RESULTS (CONTINUED)

Health care resource utilisation (Table 2)

Hazard ratios (95% CI) for osteoporosis-related hospitalisations during the 12-month follow-up period, adjusting for age, sex, and baseline osteoporosis-related resource utilisation and length of stay (LOS) for inpatient osteoporotic fractures. *P < 0.05; **P < 0.01; ***P < 0.001. In all cases, age and the fracture location and baseline osteoporosis-related resource utilisation and cost were considered in the multivariate analysis. *Other location= other node than hip and lower limb fractures. The Tianjin UEBMI claims data do not contain the detailed clinical information related to patients who were hospitalised. **Cost increased as age increased, the annual mean cost for 50-59, 60-69, 70-79 and ≥80 years was 15,031 CNY, 21,430 CNY, 27,325 CNY and 32,396 CNY, respectively. **The proportion of patients with ≥2 hospitalisations among the patients with hospitalisations. ***Only for patients with osteoporosis-related hospitalisation.

Table 4. OLS regression model of annual length of stay for patients with osteoporotic fractures

In all cases, age and the fracture location and baseline osteoporosis-related resource utilisation and cost were considered in the multivariate analysis. *Other location= other node than hip and lower limb fractures. **Cost increased as age increased, the annual mean cost for 50-59, 60-69, 70-79 and ≥80 years was 15,031 CNY, 21,430 CNY, 27,325 CNY and 32,396 CNY, respectively. **The proportion of patients with ≥2 hospitalisations among the patients with hospitalisations. ***Only for patients with osteoporosis-related hospitalisation.

Figure 2.3. Annual direct medical cost between different fracture types

The Tianjin UEBMI claims data do not contain the detailed clinical information related to patients who were hospitalised. **Cost increased as age increased, the annual mean cost for 50-59, 60-69, 70-79 and ≥80 years was 15,031 CNY, 21,430 CNY, 27,325 CNY and 32,396 CNY, respectively. **The proportion of patients with ≥2 hospitalisations among the patients with hospitalisations. ***Only for patients with osteoporosis-related hospitalisation.

LIMITATIONS

The Tianjin UEBMI claims data do not contain the detailed clinical information related to patients who were hospitalised. **Cost increased as age increased, the annual mean cost for 50-59, 60-69, 70-79 and ≥80 years was 15,031 CNY, 21,430 CNY, 27,325 CNY and 32,396 CNY, respectively. **The proportion of patients with ≥2 hospitalisations among the patients with hospitalisations. ***Only for patients with osteoporosis-related hospitalisation.

CONCLUSIONS

Among patients with osteoporotic fractures, females and patients aged ≥70 years incurred greater osteoporosis-related direct medical costs. Further, patients with ≥2 osteoporosis-related hospitalisations were associated with a higher cost. Finally, patients in the ≥80 years age group incurred nearly 200 times greater costs compared with the <50 years age group. These findings support the need to improve osteoporosis fracture prevention policies.

REFERENCES