Midlands Voices: Staggering toll of osteoporosis exemplifies need for bone health
By Robert Recker, M.D.

The writer is director of the Osteoporosis Research Center at Creighton University. He is president of the National Osteoporosis Foundation.

Representatives of the Creighton University Osteoporosis Research Center and others visited their congressional representatives last week in Washington, D.C., as part of the National Osteoporosis Foundation program, Strong Voices for Strong Bones. The foundation brought together professionals, patients and advocates from around the country to raise awareness about osteoporosis and the importance of bone health.

Two Creighton Osteoporosis Research Center representatives, including myself, and well-known Omaha humorist Mary Maxwell, who suffers from osteoporosis, met with Nebraska congressional members and staff. They were very receptive to a need for:

- A national program that, among other things, assists state health agencies in promoting bone health at all ages.
- Restoring Medicare reimbursements for bone-density tests for appropriate and critical osteoporosis diagnosis and monitoring.
- Increasing the National Institutes of Health budget to $35 billion for fiscal year 2010 for biomedical research, including research on osteoporosis.

These measures would ultimately reduce the staggering and growing expense of osteoporosis to the health care industry and the taxpayer.

In 2005, the cost of osteoporosis-related fractures was estimated at $19 billion, according to the National Osteoporosis Foundation (NOF). This does not include indirect costs, such as those for chronic long-term care and the residual effects of osteoporotic fractures, which some estimate to be as much as five times higher than direct costs.

Osteoporosis, as disease of excessive bone fragility, can result in fractures from little or no trauma. It is most common in postmenopausal women and elderly men.

An estimated 44 million people in the United States suffer from osteoporosis or are at risk of this debilitation disease. The NOF estimates that one in two women over the age of 50 and as many as one in four men living in the United States today will suffer fractures caused by osteoporosis.

In fact, a woman’s chance of breaking a bone from osteoporosis is greater than her risk of breast cancer, heart attack and stroke combined. Further, an estimated 25 percent of patients who suffer hip fractures will die within a year of the fracture; about 20 percent of patients who walked before their hip fractures subsequently will require long-term care.
Our culture tends to ignore the threat of osteoporosis, believing that fractures late in life are an inevitable consequence of growing old and that they are not very serious since they can be treated and healed. Both assumptions are dangerously false.

Treatment of osteoporosis has greatly improved over the past 15 years, and prevention of fractures is now possible in many instances. While it is a silent disease in that the first manifestation is usually a fracture suffered with little or no trauma, the risk of osteoporosis can be estimated early in life with currently available technology.

Unfortunately, that technology (bone-density testing by DXA) is greatly underutilized and Medicare cuts have reduced reimbursement for DXA to the point that it will become scarcely available.

A primary focus of the D.C. trip was to educate our legislators, health care providers and the public in order to encourage cultural change that favors early diagnosis, prevention and treatment of osteoporosis.

We need to change the cultural attitude toward osteoporosis from one that views the disease as a naturally occurring, nonserious consequence of aging to one that considers bone health to be a lifelong priority. We need to advance bone health education and osteoporosis prevention and treatment to the top of the national health agenda.

This will help control the nation’s rising health care cost and improve the quality of life for our older citizens.