SCORECARD FOR OSTEOPOROSIS IN EUROPE (SCOPE)

Epidemiology, Burden, and Treatment of Osteoporosis in Spain

This document highlights the key findings for Spain, published in “Osteoporosis in Europe: A Compendium of country-specific reports”. View the complete SCOPE 2021 report and related 29 country profiles at: https://www.osteoporosis.foundation/scope-2021

BURDEN OF DISEASE

Individuals with osteoporosis in Spain

2,945,000
INDIVIDUALS WITH OSTEOPOROSIS IN 2019

79.2%
WOMEN

20.8%
MEN

The prevalence of osteoporosis in the total population amounted to 5.4%, on par with the EU27+2 average (5.6%). In Spain, 22.6% of women and 6.8% of men aged 50 years or more were estimated to have osteoporosis.

New fragility fractures in Spain

285,000
NEW FRAGILITY FRACTURES IN 2019

782
FRACTURES /DAY

33
FRACTURES /HOUR

The number of new fragility fractures in Spain in 2019 was slightly increased compared to 2010, equivalent to an increment of 2.0 fractures per 1000 individuals, totalling 14.8 fractures/ 1000 individuals in 2019.

Estimated annual number of deaths associated with a fracture event

In addition to pain and disability, some fractures are associated with premature mortality. SCOPE 2021 showed that the number of fracture-related deaths varied between the EU27+2 countries, reflecting the variable incidence of fractures rather than standards of healthcare.

Remaining lifetime probability of hip fracture

Hip fracture is the most serious consequence of osteoporosis in terms of morbidity, mortality and health care expenditure. The remaining lifetime probability of hip fracture (%) at the ages of 50 years in men and women was 4.0% and 12.1%, respectively, placing Spain in the bottom tertile of risk for both men and women.
The cost of osteoporotic fractures in Spain accounted for approximately 3.8% of healthcare spending (i.e., €4.3 billion out of €104.3 billion in 2019), somewhat more than the EU27+2 average of 3.5%. These numbers indicate a substantial impact of fragility fractures on the healthcare budget.

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**Type of costs**

<table>
<thead>
<tr>
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<th>Cost</th>
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<tbody>
<tr>
<td>Direct cost of incident fractures</td>
<td>€1.81 billion</td>
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<tr>
<td>Ongoing cost resulting from fractures in previous years (long-term disability costs)</td>
<td>€2.19 billion</td>
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<tr>
<td>Cost of pharmacological intervention (assessment &amp; treatment)</td>
<td>€303 million</td>
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<tr>
<td><em><em>Total direct cost (excluding the value of QALYs)</em> lost</em>*</td>
<td><strong>€4.3 billion</strong></td>
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*QALYs: Quality-Adjusted Life-Year – a multidimensional outcome measure that incorporates both the Quality (health-related) and Quantity (length) of life

In 2019, the average direct cost of osteoporotic fractures in Spain was €92.3/person, while in 2010 the average was €69.5/person (increase of 33%).

The 2019 data ranked Spain in 12th place in terms of highest cost of osteoporotic fractures per capita in the surveyed 29 countries.
High quality of national data on hip fracture rates have been identified in Spain. Data are collected on a national basis and include more than only hip fracture data.

In Spain, osteoporosis and metabolic bone disease are not recognised specialties. However, osteoporosis is recognised as a component of specialty training.

Advocacy by patient organisations can fall into four categories: policy, capacity building and education, peer support, research and development. For Spain, three of these advocacy areas were covered by a patient organisation, except for peer support.

<table>
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<tr>
<th>Measure</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>Established national fracture registries</td>
<td>Yes</td>
</tr>
<tr>
<td>Osteoporosis recognised as a specialty</td>
<td>No</td>
</tr>
<tr>
<td>Osteoporosis primarily managed in primary care</td>
<td>Yes</td>
</tr>
<tr>
<td>Other specialties involved in osteoporosis care</td>
<td>Internal medicine, Orthopaedics, Gynaecology, Endocrinology, Rheumatology, Geriatrics</td>
</tr>
<tr>
<td>Advocacy areas covered by patient organisations</td>
<td>Policy, Capacity, Research &amp; Development</td>
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</table>

Twelve out of 27 countries offered full reimbursement for osteoporosis medications. Spain offered 90% reimbursement.

In Spain, the estimated average waiting time for DXA amounted to 180 days. The reimbursement for DXA was unconditional.

National fracture risk assessment models such as FRAX® were available in Spain, as well as guidance on the use of fracture risk assessment within national guidelines.

Guidelines for the management of osteoporosis were available in Spain with a focus on different specificities; postmenopausal women, osteoporosis in men, secondary osteoporosis including glucocorticoid-induced osteoporosis.

Fracture Liaison Services (FLS), also known as post-fracture care coordination programmes and care manager programmes were reported for only 1-10% of hospitals in Spain.

In some surveyed countries, national quality indicators were available that allow to measure the quality of care provided to patients with osteoporosis or associated fractures. However, no use of national quality indicators was reported for Spain.
SERVICE UPTAKE

Service uptake for osteoporosis in Spain

The condition of service uptake was evaluated with metrics that reflect fracture risk assessment, treatment gap, and management of surgery for hip fractures.

<table>
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<tr>
<th>Measure</th>
<th>Estimate</th>
<th>Rank among EU27+2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FRAX® sessions/million people/year</td>
<td>1527</td>
<td>13</td>
</tr>
<tr>
<td>Treatment gap for women eligible for treatment</td>
<td>64%</td>
<td>8</td>
</tr>
<tr>
<td>Proportion of surgically managed hip fractures</td>
<td>75-90%</td>
<td></td>
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</tbody>
</table>

There was considerable heterogeneity between the countries in web-based FRAX® usage. The average uptake for the EU27+2 was 1,555 sessions/million/year of the general population with an enormous range of 49 to 41,874 sessions/million. For Spain, the use of FRAX® amounted to 1,527 sessions/million in 2019 with a 37% increase since 2011.

Do women at high fracture risk receive treatment?

656,000 WOMEN TREATED FOR OSTEOPOROSIS

1,171,000 WOMEN REMAIN UNTREATED FOR OSTEOPOROSIS

64% TREATMENT GAP

1,827,000 WOMEN ELIGIBLE FOR OSTEOPOROSIS TREATMENT

Many studies have demonstrated that a significant proportion of men and women at high fracture risk do not receive therapy for osteoporosis (the treatment gap). For Spain, the treatment gap amongst women increased to 64% in 2019, compared to 25% in 2010. In the EU27+2 the average gap was 71% but ranged from 32% to 87%.

For Spain, the average waiting time for hip fracture surgery after hospital admission was reported to be more than 3 days. The proportion of surgically managed hip fractures was reported to be situated between 75 and 90%.

Acknowledgments
SCOPE Corresponding National Societies based in Spain

- Hispanic Foundation of Osteoporosis and Metabolic Bone Diseases (FHOEMO)
  www.fhoemo.com
- Spanish Society for Research on Bone and Mineral Metabolism (SEIOMM)
  www.seiomm.org

References