

LCQ13: Prevention and treatment of osteoporosis

Following is a question by the Hon Alice Mak and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 18):

Question:

Regarding the prevention and treatment of osteoporosis, will the Government inform this Council:

(1) whether it has compiled statistics on the number of new cases of Hong Kong females suffering from osteoporosis in each of the past five years; if so, of a breakdown by age group; if not, whether it will consider compiling such statistics starting from the current financial year; if not, of the reasons for that;

(2) given that individual District Health Centres (DHCs) currently provide osteoporosis screening service for members of the public, of the service attendance and the expenditure involved so far; whether it will consider allocating additional resources to regularise the service (e.g. by incorporating clauses into the service contracts awarded in the current financial year for the operation of DHCs and DHC Expresses to require the inclusion of osteoporosis screening as a regular service item); if so, of the details (including the estimated expenditure); if not, the reasons for that; and

(3) as it has been reported that there is a downward trend in the age of people suffering from osteoporosis in recent years, whether the Government and the Hospital Authority will consider allocating additional resources in the current financial year to step up efforts for osteoporosis prevention, screening and treatment at different levels as early as possible; if so, of the work plan and the estimated expenditure; if not, the reasons for that?

Reply:

President,

Osteoporosis is a chronic metabolic disease of bone which leads to a reduction in bone density. The Department of Health (DH) mainly provides health promotion and disease prevention services including health assessment and counselling, while the Hospital Authority (HA) mainly handles patients with osteoporosis who require treatment. Having consulted the DH and the HA, my reply to the question raised by the Hon Alice Mak is as follows:

(1) The DH and the HA do not maintain statistics of osteoporosis. The clinical conditions of patients with osteoporosis are pervasive and involve

different specialties in the HA, including Endocrinology and Metabolism, Geriatrics, Family Medicine, Orthopaedics and Traumatology, and various service units. Some of the services did not assign codes to patients by disease types and therefore the HA does not maintain comprehensive statistics on the number of patients and the number of new patients with osteoporosis.

(2) Services of District Health Centres (DHCs) and DHC Expresses focus on primary, secondary and tertiary prevention, which include health promotion and education, health risk factors assessment, disease screening, chronic disease management and community rehabilitation, etc. At the health management and promotion level, DHCs will organise educational activities to promote prevention of osteoporosis and osteoporotic fracture. DHCs aim to enhance the public's understanding of osteoporosis and prevention measures of osteoporotic fracture through prevention-oriented and evidence-based measures, which include education on sufficient calcium and vitamin D levels, regular weight-bearing exercise, fall prevention, and avoidance of tobacco and excessive alcohol. For high risk elderly, DHCs and DHC Expresses will provide muscle strength and balance training, and offer advice on mobility aids and gadgets, home safety and home modification as appropriate. In addition, for patients referred by the HA or network medical professionals to join the fracture hip rehabilitation programme, individualised treatment sessions by a range of allied health professionals (including physiotherapists and occupational therapists) and suggestion on home modification would also be offered by DHCs to prevent repeated falls. Meanwhile, DHCs and DHC Expresses will collaborate with local community partners and healthcare providers across different sectors to provide information on osteoporosis services or make referrals to those interested/needed.

As there is currently no sufficient scientific evidence to support a Government policy for carrying out osteoporosis screening, DHCs have no plan to provide osteoporosis screening services to the public at the moment. The Food and Health Bureau will keep in view relevant services of DHCs which aim to provide evidence-based, effective and efficient primary healthcare services via district-based medical-social collaboration in the community under the steer of the Steering Committee on Primary Healthcare Development.

(3) To prevent osteoporosis, elderly persons 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. Besides, elderly persons should take extra fall prevention precautions to further reduce the risks of fracture and other complications.

The Elderly Health Service (EHS) of the DH disseminates health education messages on the prevention of osteoporosis and falls to elderly persons and their care-givers through health talks, individual counselling and leaflets etc. Relevant health information on osteoporosis, including its signs and symptoms, prevention and treatment, has been uploaded onto the EHS website for public's reference.

Separately, since 2017-18, the HA has established Acute Geriatric Fragility Fracture (AGFF) Nursing Coordination Services in 10 hospitals progressively (Note), to co-ordinate the multidisciplinary clinical pathway for rehabilitation, and conduct educational talks for patients and their care takers with emphasis on bone health management and fall prevention. The HA has further expanded AGFF Nursing Coordination Services to Kwong Wah Hospital, Tseung Kwan O Hospital, Alice Ho Miu Ling Nethersole Hospital and Pok Oi Hospital by the end of the first quarter of 2022. In addition, North District Hospital will also expand its hip fracture treatment services. The HA has earmarked an additional provision of \$5.1 million in 2022-23 to implement the above measures. The HA is constantly monitoring the progress of AGFF Nursing Coordination Services and make evaluation in due course.

Apart from AGFF Nursing Coordination Services, the HA clinicians will also make referrals on follow-up check-up service, including dual-energy X-ray absorptiometry for bone mineral densities, when indicated. Besides, secondary prevention of osteoporotic fractures by pharmaceutical treatment can be prescribed by various specialists, including Endocrinologist, Geriatricians, Family Physicians and Orthopaedic Surgeons for indicated patients.

As mentioned in part (2) of this reply, the Government adopts an evidence-based approach. Currently there is insufficient scientific evidence to support the provision of bone mineral density screening service. 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 management options, such as bone mineral density assessment or treatment. At present, under the Elderly Health Care Voucher Scheme, eligible elders aged 65 or above are provided with an annual voucher amount of \$2,000 for them to use private primary healthcare services that best suit their health needs, including those for the management of osteoporosis and other chronic diseases.

Note: Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital and United Christian Hospital (2017-2018); Queen Mary Hospital, Prince of Wales Hospital and Tuen Mun Hospital (2019-2020); Caritas Medical Centre and Princess Margaret Hospital (2020-2021); and North District Hospital and Yan Chai Hospital (2021-2022)