Osteoporosis is a pathology with a high social and economic impact and is, at the same time, important for the public health, as it causes severe inabilities, greater than or comparable even to some common forms of cancer, to metabolic diseases, hypertension and vascular pathologies such as stroke.

The silent killer acts causing fractures, when the pathological process is already advanced and therefore, in order to fight it, is important to know how to recognize it.

The pathology, which affects without distinction all European, Asian and American countries is linked to the increased aging of the population, typical of countries with advanced economies.

The demographic trend is the combination between the decrease of births, the mortality index and the migration fluxes.

Currently in Italy, 19.2% of the Italian population is over 65 years of age, but the provisional estimates, in the most optimistic cases, forecast that in next 20-30 years, 30% of the population will be over 65 years of age, with more than 10% of ultra-octogenarians

The elderly population has the highest sanitary consumption and the policies of stabilization in our Country – according to a study made by the State Accounting service - expect that, in order to maintain a constant ratio between sanitary expense and GDP, the consumption should decrease in 2045 to 66.8%, that would mean a 30% reduction of the sanitary consumption, with an unavoidable decrease in the health well-being.

In our Country osteoporosis hits approximately 3,5 million women and approximately 1 million men and, in relation to the above, an increase of the incidence, is expected not only in our Country, but throughout the world, with consequential deterioration in requirements and costs increasing.

Currently, according to the latest Italian governmental data of the Healthcare Commission of the Senate (2008), fractures have an incidence of 78,000 cases per year, while for the Ministry of Health they amount to approximately 100,000 cases per year.
The days of stay in hospital are more numerous than those of the infarct and of chronic pulmonary pathologies and the current costs announced on 30th September last, from the President of AIFA, Italian Drug Agency, amount to a billion of Euro per year for the single primary sanitary costs, to which are added the costs for the attendance and the home rehabilitation and the discomfort valued in economic terms, of the nearer relatives.

Osteoporosis is therefore in the foreground, but not only in Italy or Europe, where there are more than 500,000 hip fractures per year, but obviously also in the United States and, in relation to the increase of the elderly population and the need for well-being.

The figures are destined to increase and we must necessarily gain the interest of political authorities in order to plan, in the mean-short term, containing measures.

The AILA Foundation, since its birth in the 90’s, has focused on developing citizens awareness in order to prevent the killer of osteoporosis.

In particular by translating scientific data, making them reach everyone, but, at the same time, involving politicians from different sectors to take appropriate measures to contain the phenomenon.

For this strategy it was fundamental to give clear, simple, but effective messages, that everyone could understand, trying not to burden them too much and making them interesting, spreading them in political centers.

Therefore the AILA award was created - Project Woman – which during its 9 Italian editions and an international one, held in Washington, right in this center, has rewarded numerous people of several fields (medical, scientific, artistic, cultural) in order to involve several areas of the society in wide reflection about women’s health, carrying out the Prize in the most important political forums such as the Chamber, the Senate, the Capitol in Rome and, last but not least, the Italian Embassy in Washington.

This has been done by promoting personages who have become testimonials, an important factor for communication, in order to catch up various levels of awareness through information and sensitization, necessary conditions for that purpose - otherwise difficult to reach - that is the prevention.

This has been made also for sensitizing governments, which not always perceive the importance of these processes, and remain in office for periods too short to play an ongoing work about the phenomenon.

AILA, therefore, has concentrated its own efforts of communication on the importance of healthy lifestyles, by publishing in’ 1998 “Osteoporosis: The Silent worm” (Gangemi ed.), which deals with healthy lifestyles, involving the highest political authorities at national and European level.

In particular, the importance of proper nutrition and intake of calcium and vitamin D in the early stages of growth - always in women - was highlighted, by fighting pathological thinness and anorexia, which affect the bone heritage useful to maintain, after menopause, a good quality for preventing fractures.

From this experience AILA also recommends:
- to promote educational campaigns in the schools
- to spread “pamphlets on risks”
- to not only focus on pharmacological policies, but to promote vitamin D and calcium, leaving medication only for secondary prevention.
- to promote the access to DEXA, which provide for the real prevention index, as done by the Italian Health Ministry.
- to promote physical activity, especially in cities where sedentariness is linked to environmental factors and to limited spaces for movement.
- to encourage exposure to sunlight, especially where the incidence for vitamin D development is higher
- to promote the prevention of falls at home, which are the primary cause for triggering the fracture process and the development of a food culture which takes into consideration the need for calcium and, hence, the content of the latter in food.

In conclusion, investing in health is therefore the right premise to live long, but healthy.

To reduce the impact of public spending based on demographic trends, a component that influences the use of health services, it is not sufficient to recover system efficiency. A program of investment in health is needed, based on the awareness to build a real program of prevention and to attain well-being.

Bibliography:

- “Osteoporosi: il tarlo silenzioso – Fattori di rischio nella Società del Duemila”
  Bove F. et al.
  Gangemi ed. – 1998

- “Relazione tra parametri biochimico-clinici e analisi di microscopia elettronica a scansione in casi di osteoporosi post-menopausale”

- “Individuazione dei criteri di accesso alla densitometria ossea”
  Bove F. et al. – Ministero della Salute, Dipartimento della Qualità - 2005

- “Facts and statistics about osteoporosis and its impact” International Osteoporosis Foundation (IOF) - 2009
  (iofbonehealth.org)

- “Osteoporosi: una malattia sociale. Epidemiologia, costi assistenziali, interventi terapeutici”
  Istituto Superiore di Sanità

- “Osteoporosis in men”
  Edith M.C.Lau – The Chinese University of Hong Kong – May 2004
- Legislatura 16 Atto di Sindacato Ispettivo n.1 – 00070
  Senato della Repubblica Italiana
  (2008)
  Rizzi, Montani, et al.

- “Guidelines for the diagnosis, prevention and treatment of osteoporosis”
  Reumatismo – Giornale ufficiale della Società Italiana di Reumatologia – Sir Onlus
  2009 – Vol.61 – Suppl. X

- “Tendenze demografiche e spesa sanitaria”
  Monorchio A.
  Università Luiss – Roma (Italy)