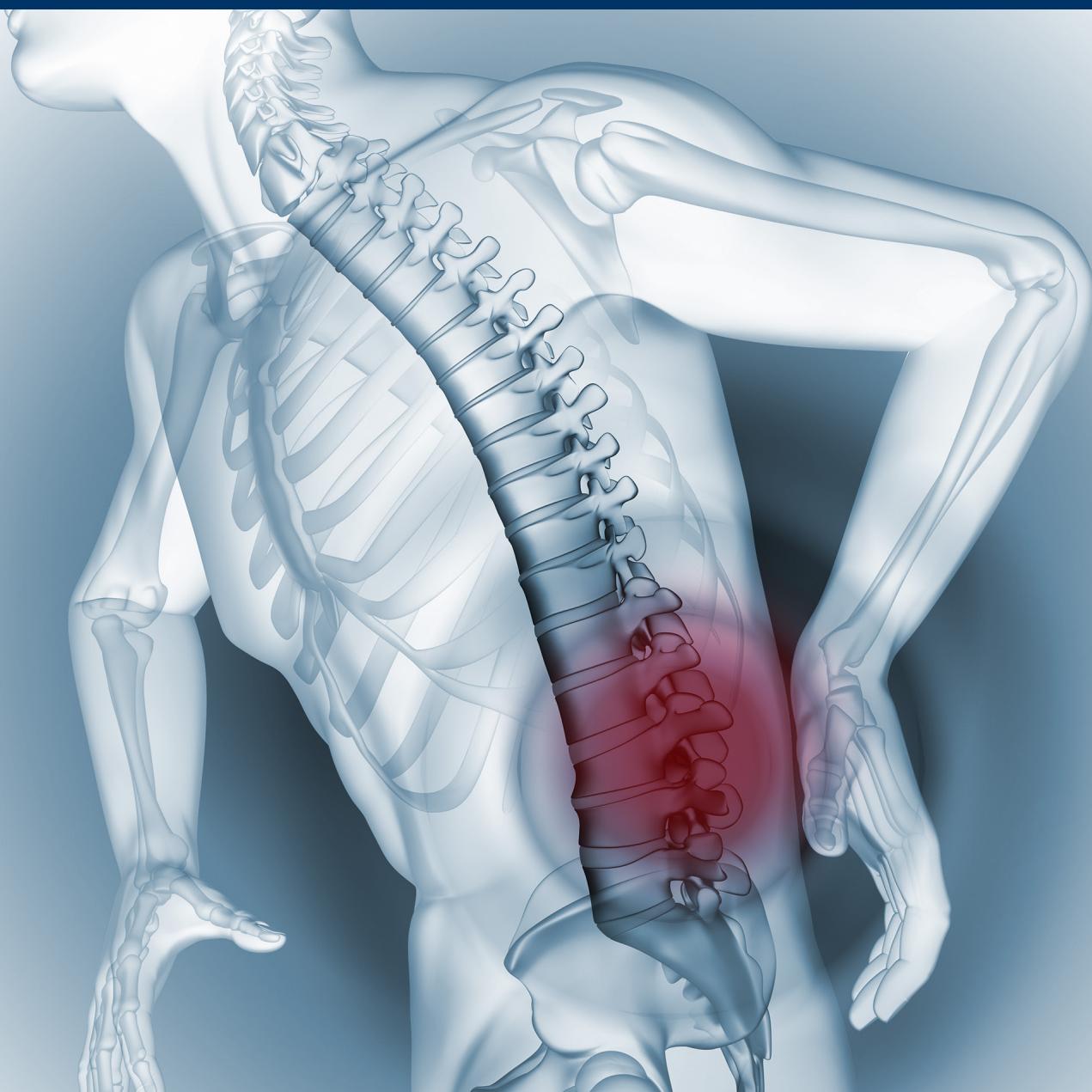




椎骨骨折

因骨质疏松症而起





骨质疏松引起的椎骨骨折

骨质疏松症是一种引起骨骼变得脆弱的疾病 – 从而导致骨折（称为脆性骨折）。骨质疏松引起的椎骨（脊柱）骨折是疼痛和残疾的主要原因，也是预测续发性骨折非常有力的预测因子。然而，骨质疏松症却是时常受到忽略与常常不被发现的疾病，导致其发生的根本原因却未得到适当的治疗 - 使患者无法受到保护，继续发生一系列更严重的骨折。

