

Commissioner Helen Owens
Productivity Commission, Government of Australia

14 January 2005

Dear Commissioner Owens,

This is a tandem submission regarding technology advancement in bone density test and the importance of providing subsidised Fosamax (Alendronate sodium) for the prevention of fracture. In this short submission, I am addressing the Terms of Reference on the impact of advances in medical technology on healthcare expenditure in Australia. By subsidizing bone density tests and Fosamax, it would be possible to prevent osteoporosis and bone fractures in women over the age of forty.

Fosamax is a drug that strengthens bone and prevents fractures by enhancing new bone formation and inhibiting bone resorption. It has been used in Europe and the United States for several years. The benefit is that women in the first two years of taking 70 milligram of Fosamax weekly have increased their bone density substantially, directly preventing osteoporosis and bone fractures and indirectly reducing the overall cost of healthcare substantially.

Although Fosamax promotes bone growth, in Australia it is given only after women suffer fractures, which defies the purpose. It is important to note that this drug prevents bone loss leading to fractures.

The best outcome for Australia is to provide subsidized bone density tests to women over age 40. If the test show significant bone density loss, it is also wise to consider subsidizing Fosamax. Of course there are women who are not suitable for Fosamax because they may not be able to tolerate it.

The initial cost of subsidized bone density tests and Fosamax prescriptions may be high but when compared to the cost of treatment of broken and fracture bones, the cost of treatment outstrips the cost of preventing it, not to mention alleviating human sufferings. In this case, prevention is better than cure. No medical procedure is foolproof but since some bone fracture could be fatal, subsidizing bone density test and Fosamax can be compared to mammography and breast cancer screening and colonoscopy and colorectal cancer screening programs.

My suggestion is to have a series of stakeholder meetings with providers and consumers to discuss the need, the ramifications and the cost because the use of bone density test alone could eliminate the need for Fosamax. Women will be able to take various measures to strengthen their bone if they know in advance that they are susceptible to fractures. For example they may choose to incorporate walking and weight-bearing exercises into their life styles.

Respectfully submitted,

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