



## **AUSTRALIAN WOMEN'S COALITION**

(The National Council of Women of Australia  
is the authorized agent for the Australian Women's Coalition)

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### **A National Osteoporosis Prevention and Management Strategy**

Current medical evidence shows that the incidence of osteoporosis in Australian women is rapidly increasing. This is having a negative impact on the health of those women affected by the condition, and is resulting in increased health care costs to both women and the Australian health care system. The Australian Women's Coalition (AWC) is gravely concerned about this situation and recommends that the federal government adopt a national osteoporosis prevention and management strategy as outlined below. This strategy will result in the incidence of osteoporosis being reduced, and will lead to both an improvement in the quality of life of those women already affected by osteoporosis and a dramatic reduction in health care costs.

#### **Medical Facts**

- Osteoporosis currently affects nearly 2 million Australians. 1.5 million of those affected are women.
- Osteoporosis causes bone fragility and was responsible for 65,000 fractures in 2000-2001.
- Vertebral fractures are the most numerous while hip fractures are the most serious. Hip fractures lead to hospitalisation, long term nursing care, disability, and frequently, death. Osteoporosis fractures also cause pain, anxiety and depression.
- The risk of fracture increases significantly after the first fracture.
- People over the age of 55 are more susceptible to osteoporosis. This means that as the population continues to age the incidence of osteoporosis will further increase. Currently 10% of the population is affected. This will increase by about one-third by 2021.
- Prevention strategies can reduce the numbers of people affected by osteoporosis, and specific osteoporosis management strategies can help slow the progression of osteoporosis and/or reduce the impact of osteoporosis on daily living.

#### **Financial Facts**

- In 2000-2001 the total financial costs of osteoporosis were estimated to be \$7.4 billion. Of this, \$1.9 billion were direct health system costs including over \$1.3 billion in hospital and nursing home costs. A further \$3.9 billion was lost due to early retirement and absenteeism associated with osteoporosis. This led to another \$1.1 billion in lost potential tax revenue.

- Relative to other diseases, the cost of managing osteoporosis is greater than that of other diseases. It is more expensive in absolute terms than either diabetes or asthma both of which are National Health Priority Areas.
- Currently, the government will pay for bone density tests and provide a rebate for osteoporosis drugs such as Fosamax, Actonel and Evista (which alter bone structure and mineralisation) after a first fracture has occurred. However, those at risk of developing osteoporosis but who have not yet had a fracture are not provided with any financial assistance to have bone density screening and/or proactive treatment. It would be much more cost effective to provide subsidised screening and early intervention for those at risk of osteoporosis before a first fracture occurs than continue with the current system of only providing subsidised treatment once a fracture has occurred and osteoporosis is well established in patients.
- Volunteer carers (a good majority of whom are women) are estimated to cost the equivalent of \$1.6 billion per annum.

### **The Strategy – Prevention and Management**

- Education and awareness programs should be introduced to raise awareness of osteoporosis. The general population, high risk groups (including women and older people) and general practitioners (with an emphasis on prevention and early detection) should be targeted. Increasing the intake of calcium and undertaking moderate, weight bearing exercise should be promoted as part of these programs.
- Falls prevention and specific exercise programs for older people should be introduced and an increase in the intake of vitamin D among older people recommended.
- Subsidised bone density screening and osteoporosis drugs should be made available to those in high risk groups (eg, older women, those with low bone density) and those with a family history of osteoporosis prior to a first fracture occurring.
- First fracture clinics should be introduced in hospitals and in general practice so that secondary osteoporosis symptoms are detected and treated early.
- Ongoing monitoring and collection of data relating to those with osteoporosis should be analysed to aid in the ongoing treatment of those with the condition and for the development of new prevention strategies for those at risk.
- Osteoporosis should be formally adopted as a National Health Priority Area by the federal government with commensurate funding for initiatives such as the above to be implemented.

### **Recommendation**

The Australian Women's Coalition strongly recommends that a National Osteoporosis Prevention and Management Strategy as detailed above be adopted and implemented by the federal government as a matter of urgency. Putting in place the initiatives outlined in this strategy will reduce the numbers of people affected by osteoporosis and improve the quality of life of those already affected by it (particularly women). It will also result in a significant reduction in health care and other costs.

## References and Research

*Preventing osteoporosis: outcomes of the Australian Fracture Prevention Summit* as cited in the Medical Journal of Australia, 15 April 2002 (refer [www.mja.com.au](http://www.mja.com.au)), was used as the source for the medical facts in this paper. *The Burden of Brittle Bones: Costing Osteoporosis in Australia* prepared for Osteoporosis Australia by Access Economics Pty Ltd, September 2001 (refer [www.osteoporosis.org.au](http://www.osteoporosis.org.au) and follow the menu from 'health professional information' on home page to 'summit 2001' to 'white paper') was used as the source for the financial facts in this paper.

## Further Information

Enquiries regarding AWC's position on osteoporosis may be directed to Elizabeth Bennett, Project Officer, phone 6285 2337 or email: [Elizabeth.Bennett@netspeed.com.au](mailto:Elizabeth.Bennett@netspeed.com.au).

Sincerely

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**Signed by the following AWC member organisation representatives in support  
this proposal:**

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