

## LCQ10: Osteoporosis

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 20):

Question:

It has been reported that as indicated by the findings of a medical research, one in three women and one in five men who are over 50 years old will suffer from an osteoporotic fracture at some point in their lives. In addition, there are about 10 000 new cases of hip fracture each year in Hong Kong and, among such cases, one-fifth of the patients pass away within one year, about half of them sustain permanent impairment of mobility, and about half of them need to be admitted to residential care homes. In this connection, will the Government inform this Council:

- (1) of the number of osteoporotic fracture patients who were treated in public hospitals in each of the past three years, and the expenditure so incurred, with a tabulated breakdown by the body region of the fracture;
- (2) as some medical practitioners have pointed out that quite a number of members of the public have little knowledge about osteoporosis, of the Government's measures to step up the relevant publicity work, so as to raise public awareness about prevention of osteoporosis; and
- (3) whether it will consider implementing, under a public-private partnership approach, a community-wide bone mineral density screening for early identification and treatment of osteoporosis patients; if so, of the details; if not, the reasons for that?

Reply:

President,

Osteoporosis is a chronic metabolic disease of bone which leads to a reduction in bone density. It causes bones to become more fragile and prone to breaking. In consultation with the the Department of Health (DH) and the Hospital Authority (HA), our reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

- (1) The HA does not maintain statistics on patients with osteoporosis and those with fractures, as well as the related expenditure on treatment.
- (2) Prevention of osteoporosis should begin by building strong and healthy bones at an early age. To avoid or reduce bone density loss and to minimise fracture risk, all people regardless of age should adopt a healthy lifestyle. This can be achieved by doing regular physical and weight-bearing exercises, maintaining optimal body weight, eating a balanced diet for

adequate calcium and vitamin D intake, having appropriate sunlight exposure for vitamin D synthesis, and refraining from smoking and excessive drinking. Elderly persons should take extra fall prevention precautions to further reduce the risks of fracture and other complications.

The DH's Elderly Health Service provides health education on the prevention of osteoporosis and falls that may lead to fractures. Its Woman Health Service also provides health education on bone health. Health education messages are disseminated through such channels as health talks, individual counselling, leaflets and websites. The DH also reviews regularly health education resources to meet the needs of the community.

(3) Since there is no sufficient scientific evidence to support a territory-wide osteoporosis screening programme (including one for the elderly), the DH does not provide bone mineral density screening service. However, eligible elderly persons aged 65 or above are issued with elderly health care vouchers of \$2,000 each year for seeking private primary healthcare services that suit their needs, which may include the management of osteoporosis and other chronic diseases. People who are at risk of developing osteoporosis due to, for example, underweight, previous history of bone fracture, premature menopause, smoking habit or heavy drinking, or a family history of osteoporosis or fracture, should take active control of the risk factors and seek medical advice on appropriate medical options, such as bone mineral density assessment or treatment.

In respect of public-private collaboration, the HA will, while taking account of relevant expert advice, continue to communicate with the public and patient groups, and work closely with stakeholders to look into the feasibility of introducing new initiatives. In exploring the launch of new Public-Private Partnership (PPP) programmes, the HA will carefully consider a number of factors, including the service demand, case suitability, potential complexity, capacity and readiness in the private market, as well as the long-term financial sustainability of the PPP Fund.