



New study data shows prior osteoporotic fractures put women at increased risk of future major osteoporotic fractures

- Risk of a subsequent fracture was highest within the first two years after the previous fracture according to Swedish observational study¹
- Prior vertebral fracture led to a higher risk of subsequent fracture compared to prior hip or any other fragility fracture¹

BRUSSELS, Belgium (8th November, 2017) – UCB (Euronext Brussels: UCB) today presented results from a retrospective Swedish observational cohort study that assessed the risk of subsequent major osteoporotic fracture over time for women experiencing their first, second and third fragility fractures. The analysis found that the risk of subsequent fracture was highest within the first two years after the previous fracture compared to non-fracture controls.¹ This analysis, performed by Quantify Research and funded by UCB, was presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 20th Annual European Congress, Glasgow, UK.

“These data show that for individuals who have previously experienced a fracture due to osteoporosis, they are at higher risk of subsequent fracture, particularly in the first few months post-fracture,” said Professor Kristina Åkesson, Department of Orthopedics, Skane University Hospital, Lund University, Malmö, Sweden. “The personal, social and medical cost of a fracture cannot be overstated and these results serve as an important reminder that a fracture should be seen as a warning sign and early diagnosis and treatment of osteoporosis should be prioritised to prevent future fractures.”

The study used data collected from 229,259 women from Swedish national registers between 1998 and 2015. Women aged >49 and who had sustained one, two or three fragility fractures between 2006 and 2012 were included in the study. The study aimed to estimate the risk of subsequent major osteoporotic fracture over time for women experiencing their first, second or third fragility fracture (hip, vertebral, radius, humerus) compared with non-fracture controls. After controlling for various baseline characteristics such as age, dependency and glucocorticoid use, there remained an increased risk in women with multiple fractures compared with non-fracture controls.¹ Women who had sustained two prior fractures had a higher risk than those with only one prior fracture; the cumulative 1, 2 and 5-year incidence of the second major osteoporotic fracture in patients was 6%, 12% and 25%, respectively, and for a third subsequent fracture this was 10%, 19% and 40%, respectively.¹

In addition, the analysis showed that fracture type influenced future fracture risk. Vertebral fractures were found to be more indicative of future fracture risk.¹

“Preventing fragility fractures must become a public health priority. Fractures lead to further fractures, but despite this, 80% of patients who break a bone are not adequately managed for osteoporosis. By not responding to the warning sign of a first fracture, we risk failing to prevent the second and subsequent fractures,” said Dr. Pascale Richetta, Head of Bone and Executive Vice President at UCB. “At UCB we are working to increase awareness among patients and healthcare professionals of the risks associated with fragility fractures, and why it’s important to diagnosis and treat osteoporosis. More focus should also be given to Fracture Liaison Services: they are an effective post-fracture care model, relieving pressure from healthcare systems and resulting in fewer fractures and therefore a better quality of life for the persons concerned.”

References

1. Jonsson E, Ström O, Spångéus A, et al. Risk of major osteoporotic fracture (hip, vertebral, radius, humerus [mof]) after first, second and third fragility fracture in a Swedish general population cohort. Presented at IPSOR 2017, Poster # PMS13.

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