



Osteoporosis and fragility fractures: an urgent priority

Statement of action

March 2021

Osteoporosis is a chronic disease which weakens bones and puts people at risk of painful, potentially life-changing but often preventable fragility fractures.^{1 2} A multidisciplinary group of participants gathered at the osteoporosis and fragility fracture policy round table to discuss priority policy actions.

In a policy round table, organised by the Osteoporosis and Fragility Fracture Policy Network, participating stakeholders agreed on the following actions to ensure people with osteoporosis and at risk of fragility fractures have access to the care and support they need:

1. Policymakers must recognise osteoporosis and fragility fractures as both serious health conditions and a social inclusion challenge that needs to be addressed as a matter of urgency

The significant scale and burden of this condition has been ignored by policymakers for too long. By 2025 it is estimated that a staggering 34 million people in the EU will be living with osteoporosis,¹ most of whom are unaware that they have the condition. Unacceptable policy and service delivery gaps are putting many of these people at risk of potentially life-changing fragility fractures, which could often be prevented through greater access to best practice care.

2. Policymakers at national and European levels must recognise the important role of addressing osteoporosis and fragility fractures for gender equality

Women are disproportionately affected by osteoporosis and fragility fractures.¹ This can contribute to a situation whereby women tend to live longer but in poorer health than men.³ By preventing osteoporosis and associated fractures, we can support policy efforts to address inequalities in healthcare and ensure women can live healthily and more independently into old age.

3. National governments should take measures to prevent osteoporosis and fragility fractures across the life course while ensuring those affected have access to high quality social services

Member states have made policy commitments to healthy ageing and human rights, including the rights of persons with disabilities. These commitments cannot be achieved without a focus on maintaining the good health and independence of all their citizens, through cost-effective



and proven approaches to prevention. This will be all the more important in view of the economic consequences of the COVID-19 pandemic, potentially squeezing already inadequate prevention budgets. Concrete policies are required to:

- promote healthy lifestyles at all ages including through good nutrition and exercise
- encourage the use of evidence-based and cost-effective tools for the earliest possible identification and access to treatment of osteoporosis in addition to interventions and tools which identify and treat the risk of falls
- scale-up and reimburse appropriate care for people who have already experienced a fragility fracture to prevent future, potentially more serious fractures
- ensure those affected by osteoporosis or at risk of fragility fractures are supported and recognised beyond their role as ‘patient’ by ensuring access to the labour market, social services, education and culture.

4. European institutions should support member states to implement these policies

While the competency for health policy and service delivery remains the responsibility of the EU member states, the EU institutions can support policy development by raising awareness and encouraging member states to act; by supporting research to collect evidence on high-impact, scalable interventions; and by sharing best practices.

We call on all stakeholders across Europe including national governments, the European Parliament and the European Commission to recognise the critical importance of addressing osteoporosis and fragility fractures and to support the actions above to ensure the best possible health and social inclusion for citizens at all ages.



References:

1. Hernlund *et al.* 2013. *Archives of osteoporosis* 8: 136
2. European Institute for Gender Equality. 2020. Gender Equality Index 2019 Work-life balance
3. Salkeld G, Cameron ID, Cumming RG, et al. 2000. *BMJ* 320(7231): 341-6