

INVESTMENT IN RESEARCH SAVES LIVES AND MONEY

Osteoporosis

Osteoporosis is a prevalent, care-intensive and potentially debilitating bone disease. Primarily affecting older adults and characterized by bones that become less dense and more fragile over time, osteoporosis increases the chances of fracturing bones, suffering severely restricted mobility or becoming fully bedridden, and experiencing severe pain.¹

TODAY

An estimated
10 million
Americans are living with osteoporosis.¹

Hip fractures account for more than
50%
of the
1.5 million
osteoporosis-related fractures that occur annually.^{2,3}

Approximately
50%
of women over the age of 50 will experience an osteoporotic fracture.⁴

COST

\$48.8 billion:

Total direct medical costs of osteoporotic fractures in 2018. By 2040, that number is expected to increase to \$81.5 billion.⁵

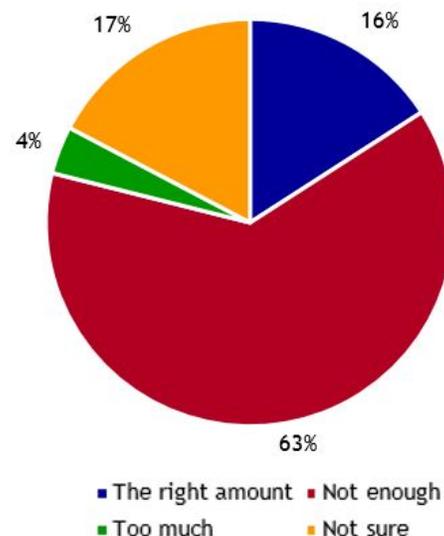
\$13,929

in Medicare spending:

Additional health care costs for each individual in the year after experiencing a fracture.⁶

Majority Say Current Spending on Research to Prevent, Cure and Treat Disease is not Enough

The U.S. spends about five cents of each health dollar on research to prevent, cure and treat disease and disability. Do you think that this is too much, the right amount, or not enough?



Research Delivers Solutions

Fracture Liaison Service (FLS) programs provide osteoporosis-related fracture patients with preventive care to avoid additional fractures. Research has demonstrated that nation-wide implementation of such programs could result in healthcare **savings of up to \$16.7 million.**⁷

Osteoporosis medications, such as **bisphosphonates**, can reduce the risk of fracture by **50%.**⁸

A newly developed therapy, which targets a protein that inhibits bone growth, has been associated with a **48% lower risk** of developing new vertebral fractures and a **38% lower risk** of developing hip fractures.⁹

¹ Tu et al. "Osteoporosis: A Review of Treatment Options." 2018.

² Weycker et al. "Hospitalizations for Osteoporosis-related Fractures: Economic costs." 2016

³ Boddener et al. "Teriparatide in the Management of Osteoporosis." 2007

⁴ Singer et al. "Burden of Illness for Osteoporotic Fractures Among Postmenopausal Women." 2019.

⁵ Lewiecki et al. "Healthcare Policy Changes in Osteoporosis" 2019.

⁶ Kapinos et al. "Medical Costs for Osteoporosis-Related Fractures in Medicare Beneficiaries." 2018

Osteoporosis

Then. Now. Imagine.

THEN

Prior to the development of bone density testing, fractures were often the first sign of osteoporosis.

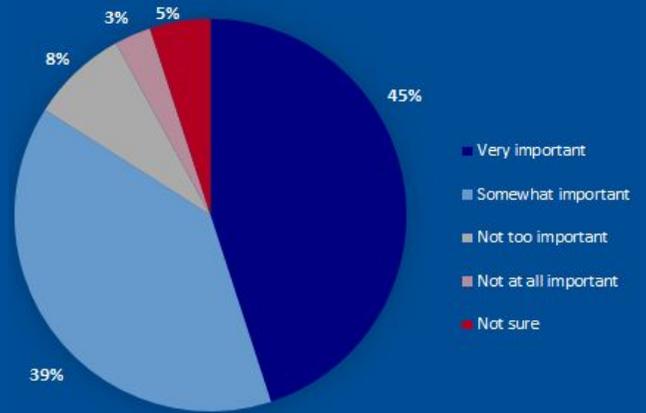
NOW

Thanks to the implementation of bone density testing, osteoporosis can be diagnosed earlier and preventative measures can be used to reduce the risk of fracture.

