



Introduction:

Osteoporosis Australia is pleased to have the opportunity of responding to the Production Commission Draft Report – Overview and Recommendations for Disability Care and Support.

As the national, peak consumer body representing over 2 million Australians living with osteoporosis we welcome the underlying principles of the National Disability Reform Agenda and the intention of finding the best solutions for improving care and support services.

Further clarification is being sought about some recommendations to ensure those members of our constituency in most need will receive fair & equitable opportunities under the proposed National Disability Strategy.

Severity of osteoporosis:

In 2007 it was estimated that 2.1 million Australians had an Osteoporosis related condition and that the number was likely to grow to 3 million by 2021. Based on Access Economics projections published in *The Burden of Brittle Bones – 2007*¹ over 1.0 million people under the age of 65 are affected by the condition.

In Australia, someone is admitted to hospital every 5-6 minutes with an osteoporotic fracture.² Hip fractures are invariably associated with chronic pain, reduced mobility, disability, and an increasing degree of dependence. After sustaining a hip fracture 10-20% of formerly community dwelling patients require long term nursing care, with the rate of nursing home admission rising with age. Hip fractures cause the most morbidity with reported mortality rates up to 20-24% in the first year after a hip fracture, and greater risk of dying may persist for at least 5 years afterwards. Loss of function and independence among survivors is profound, with 40% unable to walk independently, 60% requiring assistance a year later. Because of these losses, 33% are totally dependent or in a nursing home in the year following a hip fracture. Vertebral fractures can lead to back pain, loss of height, deformity, immobility, increased number of bed days, and even reduced pulmonary function. Vertebral fractures also significantly impact on activities of daily living. After hospitalisation for a vertebral fracture, there is a greatly increased risk of requiring hospitalisation for a further fracture in the years following initial hospitalisation.³

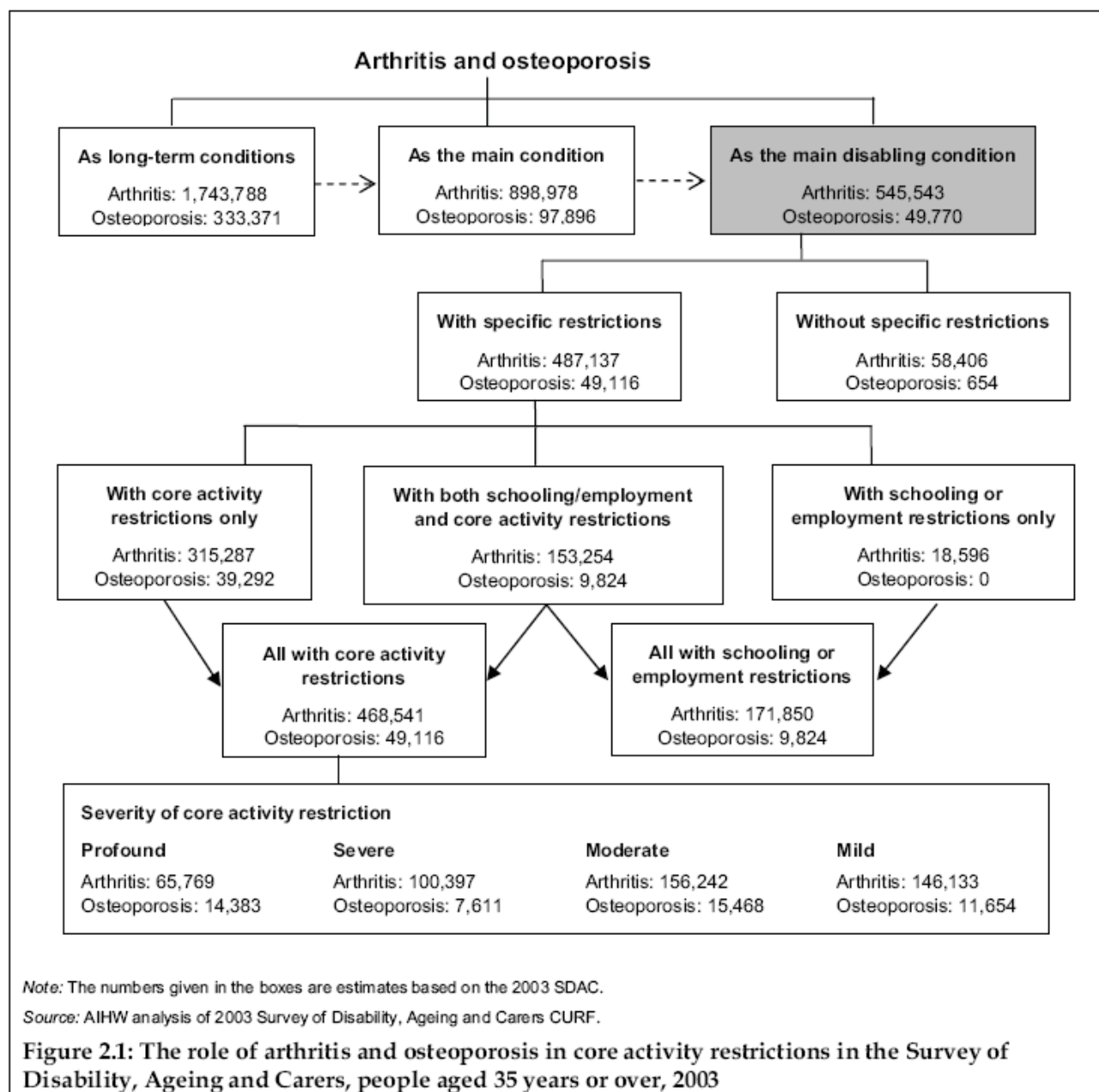
¹ *The Burden of Brittle bones : Epidemiology, Costs and Burden of Osteoporosis in Australia – 2007*, Prepared by the Department of Medicine, University of Melbourne, Western Hospital, Footscray, Victoria on behalf of International Osteoporosis Foundation and Osteoporosis Australia.

