

Get the Facts: Osteoporosis in BC

Osteoporosis is a bone disease characterized by decreased bone strength as a result of reduced bone quantity and quality. The word "osteoporosis" literally means porous bones. A person with osteoporosis has an increased risk of breaking a bone (fracturing) easily.

- Osteoporosis is a prevalent disease: over 1.4 million Canadians have osteoporosis, including 25 per cent of women and 12 per cent of men over 50.ⁱ In BC, it attacks more than 270,000 people.
 - 80 per cent of bone breaks and fractures for people over 60 are related to osteoporosis.ⁱⁱ
 - More Canadian women die each year from complications of osteoporosis than from breast cancer and ovarian cancer combined.ⁱⁱⁱ
 - These are painful breaks and fractures like hip, wrist and vertebrae fractures that most often happen to women and seniors during their normal day. A small slip while shopping, or a twist while coughing is all it takes to break a bone.
 - BC's average per capita spending on bisphosphonates is nearly 40% below the national average and is lower than Quebec, Ontario, and Alberta^{iv}. This means BC has one of the lowest treatment rates for osteoporosis, which puts a significant number of women at risk of fractures as the population ages (see Appendix 3);
- Osteoporosis can be a debilitating and deadly disease.
 - Hip fractures can result in death and disability.
 - 20 per cent of people who fracture a hip due to osteoporosis will die within a year from complications of their fracture.^v
 - 40 percent of hip fracture survivors never walk normally again.^{vi}
 - 25 percent remain in care facilities after a fracture.

Treating Osteoporosis

- In BC, osteoporosis requires expensive treatment, mostly related to treating preventable breaks and fractures.
 - Osteoporotic hip fractures consume more hospital bed days than stroke, diabetes, or heart attack.^{vii}
 - In Canada, almost 30,000 hip fractures occur each year, 70-90% of these hip fractures are caused by osteoporosis. By the year 2030, the number of hip fractures is expected to quadruple.
 - The cost to the Canadian healthcare system of treating osteoporosis and the fractures it causes is currently estimated to be \$1.9 billion annually.

What Can Government Do? Fund Preventive Therapies

- There are medicines available that can prevent and reduce osteoporotic fractures^{viii} and the significant costs to the healthcare system that result.
- While medications come with a cost, this is dwarfed by the costs to our healthcare system that result from the treatment of potentially preventable fractures.
- Evidence-based reimbursement of osteoporosis medications - before patients break bones – will prevent costly hospital admissions and short- and long-term care stays, and most importantly, preserve and improve the quality of life of British Columbians living with osteoporosis;
- Unlike many other chronic diseases, reimbursement of osteoporosis medications is severely restricted in British Columbia.
 - Right now in BC, osteoporosis patients must suffer from a fracture or break before BC Pharmacare will fund proven, effective osteoporosis medicines, which prevent fractures.
 - B.C. is far behind other provinces when it comes to prevention of breaks due to osteoporosis.
 - Osteoporosis attacks women and seniors, many of whom are the most vulnerable people in our community, without their own resources for healthcare.
- A revised BC PharmaCare policy to reimburse scientifically validated medications to reduce or prevent fractures in BC can create savings to healthcare by significantly reducing the resulting costs of treating fractures in acute care, surgery, home care, and the utilization of other health resources. It would move British Columbia from being one of the worst provinces to live for a person with osteoporosis and at risk of fracture, to one of the best, most progressive drug formulary jurisdictions in Canada.

ⁱ Canadian Multicentre Osteoporosis Study (CaMos) 2008 <http://www.camos.org/release.php?id=9>

ⁱⁱ Osteoporosis Canada accessed March 2010 http://www.osteoporosis.ca/index.php/ci_id/8867/la_id/1.htm

ⁱⁱⁱ Canadian Multicentre Osteoporosis Study (CaMos) 2008 <http://www.camos.org/release.php?id=9>

^{iv} Source:

<http://www.chspr.ubc.ca/files/publications/2008/CanRxAtlas/9DBisphosphonatesvariationmap.jpg>)

^v Goeree R, O'Brien B, Pettit D, et al. An assessment of the burden of illness due to osteoporosis in Canada. J Obstet Gynaecol Can 1996;18(suppl):15-24. Journal name?

^{vi} Goeree R, O'Brien B, Pettit D, et al. An assessment of the burden of illness due to osteoporosis in Canada. J Obstet Gynaecol Can 1996;18(suppl):15-24.

^{vii} Osteoporosis Canada accessed March 2010 http://www.osteoporosis.ca/index.php/ci_id/8867/la_id/1.htm

^{viii} All accessed March 2010

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