

Osteoporosis New Zealand Annual Report 2013



OSTEOPOROSIS
NEW ZEALAND
Better bones, fewer fractures



BoneCare 2020

Osteoporosis New Zealand's strategy to transform fracture care and prevention

In October 2012, Osteoporosis New Zealand published *BoneCare 2020: A systematic approach to hip fracture care and prevention for New Zealand*. BoneCare 2020 called for globally endorsed standards of care to become the norm in New Zealand for those that are at high risk of suffering a hip fracture. The strategy also called for development of an NZ Hip Fracture Registry to improve the quality of acute care for older New Zealanders who suffer this dreadful injury.

During 2013, much progress was made towards these objectives. Implementation of Fracture Liaison Services (FLS) was set as an expectation for all District Health Boards (DHBs) in New Zealand for the operational year July 2013 to June 2014. Half of individuals who suffer a hip fracture break another bone in the years before they break their hip. Given that we have a broad range of effective treatments which have been shown to reduce hip fracture incidence in this 'secondary prevention' population, it is essential that patients suffering fractures caused by osteoporosis – also known as fragility fractures – receive the secondary preventive care they need. In the absence of a systematic approach, numerous audits throughout the world, including studies from New Zealand, demonstrate that fracture patients do not receive osteoporosis treatment. FLS is the proven mechanism to eliminate the care gap.

The Ministry of Health worked with Osteoporosis New Zealand to develop a national series of FLS Forums to share experience across the country. Waitemata DHB established the first FLS in New Zealand in December 2013.



Bone Densitometry

Bone density (or *bone mineral density - BMD*) refers to the amount of mineral matter per square centimeter of bones and is used in clinical medicine as an indirect indicator of osteoporosis and fracture risk.

BMD is measured by a procedure called densitometry, often performed in the radiology or nuclear medicine departments of hospitals or clinics. Measurements are painless and non-invasive involving low radiation exposure most commonly made over the lumbar spine and over the upper part of the hip.

There is a statistical association between poor bone density and higher probability of fracture. Fractures often due to falls are a significant public health problem, especially in elderly, leading to much medical cost, inability to live independently, and even risk of death. BMD measurements are used to screen people for osteoporosis risk and to identify those who might benefit from measures to improve bone strength.

In 19-20 October 2013, Osteoporosis NZ in combination with the Australian and NZ Bone and Mineral Society (ANZBMS) held a clinical densitometry course for practitioners and technologists involved with bone densitometry. The course covered the pathophysiology of osteoporosis, as well as the principles and practice of bone density and body composition measurement. This was held in the Faculty of Medicine and Health Sciences in University of Auckland. Upon completion of the course and achievement of a pass mark in the examination, participants were awarded a Certificate of Completion in Clinical Bone Densitometry.

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National Bone Forum, 22-23 March 2013

This is a meeting which has been held annually for a few years aimed as a mainly clinical update for practitioners in bone disease. This year's meeting was held in Rotorua and was sponsored by MSD and Lily.

An update on Osteoporosis NZ, along with the proposed introduction of FLS in NZ was delivered. The associated Hip Fracture Registry was also discussed.

Osteoporosis NZ Presentations At Other Meetings

• **2nd Fragility Fracture Network Global Congress.**
Berlin, Germany. 29-31 August 2013.

• **2nd Annual Hip Fracture Management Conference.**
Melbourne, Australia. 2 December 2013.

• **Frontiers in Bone Biology and Osteoporosis Research.**
ANZAC Research Institute, 13th Annual Symposium,
Concord Education Centre, Sydney, Australia.
6 September 2013.

• **International Osteoporosis Foundation Regionals:**
Hong Kong '13. 4th Asia-Pacific Osteoporosis Meeting,
Hong Kong Convention Centre. 15 December 2013.

“Better bones and fewer fractures for New Zealanders”





Osteoporosis New Zealand Trust

Statement of Financial Performance For the Year ended 31st December 2013

| | 2013 | 2012 |
|------------------------------|-----------------|----------------|
| | \$ | \$ |
| INCOME | | |
| Sponsorships | 70,000 | 62,500 |
| Grants & Donations | 7,794 | 209,160 |
| Projects & Promotions | 25,565 | - |
| Interest Received | 19,544 | 18,248 |
| Total Assets | <u>122,903</u> | <u>289,908</u> |
| EXPENDITURE | | |
| Personnel and Administration | 72,482 | 70,612 |
| Compliance and Governance | 12,334 | 15,713 |
| Projects and Promotions | 58,360 | 31,276 |
| Depreciation | 1,408 | 1,153 |
| Total Expenditure | <u>144,584</u> | <u>118,754</u> |
| NET SURPLUS/(DEFICIT) | <u>(21,681)</u> | <u>171,154</u> |

Osteoporosis New Zealand Trust

Statement of Financial Position For the Year ended 31st December 2013

| | 2013 | 2012 |
|----------------------------|----------------|----------------|
| | \$ | \$ |
| CURRENT ASSETS | | |
| Bank Accounts | 5,726 | 70,549 |
| Receivables | 6,378 | 8,613 |
| Prepayments | 3,634 | 3,543 |
| Fixed Assets | 2,252 | 3,662 |
| GST Refund Due | - | 5,121 |
| Investments | 548,323 | 487,453 |
| Total Assets | <u>566,314</u> | <u>578,941</u> |
| CURRENT LIABILITIES | | |
| GST Due for Payment | 12,623 | - |
| Accounts Payable | - | 3,569 |
| Total Liabilities | <u>12,623</u> | <u>3,569</u> |
| NET ASSETS | <u>553,691</u> | <u>575,372</u> |

NOTE: This Statement is to be read in conjunction with the Notes to the Financial Statements



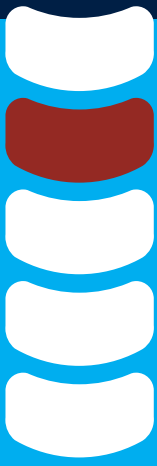
Audit Report

To the Trustee of Osteoporosis New Zealand,

I have audited the summary financial report of Osteoporosis New Zealand for the year ended 31 December 2013 in accordance with New Zealand Auditing Standards. In my opinion, the information reported in the summary financial report is consistent with the financial report from which it is derived, and upon which I express an unqualified audit opinion in my report to members, dated 14th December 2014. For a better understanding of the scope of our audit, this report should be read in conjunction with my audit report on the financial report. I completed my work for the purpose of this report on 14th December 2014.

Peter Drew

Audit & Accounting Services



Our Mission

To engage with the public, health professionals, policymakers and the private sector, through programmes of awareness, advocacy and education, to prevent fractures caused by osteoporosis.

Osteoporosis New Zealand

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