http://www.osteoporosis.org.au/images/stories/documents/research/burdenbrittle_oa_2007.pdf Table 1, pg 5

² *ibid*

³ International Osteoporosis Federation. <http://www.iofbonehealth.org/health-professionals/about-osteoporosis/impact.html> as at April 29,2011.

While a significant proportion of people with osteoporosis remain undiagnosed, and a large proportion are able to manage their condition, in the 2003 Survey of Disability, Aging and Carers, an estimated 50,000 people aged 35 years or over listed osteoporosis as their main disabling condition. These people were restricted in their activities, and most of them needed some form of assistance.⁴ The following table extracted from the AIHW publication, “Impairments and disability associated with arthritis and osteoporosis” illustrates the nature of the disability experienced by people who identify osteoporosis as their main disabling condition. We believe this survey significantly underestimates the number of patients both with osteoporosis and with osteoporosis as a disabling condition. This is a factor of the high level of under diagnosis associated with osteoporosis in general.



These people could not do, or always needed assistance with, one or more activities of daily living, such as self-care or mobility.

⁴ Impairment and Disability Associated with Arthritis and Osteoporosis, AIHW 2007. ISBN 978 1 74024 707 Page 8.

Osteoporosis overview:

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures (breaks or cracks) than in normal bone.

Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, leading to a loss of bone thickness (bone mass or density). As a result, bones become thinner and less dense, so that even a minor bump or accident can cause serious fractures. These are known as fragility or minimal trauma fractures.

Any bone can be affected by osteoporosis, but the most common sites are bones in the hip, spine, wrist, ribs, pelvis and upper arm. Osteoporosis usually has no signs or symptoms until a fracture happens - this is why osteoporosis is often called the 'silent disease'.

Fractures due to osteoporosis (osteoporotic fractures) can lead to changes in posture (eg developing a stoop or Dowager's hump in your back), muscle weakness, loss of height and bone deformity of the spine. Fractures can lead to chronic pain, disability, loss of independence and even premature death.

Every 5-6 minutes, someone is admitted to an Australian hospital with an osteoporotic fracture resulting in 262 hospitalisations per day. This is expected to rise to every 3 - 4 minutes by the year 2021, as the population ages and the number of osteoporotic fractures increase. Approximately 25% of people who sustain a hip fracture die within 12 months of the fracture, with this rate increasing in older populations. For many others osteoporotic fractures mark the end of their ability to live and function independently.

