

Increase in Hong Kong's over 70s population to cause dramatic rise in hip fractures

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A new report issued today by the International Osteoporosis Foundation (IOF) shows that broken bones due to osteoporosis pose a major and growing health problem in the Asia-Pacific. With its rapidly ageing population, Hong Kong will be among the areas most affected in the near future.

Hip <u>fractures</u> in particular will have a major and costly socio-economic impact. Currently, 52 million USD is spent annually in Hong Kong for surgery and <u>hospital care</u>. Around one in four people die within a year of breaking their hip and <u>survivors</u> often experience severe disability which leads to the loss of physical independence; approximately 33% of <u>hip</u> <u>fracture</u> sufferers are totally dependent on caregivers or in a nursing home in the year following the fracture.

From 2009 to 2015 alone the number of hip fracture surgeries will have risen by 70%. This trend will be magnified by the rise in the population aged over 70 years; by 2025 there will be a 57% increase with a further 165% increase by 2050.

In addition to hip fractures, Hong Kong will see a rise in other osteoporosis-related fractures, including vertebral (spinal) fractures. These spinal fractures often result in a 'humped back' over time, and, like wrist fractures, often affect adults in their 50s and 60's. As well as having an impact on the productivity and well-being of older adults who could still contribute to the work force, vertebral fractures are often warning signs of more fractures to come. Half of all hip fracture



sufferers will have already suffered a previous fragility fracture.

Dr Andrew Ho, President, Osteoporosis Society of Hong Kong, stated, "Osteoporosis has been a major public health problem in Hong Kong but this disease has not received due attention from the policy makers as compared to other chronic diseases like diabetes, hypertension, cardiac or cerebrovascular diseases and dementia. Currently there are about 4,500 hip fractures per year, yet despite the considerable case load, osteoporosis or geriatric hip fracture has not been listed among the top 10 priority diseases in the annual plan of the Hospital Authority of Hong Kong".

Osteoporosis remains largely under-diagnosed and under-treated and many barriers exist. Unlike in Singapore, Hong Kong has few Fracture Liaison Services in its hospitals and clinics to help identify high-risk patients. A primary concern is that the waiting time of DXA (diagnostic scans) in public hospitals can be up to 2-3 years and treatment is only provided after a patient suffers a first fracture.

"In Hong Kong, osteoporosis is not recognized as a medical specialty in itself, nor is it a recognized core component of medical training. This may be one reason why doctors underestimate the serious impact of osteoporosis and do not routinely prescribe anti-osteoporosis drugs, and calcium and vitamin D to those at high risk of fractures", continued Dr Ho.

The report also highlights that in addition to government action, the Hong Kong people can take responsibility for their own bone health through making better lifestyle choices. Prevention efforts should include more outdoor exercise as the population currently dedicates an average of only one hour per week to such activity. This is detrimental to bone and muscle health and leads to increased risk of vitamin D insufficiency, which is also high in Hong Kong with one study finding



insufficiency in as many as 62% of Chinese adults aged 50 and over. Calcium intake – another nutrient that benefits bone health – remains low with an average intake of only approximately 400 mg/day, far below recommended levels.

Professor John A. Kanis, President, IOF stated, "IOF joins the Osteoporosis Society of Hong Kong to urge health authorities to include osteoporosis and fragility fracture prevention in their strategic planning and to give priority status to this devastating and costly disease".

Recommendations include:

1. Include osteoporosis among the top 10 health priorities.

2. Set up structured and joint Fracture Liaison Services/clinics in major hospitals to systematically identify and offer treatment to patients with osteoporotic fractures to prevent secondary fractures.

3. Extend the treatment reimbursement criteria so that patients who have osteoporosis or are identified to be at high risk can start to receive treatment for free – before they suffer a fracture.

4. Provide adequate DXA service for those at risk.

5. Devote additional resources to developing specialty education in <u>osteoporosis</u> for physicians.

More information: The IOF Asia-Pacific Regional Audit is available at <u>www.iofbonehealth.org/data-pub ... cific-regional-audit</u>

Provided by International Osteoporosis Foundation



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