IOF International Osteoporosis Foundation

SCOPE '21 ScoreCard for OsteoPorosis in Europe

Hungary

SCORECARD FOR OSTEOPOROSIS IN EUROPE (SCOPE)

Epidemiology, Burden, and Treatment of Osteoporosis in Hungary

This document highlights the key findings for Hungary, published in "*Osteoporosis in Europe: A Compendium of country-specific reports*"[1]. View the complete SCOPE 2021 report[2] and related 29 country profiles at: **https://www.osteoporosis.foundation/scope-2021**

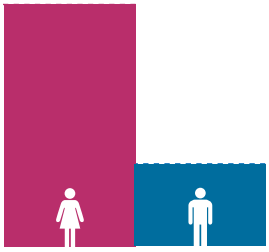
BURDEN OF DISEASE

Individuals with osteoporosis in Hungary

559,000
INDIVIDUALS WITH OSTEOPOROSIS IN 2019

82.2%
WOMEN

17.8%
MEN



The prevalence of osteoporosis in the total population amounted to 5.5%, on par with the EU27+2 average (5.6%). In Hungary, 21.1% of women and 6.2% of men aged 50 years or more were estimated to have osteoporosis.

New fragility fractures in Hungary

86,000
NEW FRAGILITY FRACTURES
IN 2019

236
FRACTURES /DAY

9.8
FRACTURES /HOUR

The number of new fragility fractures in Hungary in 2019 was decreased compared to 2010, equivalent to a decrement of 5.0 fractures less per 1000 individuals, totalling 22.8 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.

HUNGARY
209/100,000
INDIVIDUALS AGED 50+

EU 27+2
116/100,000
INDIVIDUALS AGED 50+

Remaining lifetime probability of hip fracture

WOMEN
+50
YEARS

MEN
+50
YEARS

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 4.1% and 10.6%, respectively, placing Hungary in the lower tertile of risk for both men and women.

THE NUMBER OF FRAGILITY FRACTURES IN HUNGARY IS EXPECTED TO INCREASE BY MORE THAN 25% BETWEEN 2019 AND 2034, WITH A SUBSTANTIAL IMPACT ON THE HEALTHCARE BUDGET

Projected increase in the number of fragility fractures

+25.7%

Age is an important risk factor for fractures. The Hungarian population aged 50 years or more is projected to increase by 9.8% between 2019 and 2034, close to the EU27+2 average of 11.4%. However, the numbers of men and women aged 75 years or more are expected to increase significantly; 49.3% for men; 32.1% for women. Accordingly, the number and burden of fragility fractures are likely to increase.

Healthcare cost of osteoporotic fractures

The cost of osteoporotic fractures in Hungary accounted for approximately 5.0% of healthcare spending (i.e., €449.5 million out of €8.6 billion in 2019), higher than the EU27+2 average of 3.5%. These numbers indicate a substantial impact of fragility fractures on the healthcare budget.

Type of costs	
Direct cost of incident fractures	**€348.9 million**
Ongoing cost resulting from fractures in previous years (long-term disability costs)	**€79.7 million**
Cost of pharmacological intervention (assessment & treatment)	**€20.9 million**
Total direct cost (excluding the value of QALYs* lost)	**€449.5 million**

*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 Hungary was €46.0/person, while in 2010 the average was €22.1/person (increase of 108.1%).

The 2019 data ranked Hungary in 20th place in terms of highest cost of osteoporotic fractures per capita in the surveyed 29 countries.

POLICY FRAMEWORK

Documentation of the burden of disease is an essential prerequisite to determine if the resources are appropriately allocated in accordance with the country's policy framework for the diagnosis and treatment of the disease.

Key measures of policy framework for osteoporosis in Hungary

Measure	Estimate
Established national fracture registries	Yes
Osteoporosis recognised as a specialty	No
Osteoporosis primarily managed in primary care	No
Other specialties involved in osteoporosis care	Rheumatology, Endocrinology
Advocacy areas covered by patient organisations	None

High quality national data on hip fracture rates were available in Hungary. Data are collected on a national basis and include more than only hip fractures.

In Hungary, 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 Hungary, none of these areas were covered by a patient organisation.