Response to The Productivity Commission's Draft Report – Overview and Recommendations – Disability Care and Support:

We respectfully request that consideration be given to the following points.

Scope of the review

The Productivity Commission is requested to undertake an inquiry into a National Disability Long-term Care and Support Scheme. The inquiry should assess the costs, cost effectiveness, benefits, and feasibility of an approach which:

- is intended to cover people with disability **not acquired as part of the natural process of**

Pg V Terms of reference

Osteoporosis can affect people at any time in their life and it should not be automatically regarded as a function of the natural aging process. The following table demonstrates the prevalence demographics by gender and age.⁵

⁵ The Burden of Brittle Bones - 2007

Table 1: Prevalence projections (000), 2006-2021, by gender and age

2006	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over	Total
Men	-	2.8	21.8	30.5	26.4	75.3	192.9	155.7	505.4
Women	-	7.3	28.0	90.8	251.5	488.9	369.6	413.8	1,649.8
Persons	-	10.1	49.8	121.2	276.2	562.5	564.4	573.6	2,157.7
2011	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over	Total
Men	-	2.8	21.8	31.2	27.8	85.9	232.4	173.0	575.0
Women	-	7.5	28.0	92.4	265.3	569.4	436.7	443.0	1,842.2
Persons	-	10.3	49.8	123.7	290.9	648.4	673.2	623.6	2,419.9
2021	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over	Total
Men	-	2.7	22.8	31.3	29.0	96.9	335.7	239.2	757.7
Women	-	7.3	29.2	91.5	274.9	651.7	640.9	557.2	2,252.7
Persons	-	10.0	52.1	123.4	302.4	736.8	980.2	816.7	3,021.6

Source: AE projections based on maintained prevalence distributions within demographic groupings applied to ABS (2001) population projections for each demographic group.

Will the guideline for eligibility include disability associated osteoporosis and clearly exclude it as a natural part of the aging process?

Will the guidelines for eligibility ensure older people with osteoporosis are not excluded from the NDIS simply because they have a disease that increases in prevalence with age?

Tier 3: Access to publicly-funded, individualised supports

Tier 3 would be targeted at the much smaller group of people whose needs could not be met without taxpayer funding. ...

The **NDIS would also not cover people whose needs would be best met by other systems.**

Accordingly, the NDIS would not cover people:

- with certain health conditions for which the publicly-funded healthcare system was best suited. ... **People with bad backs and other musculoskeletal conditions would also typically receive assistance from the health system.** ... Pg 12. – *Disability Care and support*

The AIHW report ‘Impairments and disability associated with arthritis and osteoporosis.’ clearly identified a small subsection of osteoporosis sufferers as clearly fulfilling the criteria of having a disability. This is well illustrated in the table extracted from that publication and shown above.

Can you confirm that the guideline for eligibility will include osteoporosis patients such as those identified in the abovementioned AIHW report and the eligibility of these individuals will not be compromised on the basis that it is a musculoskeletal condition or may lead to symptoms consistent with a “bad back”?

Summary:

Osteoporosis is associated with significant disability and can affect people from any age. While many osteoporosis sufferers can function independently there is an important minority who experience serious restrictions, requiring assistance with various activities of daily living such as self-care and mobility. Almost half of those with a primary disability associated with osteoporosis had a profound or severe core activity limitation. Those people were unable to do, or always needed help with, one or more core activity.

We look forward to clarification of, and would be pleased to take part in any discussion regarding, the points we have raised.

Osteoporosis Australia:

Osteoporosis Australia is the peak osteoporosis organisation in Australia. Osteoporosis Australia aims to improve awareness about the disease in the Australian community and reduce fractures. Osteoporosis Australia focuses on the following key objectives:

- Increase awareness of osteoporosis throughout Australia
- Improve prevention and management strategies
- Increase GP and other health professionals understanding of osteoporosis
- Act as an effective lobby voice in federal Government
- Fund research in bone metabolism and related issues

Shelley Evans
Chief Executive Officer
Osteoporosis Australia

Peter Ebeling
Medical Director
Osteoporosis Australia

29 April 2011