

RIO DE JANEIRO 2004

IOF's Biennial Congress: The Largest World Forum on Osteoporosis

As realization of the probable future proportions of this "silent epidemic" is absorbed, so the significance of the International Osteoporosis Foundation grows and, along with it, the list of new members. Every two years sees an increase in magnitude of the IOF World Congress on Osteoporosis, as more is learnt about the disease, its diagnosis, treatment and prevention.

In her opening message to the Congress, entitled "Standing Tall for Life", H.M. Queen Rania of Jordan, IOF Patron, stressed the enormous advances achieved in recent years:

"Less than twenty years ago public health authorities were scarcely aware that preventative measures for osteoporosis existed. And there certainly wasn't enough effective treatment for those who suffered. Many people expected that their twilight years would inevitably include pain and disability.

The fight against osteoporosis has become a large, global, social and medical movement. Tremendous advances have been made in the fields of science, healthcare, public awareness and public policy. And many of the people responsible for these achievements are sitting among you all today. So first of all, I think we should all pause to congratulate



H.M. Queen Rania of Jordan,
IOF Patron

"You are enabling people to stand tall and set their sights firmly on distant horizons, never before viewed."

the IOF on the remarkable strides that have been made in the diagnosis, treatment and publicity of this highly preventable disease. Thank you.

From Brazil to Bahrain... from Chile to China, the IOF has members in more than 80 countries. Furthermore, it is increasing its global outreach at the heartening rate of some 20% per year. Whether it is implementing an education campaign, like we have undertaken in Jordan... running training programs for physicians, as

was recently done in the Dominican Republic... or encouraging scientific research to find new treatments... men, women and children around the world are feeling the benefits.

Advances in treatment signal good news for governments and health authorities around the world. But the impact on the lives of thousands of individuals is even more inspiring. For someone threatened with the debilitating effects of osteoporosis, the promise of effective treatments offers a whole new lease on life. It means an opportunity to reclaim lives and fulfill dreams, without restrictions... without limits.

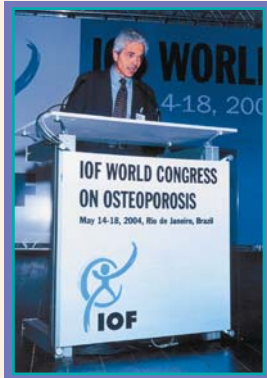
You are enabling people to stand tall and set their sights firmly on distant horizons, never before viewed.

As I say that, I am aware that there are still many more lives that need our help and I know that the demands for healthcare resources are still high. But in less than twenty years, your tireless work has transformed people's lives.

On my behalf...on the behalf of those fighting the battle with osteoporosis today...and especially in the name of those millions in the future who will be spared its ravages as a result of your dedication and perseverance... I thank you and wish you a highly successful conference."

A CONGRESS OF "EXCEPTIONAL SCIENTIFIC CONTENT"

Congress in Rio de Janeiro features groundbreaking research into the diagnosis and treatment of osteoporosis and other bone diseases



Prof. Pierre Delmas, IOF President, opening the Congress

The four-day meeting featured 48 oral presentations, 430 posters, 8 satellite symposia and 17 Meet the Expert sessions and brought together scientists from around the globe. Rene Rizzoli, Chairman of the IOF Committee of Scientific Advisors and Chairman of the IOF WCO scientific program, highlighted the importance of the meeting

“The IOF WCO showcased the latest developments in the hard science of osteoporosis research and also provided physicians with the clinical skills they need to diagnose and treat the disease”.

“This was a truly global congress, with presenters from Latin America, Asia and Australia, as well as Europe and the United States,” said Prof. Jose Zanchetta of USAL University in Buenos Aires, Argentina, and a member of the IOF-WCO scientific program committee. “I have never seen such exceptional scientific content at an international osteoporosis congress.”

A number of important findings and conclusions emerged from the meeting:

- Diagnosis can be improved by combining information on different risk factors and body composition with measurement of bone mineral density
- Smoking is confirmed as a risk factor for osteoporosis
- Bone structure is as important as bone mineral density for preventing fractures
- Hip fracture leads to greater mortality in men than in women
- New classes of drugs help to build bone mass rather than just preventing bone loss
- Bone mass lost to osteoporosis can be regained and maintained by combining therapies
- Patients who discontinue treatment can rapidly begin to lose bone mass
- A new campaign, to be supported by IOF, will educate orthopedic surgeons to identify fragility fractures
- Genetic variations that help determine bone mass have been identified
- Vitamin D and exercise are especially important for girls, as they build bone mass to protect against osteoporosis later in life
- Hip fracture places a heavy burden on patients and families for years

IOF AWARDS

IOF - Alliance Osteoporosis Media Awards

There exist two categories for this award: medical and general. Matt Thompson, writing for Dubai's



Ivannia Varela Quiros & Matt Thompson

“Middle East Health” won the medical category for his article, “Tackling the Hidden Disease”, and Ivannia Varela Quiros was honored for “Fragiles como el Cristal” (Fragile Like Crystal), for “La Nacion” Sunday Magazine.