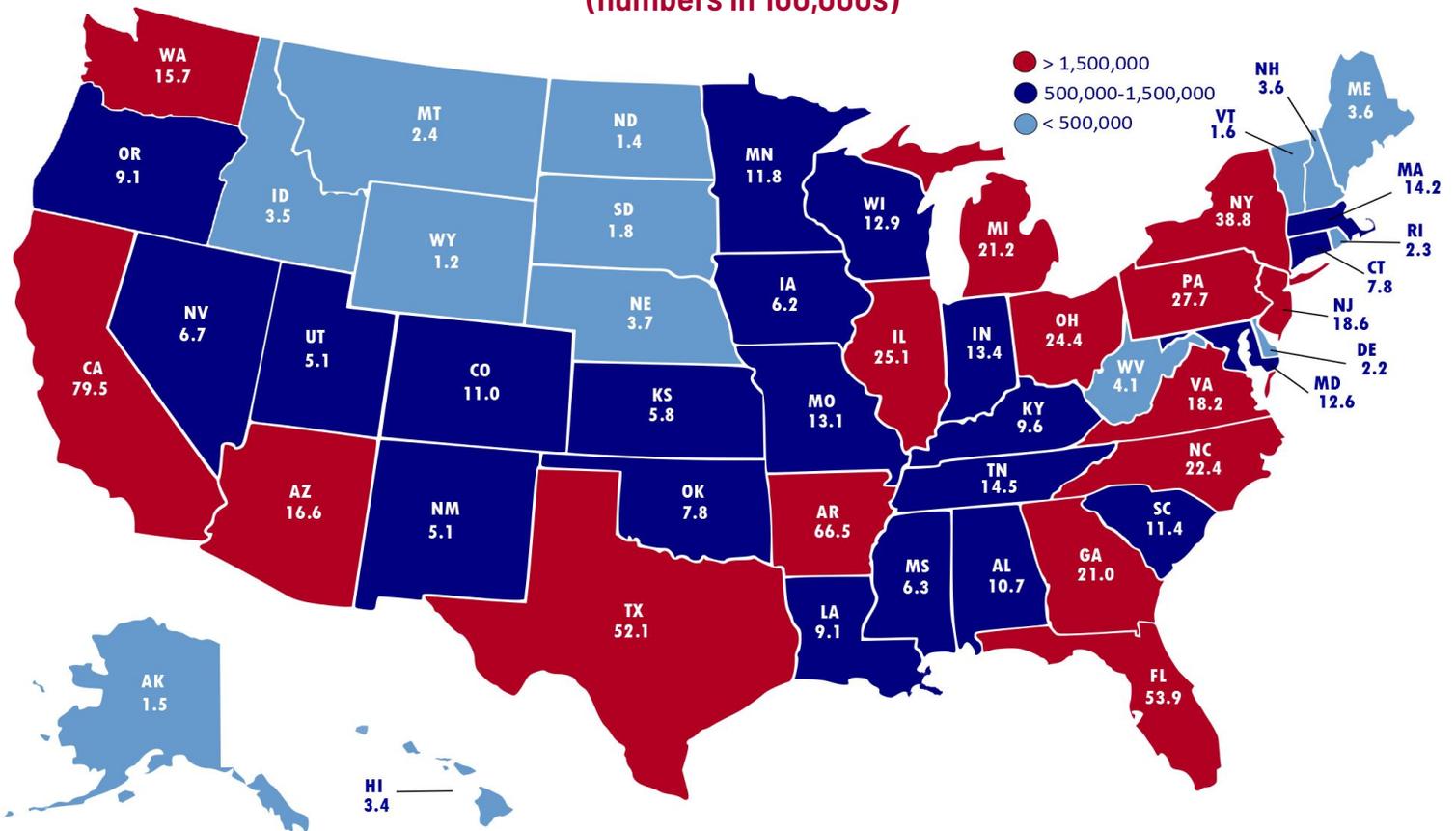
IMAGINE

Osteoporotic injury as part of our past, not our future.

Strong Majority Say the President and Congress Should Assign a High Priority to Faster Medical Progress.¹⁰



Projected Prevalence of Osteoporosis and Low Bone Density, 2030 (numbers in 100,000s)



SOURCE: "Osteoporosis and Low Bone Density in the United States." National Osteoporosis Foundation, 2014

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⁷ Solomon et al. "Economic Benefits of Improved Postfracture Care." 2014.
⁸ Khosla et al. "Benefits and Risks of Bisphosphonate Therapy." 2012.
⁹ Saag et al. "Ramoszumab or Alendronate for Fracture Prevention." 2017
¹⁰ "Poll Data Summary, Vol. 19" Research!America and Zogby Analytics, 2019

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