OSTEOPOROSIS

What's the issue?

“Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. It’s a fairly common condition that affects around three million people in the UK. More than 300,000 people receive hospital treatment for fragility fractures (fractures that occur from falls from standing height or less) every year as a result of osteoporosis. Wrist fractures, hip fractures (see the JSNA section on falls and hip fractures, www.hullpublichealth.org/jsna2017.html#78) and fractures of the vertebrae are the most common type of breaks that affect people with osteoporosis. However, they can also occur in other bones, such as in the arm, ribs or pelvis. There are usually no warnings you’ve developed osteoporosis and it’s often only diagnosed when a bone is fractured after even minor falls. Losing bone density starts from about 35 years of age and women lose bone density rapidly in the first few years after the menopause. People with specific inflammatory conditions, conditions that affect the hormone-producing glands, a family history, malabsorption problems, and heavy drinking and smoking can increase the risk of developing osteoporosis” [328]. Osteoporosis can also be made worse by smoking [99]. Treatment for osteoporosis is based on treating and preventing fractures and using medication to strengthen bones [328]. Taking regular exercise, healthy eating including foods rich in calcium and vitamin D, giving up smoking and reducing alcohol intake can help reduce the risk of developing osteoporosis [328].

With the aging population, the numbers of people diagnosed with osteoporosis and admitted to hospital as a result of fragility fractures are likely to increase.

What’s our situation?

For 2015/16, the prevalence of diagnosed osteoporosis was 0.22% among those aged 50+ years which was lower than England (0.31%) and lower than the average of seven comparator areas with only Leicester having a lower rate (0.17%) with the other six comparators ranging from 0.26% to 0.36% [93]. A total of 222 patients aged 50+ years were on the GP disease register (aged 50-74 years with a diagnosis of osteoporosis confirmed by a DXA scan or aged 75+ years with a fragility fracture on or after 1st April 2014) which was an increase since 2014/15 when only 162 were diagnosed. There was no statistically significant difference in the prevalence between practices serving the most deprived patients and practices serving the least deprived patients in Hull.

For more detailed information, see the JSNA Toolkit: Older People report.

What are the strategic needs?

It is necessary to work together to ensure people understand the benefit of positive life choices and know how to access information and seek early support to change. In order to do this effectively, health care providers need to work together with different communities to use existing assets to realise the benefit of positive life changes, and treating people as individuals. People need to be aware that their diets need to include foods rich in calcium and vitamin D. People who smoke and drink excessively should be given the help and support they need to change their behaviours, and the benefits of exercise should be realised both as a factor in reducing the risk of osteoporosis and as a factor for increasing strength, balance and coordination which can reduce the likelihood of a fall.

People who have a higher risk of osteoporosis, perhaps through their diet or smoking habits, and people already diagnosed with osteoporosis can reduce their chances of having a fall by removing hazards from the home, and having regular sight tests and hearing tests [328]. Further help and advice relating to remaining safe in the home is available from Age UK [329], and by requesting a home hazard assessment.

People already diagnosed with osteoporosis should attend their annual reviews so that they get the best on-going treatment for their condition.
References