最常见的骨质疏松症类型的骨折



50岁以上的白种人中，大约50%的女性和20%的男性在其晚年生活中会发生脆性骨折⁶



椎体骨折是最常见的与骨质疏松症相关的骨折¹⁻⁴



全世界每22秒就会新发生一起椎骨骨折⁵



50岁以上男女的椎骨骨折发病率随年龄增长而增加，同一国家的女性高于男性⁷

诊断不足和治疗不足

- 高达70%的椎体骨折仍未确诊^{9,10}
- 由于各种原因发生的椎体骨折的诊断不足 - 患者和医生经常将背痛归咎于其他原因，或者医生没有意识到具有骨质疏松症风险因素和背部疼痛患者需要进行脊柱影像检查¹⁰
- 即使在X射线上可见骨折，放射科医师也可能无法发现或清楚地报告椎骨骨折：据报道，在X射线检查中未被识别的椎骨骨折的比例非常高：

46% 拉丁美洲

45% 北美

29% 欧洲、南非和澳大利亚

对患者造成的影响严重，改变生活



椎体骨折相关死亡率增加8倍。^{11, 12, 13}



对健康和生活质量产生严重影响，影响日常活动和独立生活的能力。¹⁴



后果包括：脊柱畸形和身高下降；严重背痛甚至残疾；僵化；失去独立生活能力；抑郁；卧床天数增加；呼吸困难；反流和其他胃肠道症状和尿失禁。^{15, 16}

因此

造成心理和社会影响是深刻的，经常导致抑郁、失去自尊、害怕跌跤和社会孤立。^{17, 18, 19}

巨大且不断增长的经济成本

椎体骨折相关死亡率增加8倍

预计未来几十年骨质疏松性骨折的成本将显著上升²⁴

欧洲

2005
719亿欧元

^{20, 21}

美国

2005
10亿美元

^{20, 21}

美国

2020
220亿美元

²⁴

美国

2025
250亿美元

²⁴

- 只有三分之一的椎骨骨折得到临床的关注，而且病人的住院天数和其他常见病例不相上下²²
- 英国的一项研究发现，在骨折后的一年内，每个椎骨骨折病例都会增加14次就诊全科医生的次数²³

