

9th June 2020

Panel on Health Services  
Legislative Council  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

### Submission for Prevention on Osteoporosis

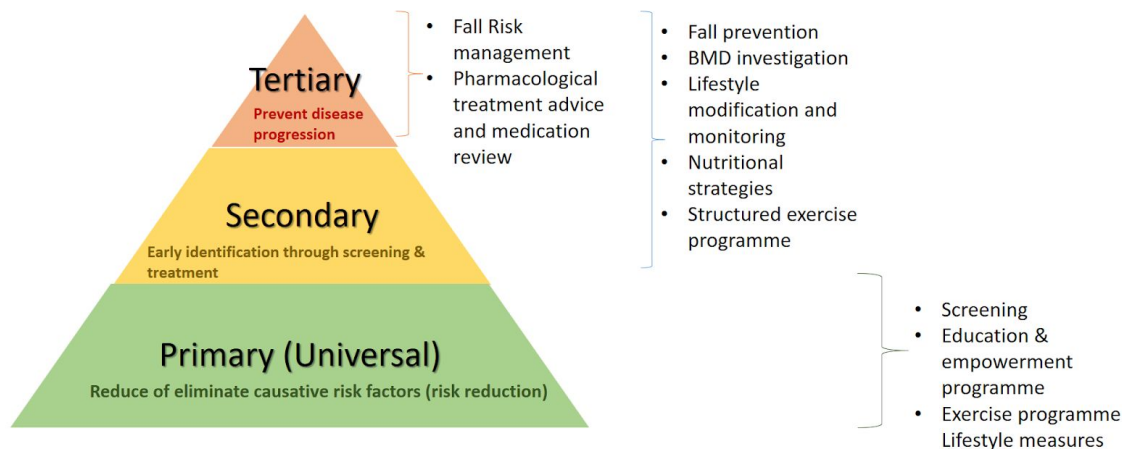
#### Primary care approach and community engagement on Osteoporosis Management

##### Introduction

Osteoporosis, characterized by a reduction in bone mass and disruption of bone architecture, is a common and potentially debilitating disease.<sup>1</sup> This is a significant public health problem and a growing burden. At the community level, it is crucial to address the importance of osteoporosis prevention and fall prevention through a large-scale territories-wide campaign targeting the young and old population respectively

Since 2017, Health In Action has engaged with other NGOs to collaborate programmes on Osteoporosis prevention through community promotion, research, pre-screening to residents in Kwai Tsing area including non-Chinese ethnic groups. Throughout the pre-screening, those with high risk in developing Osteoporosis were referred to DEXA investigation. Health In Action has researched participants to understand their perception, knowledge, awareness and perceived barriers to maintain bone health.

As a primary care NGO, the following community engagement in medico-social collaboration is proposed.



#### *HIA Primary Care Approach and Interventions on Management and Prevention of Osteoporosis*

<sup>1</sup> Kanis JA, Delmas P, Burckhardt P, Cooper C, Torgerson D. Guidelines for diagnosis and management of osteoporosis. The European Foundation for Osteoporosis and Bone Disease. Osteoporosis international: a journal established as a result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA. 1997;7(4):390-406.

### **i) Primary Prevention- for risk reduction**

Community NGOs had established well members with various backgrounds and health needs. They could act as an entry point for conducting Osteoporosis screening. Community health nurses may refer to those with risk for BMD investigation after identifying their clinical risk factors for osteoporosis.

Education and promotion programmes shall be organized to raise awareness of the disease itself and promote lifestyle measures. Myths were identified in our experience. For example, it was found that some participants had mistaken joint pain and muscle pain as symptoms of osteoporosis, as well as correctly to identify food containing Calcium and risk factors of osteoporosis. There is a need to promote lifestyle measures to the whole population about the consumption of a healthy balanced diet; regular weight-bearing; muscle strengthening; avoidance of smoking, excessive caffeine, alcohol and adequate sunlight exposure. Integration in general routine intervention is suggested. By establishing a network with other partners, an inter-speciality referral shall play a role in providing timely and specific intervention, such as smoking cessation and alcohol rehabilitation.

### **ii) Secondary Prevention-Early identification through screening & treatment**

As mentioned in previous advocacy work with other community partners, there is a barrier in accessing health services for assessment and treatment for osteoporosis. For low-income individuals, it poses a significant obstacle in affordability to them to access private services. We welcome the upcoming District Health Centre taking Osteoporosis management in action by launching a pilot scheme and support to high risk and diagnosed groups at the community level.

As community NGO, besides referral for investigation, we suggest playing a role in monitoring and lifestyle modification. More specific nutritional strategies, structured exercise programme with taking social determinants of health into account shall be reinforced with a team of professionals - dieticians, nutritionist, physiotherapist, nurse and social worker.

### **iii) Tertiary prevention- Prevent disease progress**

Medication review is encouraged in community-level conducted by a pharmacist for better compliance and knowledge. Anyone with osteoporosis is at risk for fractures from falls, notably hip, wrist, humerus and spines. To achieve a strengthening self-efficiency in preventing fall, a comprehensive fall prevention programme shall include multifactorial fall risk assessment, effective exercise program, caregivers support, and home safety modification. We encourage NGO partners to launch the program link to District Health Centres (DHCs) in the community setting for a complementary approach.

#### **Recommendations**

1. The Government shall reinforce medical-social collaboration for all levels of prevention including early identification through screening with different sectors.
2. The Government shall reinforce medical-social collaboration to community level and engage different stakeholders in the suggested fall prevention programme, disease management programme and women' health program for better synergy.
3. The Public Healthcare Office (PHO) shall integrate the above approach in developing District Health Centres (DHCs) to provide primary health care services to the general public and prioritise to risky groups.
4. Partnerships and support schemes shall be established to support health background NGOs to provide training and conduct research to community groups.

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