SERVICE PROVISION

The provision of medical services for osteoporosis was reviewed with certain key components, including reimbursement elements which may impair the delivery of healthcare.

Service provision for osteoporosis in Hungary

70-90%
REIMBURSEMENT OF OSTEOPOROSIS MEDICATIONS

6.9
AVAILABLE DXA UNITS/MILLION INHABITANTS

YES
FRAX® RISK ASSESSMENT MODEL IS AVAILABLE

€20
DXA COST

1-10%
OF HOSPITALS HAVING FRACTURE LIAISON SERVICES

Twelve out of 27 countries offered full reimbursement for osteoporosis medications. Hungary offered partial reimbursement.

The number of DXA units expressed per million of the general population amounted to 6.9 which puts Hungary in 26th place among the EU27+2.

In Hungary, the estimated average waiting time for DXA amounted to 14 days (10th rank). The reimbursement for DXA was unconditional.

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

Guidelines for the management of osteoporosis were available in Hungary 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 1-10% of hospitals in Hungary.

National quality indicators 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 Hungary.

SERVICE UPTAKE

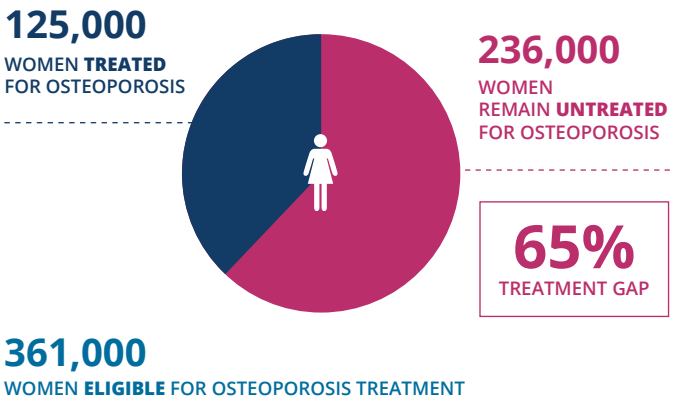
Service uptake for osteoporosis in Hungary

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

Measure	Estimate	Rank among EU27+2
Number of FRAX® sessions/ million people/year	2832	7
Treatment gap for women eligible for treatment	65%	9
Proportion of surgically managed hip fractures	75-90%	

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 Hungary, the use of FRAX® amounted to 2832 sessions/million in 2019 with a 135% increase since 2011.

Do women at high fracture risk receive 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 Hungary, the treatment gap amongst women **increased to 65%** in 2019, compared to 28% in 2010. In the EU27+2 the average gap was 71% but ranged from 32% to 87%.

For Hungary, the average waiting time for hip fracture surgery after hospital admission was reported to be less than 24 hours. The proportion of surgically managed hip fractures was reported to be 75-90%.

SCORECARD

Burden of Disease	
Hip Fracture Risk	
Fracture Risk	
Lifetime Risk	
FRAX® Risk	
Fracture Projections	

Policy Framework	
Quality of Data	
National Health Priority	
Care Pathway	
Specialist Training	
Society Support	

Service Provision	
Treatment	
Availability of DXA	
Access to DXA	
Risk Models	
Guideline Quality	
Liaison Service	
Quality Indicators	

Service Uptake	
FRAX® Uptake	
Treatment Gap	
Δ Treatment Gap	
Waiting Time for Hip Fracture Surgery	

The elements of each domain in each country were scored and coded using a traffic light system (red, orange, green) and used to synthesise a scorecard.

Hungary scores resulted in a 13th place regarding Burden of Disease. The combined Healthcare Provision (Policy Framework, Service Provision, and Service Uptake) scorecard resulted in a 15th place for Hungary.

Since the previous SCOPE study in 2010, scores for Hungary were almost unchanged. Overall, they had improved in 15 countries, remained constant in 8 countries and worsened in 3 countries.

Acknowledgments

SCOPE Corresponding National Society based in Hungary

- **Hungarian Society for Osteoporosis and Osteoarthrology**
www.moot.hu

References

1. Willers C, et al. **Osteoporosis in Europe: A compendium of country-specific reports**, Arch Osteoporos, 2022
2. Kanis JA, et al. **SCOPE 2021: a new scorecard for osteoporosis in Europe**, Arch Osteoporos, 2021

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