未来骨折的重要预测因素 提早识别和及时治疗骨质疏松症乃至至关重要！

- 现有椎体骨折不仅增加了新发椎骨骨折的风险，而且还增加了任何骨折的风险 - 包括髋部骨折^{3, 8, 13, 25}

20%的女性

患上新性椎体骨折后将在一年内出现新的骨折。风险随着椎骨骨折的数量和严

重程度而增加^{25, 26}

- 骨质疏松症的药物治疗可将6-12个月内骨折的风险降低50-80%²⁷

- 识别那些患上脊椎骨折而骨质密度检测则是骨质减少的乃非常重要。这一群组可能不会被考虑进行药物治疗²⁸

参考文献

1. Kanis JA, Johnell O, Oden A, et al. Long-term risk of osteoporotic fracture in Malmö. *Osteoporosis Int.* 2000;11:669-74.
2. Samelson EL, Hannan MT, Zhang Y, et al. Incidence and risk factors for vertebral fracture in women and men: 25-year follow-up results from the population-based Framingham study. *J Bone Miner Res.* 2006;21:1207-14.
3. Black DM, Arden NK, Palermo L, et al. Prevalent vertebral deformities predict hip fractures and new vertebral deformities but not wrist fractures. Study of Osteoporotic Fractures Research Group. *J Bone Miner Res.* 1999;14:821-28.
4. Klotzbuecher CM, Ross PD, Landsman PB, et al. Patients with prior fractures have an increased risk of future fractures: a summary of the literature and statistical synthesis. *J Bone Miner Res.* 2000;15:721-39.
5. Johnell O and Kanis JA. An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. *Osteoporos Int* 2006; 17:1726.
6. Department of Health and Human Services. Bone health and osteoporosis: a report of the Surgeon-General, US Department of Health and Human Services, Office of the Surgeon General, Rockville (2004)
7. G. Ballane, J. A. Cauley, M. M. Luckey, G. El-Hajj Fuleihan. Worldwide prevalence and incidence of osteoporotic vertebral fracturesOsteoporosis International May 2017, Volume 28, Issue 5, pp 1531–1542.
8. Lindsay R, Silverman SL, Cooper C, et al. Risk of new vertebral fracture in the year following a fracture. *JAMA* 2001; 285:320.
9. Cooper C, Atkinson EJ, O'Fallon WM, Melton LJ 3rd.Incidence of clinically diagnosed vertebral fractures: a population based study in Rochester, Minnesota. *J Bone Miner Res.* 1992; 7:221-7.
10. Delmas PD, van de Langerjt L, Watts NB, et al. Underdiagnosis of vertebral fractures is a worldwide problem: the IMPACT study. *J Bone Miner Res* 2005; 20:557.
11. Cauley JA, Thompson DE, Ensrud KC, et al. Risk of mortality following clinical fractures. *Osteoporosis Int.* 2000; 11:556-61.
12. Kado DM, Browner WS, Palermo L, Nevitt MC, Genant HK, Cummings SR. Vertebral fractures and mortality in older women: a prospective study. *Arch Intern Med.* 1999;159(11):1215-20.
13. Jalava T, Sarna S, Pykkänen L, Mawer B, Kanis JA, Selby P, et al. Association between vertebral fracture and increased mortality in osteoporotic patients. *J Bone Miner Res.* 2003;18(7):1254-60.
14. Hall SE, Criddle RA, Comito TL, Prince RL. A case-control study of quality of life and functional impairment in women with long-standing vertebral osteoporotic fracture. *Osteoporos Int* 1999; 9:508-515.
15. Lips P, Cooper C, Agnusdei D, et al. Quality of life in patients with vertebral fractures: validation of the Quality of Life Questionnaire of the European Foundation for Osteoporosis (QUALEFFO). Working Party for Quality of Life of the European Foundation for Osteoporosis. *Osteoporos Int* 1999; 10:150.
16. Life with Osteoporosis the Untold Story. Camerton: National Osteoporosis Society 2014.
17. Gold DT (2001) The nonskeletal consequences of osteoporotic fractures. Psychologic and social outcomes. *Rheum Dis Clin North Am* 2001; 27:255.
18. Robbins J, Hirsch C, Whitmer R, et al. The association of bone mineral density and depression in an older population. *J Am Geriatr Soc* 49:732.
19. Lyles KW. Osteoporosis and depression: shedding more light upon a complex relationship. *J Am Geriatr Soc* 2001; 49:827.
20. Burge R, Dawson-Hughes B, Solomon DH, et al. Incidence and economic burden of osteoporosis-related fractures in the United States, 2005-2025. *J Bone Miner Res.* 2007 Mar;22(3):465-75.
21. Kanis JA, Johnell O. Requirements for DXA for the management of osteoporosis in Europe. *Osteoporosis Int* 2005; 16:229
22. Cooper C, Atkinson EJ, O'Fallon W, Melton LJ. Incidence of clinically diagnosed vertebral fractures: a population-based study in Rochester, Minnesotta: 1985–1989. *J Bone Miner Res* 1992;7:221–7.
23. Dolan P, Torgerson DJ. The cost of treating osteoporotic fractures in the United Kingdom female population. *Osteoporos Int.* 1998; 8:611-17.
24. IOF Compendium of Osteoporosis (Edition 2017). International Osteoporosis Foundation <https://www.iofbonehealth.org/compendium-of-osteoporosis>
25. Melton LJ 3rd, Atkinson EJ, Cooper C, O'Fallon WM, Riggs BL. Vertebral fractures predict subsequent fractures. *Osteoporos Int* 1999;10(3):214-21.
26. Johnell O, Oden A, Caulin F, Kanis JA. Acute and long-term increase in fracture risk after hospitalization for vertebral fracture. *Osteoporos Int* 2001; 12:207-214
27. Clinical Guidance for the Effective Identification of Vertebral Fractures. National Osteoporosis Society (UK) November 2017. <https://nos.org.uk/media/100017/vertebral-fracture-guidelines.pdf>
28. Arboleya L, Diaz-Curiel M, Del Rio L, Blanch J, Diez-Perez A, Guanabens N, et al. Prevalence of vertebral fracture in postmenopausal women with lumbar osteopenia using MorphoXpress(R) (OSTEOEXPRESS Study). *Aging Clin Exp Res.* 2010;22(5-6):419-26.

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