



Osteoporosis



An overview of osteoporosis care and
management in Denmark, English Summary

English summary

In 2018, special funds in the healthcare area were earmarked to provide a comprehensive overview of the state of osteoporosis care and management in Denmark. The Danish Health Authority was asked to conduct this review and established a working group comprising relevant health professionals and representatives from other sectors with extensive knowledge of osteoporosis. The working group's task was to advise the Danish Health Authority. The Danish Health Data Authority provided data and analyses to the review.

The aims of the review were to describe the most significant challenges of current prevention and treatment strategies for osteoporosis and to identify possible focus areas.

Osteoporosis is a disease of the bones that leads to an increased risk of fractures. Bone tissue is a living tissue, and bone loss occurs gradually with ageing. The extent and speed of the bone loss may be more or less pronounced, depending on a number of genetic, behavioural and environmental factors. Osteoporosis with no bone fracture is usually asymptomatic, and many people are not aware they have the disease before a bone fracture occurs. These fractures may have both physical and mental health consequences for the individual, in addition to public health and socio-economic consequences, including pain, hospitalisation, death, sick days and increased healthcare utilisation, etc.

About 3 % of the Danish population has been identified with osteoporosis, with the highest prevalence among women and the elderly. In addition, the number of people living with unidentified osteoporosis – and thus an increased risk of bone fractures – is an estimated two to three times higher, corresponding to as many as 500,000 people (see Chapter 4). These numbers may reflect that public awareness of osteoporosis and a bone-friendly lifestyle is limited.

The report describes the epidemiology of osteoporosis in Denmark (Chapter 4), issues regarding prevention and rehabilitation (Chapter 5), early detection and diagnosis (Chapter 6), medical and surgical treatment of osteoporosis (Chapter 7) and continuity across care levels (Chapter 8).

On this basis, the Danish Health Authority proposes a number of specific focus areas broadly categorised into the following themes (see Chapter 1):

- Prevention and rehabilitation
- Timely detection and diagnosis
- Medical and surgical treatment
- Continuity across care levels

Proposed focus areas

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Based on this work, the Danish Health Authority has identified a broad range of focus areas of which the most important are listed below.

Prevention and rehabilitation

Awareness of a bone-friendly lifestyle should be raised, e.g. through existing contacts between the individual and healthcare professionals.

The importance of a cross-disciplinary evaluation of community-dwelling elderly people at risk of falling should be emphasised, allowing for relevant interventions such as fall prevention and rehabilitation adjusted to people with osteoporosis.

Standardised and evidence-based prevention- and rehabilitation programmes should be offered to people with osteoporosis (with and without bone fractures) and should be adjusted to the abilities and needs of the individual.

It is proposed to develop specific material on coping with osteoporosis. Such material may be based on the Danish Health Authority's "Recommendations for municipal health promotion for people with chronic diseases".

It should remain a priority to collect knowledge about the effect of prevention and rehabilitation efforts, including knowledge about the organisation and implementation of these efforts. Further, a more structured collection of data on both regional and municipal prevention and rehabilitation efforts is recommended, in order to ensure standardised prevention and rehabilitation programmes across the country, and in order to support the monitoring and quality assurance of care pathways.

Timely detection and diagnosis

As with any other disease, and with a special focus on risk groups, attention should be paid to risk factors for osteoporosis when an individual meets the health system.

It is recommended that a fracture prevention programme be implemented at all Danish hospitals that receive and treat people with bone fractures.

It is recommended that national standards for the reporting of DXA scans be developed by the relevant medical associations, providing a template for the report and guidance on the least amount of information that should be passed on to the referring doctor and thereby the patient.

It is recommended that national, professional standards be introduced for the calibration of DXA scanners, by which the diagnostic cut-off value for osteoporosis (T-score ≤ -2.5 SD) is calibrated identically on all scanners in Denmark, which in turn may reduce the risk of diagnostic misclassification of people being evaluated for osteoporosis or monitored for treatment efficacy.

Medical and surgical treatment

Organising the surgical and medical collaboration as an orthogeriatric function may be considered, in order to achieve more coherent care pathways for people with low-energy fractures.

Collection of data on medical and surgical treatment of osteoporosis may be strengthened, and in this context, data-driven benchmarking and monitoring should be continued and expanded.

In order to ensure equal access to high quality medical and surgical treatment for all, focus should remain on implementing existing initiatives and guidelines on surgical treatment of hip fractures. Similar initiatives could be extended to other types of bone fractures.

Continuity across care levels

The care pathway for people with osteoporosis should be described, including the division of responsibilities and organisation across stakeholders and sectors.

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