“As a result of these awards we see considerable impact in public opinion about the importance of osteoporosis as a disease that deserves better diagnosis, treatment and prevention”, noted Cesar Rodrigues of Aventis Pharma Ltda, who has been involved in the media award program from the start.

“Media attention is essential in all countries because osteoporosis does



IOF CEO Daniel Navid, Matt Thompson of Dubai's Middle East Health & Cesar Rodrigues of Aventis Pharma Ltda

not respect boundaries but attacks people worldwide.”

“Osteoporosis is one of the world’s most common diseases in postmenopausal women, yet it is severely under-recognized, under-diagnosed and under-treated”, noted IOF CEO Daniel Navid. “The efforts of these journalists, and others around the world, will help to educate the public and health care professionals about osteoporosis and communicate the importance of investing in better bone health”.

The IOF-Servier Young Investigator Research Award



Dr. Hong-Weng Deng receives Fellowship medal from Dr. Christophe Charpentier, Director, Medical Information Division, Servier.

Professor Hong-Wen Deng, who holds a tenured position at Creighton University, Omaha, Nebraska, USA, and also a secondary appointment at HuNan Normal University, China, won the award for his proposal to study comparative genetics of osteoporosis in Caucasians and Asians (Chinese).

The IOF Claus Christiansen Research Fellowship

The 2004 Fellowship was presented at the IOF World Congress on Osteoporosis in Rio de Janeiro to two winners. Dr. Yu Zhao Bagger of the Center for Clinical and Basic Research, Ballerup, Denmark received the Fellowship for her project “Genetic and environmental risk factors of

osteoporosis in postmenopausal Danish women: The prospective Epidemiological Risk Factors (PERF) study”. Dr. Muhammad Kassim Javaid, MRC Environmental Epidemiology Unit, University of Southampton, UK was honored for his project “Paternal determinants of neonatal bone mass”.

IOF Awards on Offer

Many awards are on offer by the IOF and various sponsors for the encouragement of participation in all fields related to the fight against osteoporosis: awareness, research, etc. For more detailed information about these programs and how to become a candidate for these awards, look into the IOF website at www.osteofound.org and click on “Programmes, Projects and Partnerships”.

Mrs. Angelique Chartouni Honors IOF Staff



Ghassan Maalouf, IOF Middle East Rep., presented Mrs. Chartouni with a memento engraved with the names of the IOF members present at that memorable evening.

Mrs. Angelique Chartouni extended a warm welcome to the visiting IOF delegation by offering a superb dinner at her Rio de Janeiro residence.

Mrs. Chartouni, who divides her time between Beirut and Rio, is an enthusiastic supporter of the IOF and has accepted to become Honorary Patron to the Brazilian Society of Osteoporosis.



IOF Board Members: Rene Rizolli, Chairman of Committee of Scientific Advisers; Daniel Navid, IOF CEO; Ghassan Maalouf, IOF M.E. Rep. and Rubem Lederman, CEO of the Brazilian Society of Osteoporosis and Executive Pres. of the IOF 2004 World Congress.



IOF staff members with Paul Sochaczewski, Head of Communications.



Rene Rizolli (center) with Helmutt Minne, IOF Board Member, and Mrs. Minne.



Mrs. Chartouni and Prof. John Bilezikian, IOF Board Member

CYPRUS MEETING

A meeting entitled “Advancing to New Levels of Pain and Osteoporosis Management: Evidence of Optimal Patient Care” was held on April 24-25 at the Elisium Hotel, Paphos, Cyprus. Organized by MSD, it offered the opportunity for a gathering of physicians from various countries in the region (21 from Lebanon, 29 from Egypt, 5 from Jordan, 15 from Egypt, 23 from Cyprus and 18 from the Gulf).

Prof. Ghassan Maalouf, MD, Clinical Orthopedics, Saint George Hospital, Beirut, Lebanon, and IOF Middle East Representative, opened the morning session with a presentation on the “Vertebral Morphometry of the Lebanese Population”.



From right: Dr. Khaled Al Hussein; Dr. Jamil Missaykeh; MSD Product Manager

This was followed by a presentation by Prof. Thomas J. Schnitzer of Houston, Texas, which is given below. Dr. Clark D. McKeever of Houston, Texas, also followed up with his presentation, “Underlying mechanism of the antifracture efficacy of osteoporotic agents”.

A dinner celebrating the ten-year success of MSD’s “Fosamax”, which has been prescribed to more than four and a half million patients worldwide, was held in the evening.

Evidence Based Review of Pharmacological Treatment of Osteoporosis

Prof. Thomas J. Schnitzer, Professor and Assistant Dean for Clinical Research, Northwestern University Feinberg School of Medicine, USA.

Osteoporosis is defined clinically by the history of a fragility fracture or the finding of a significant loss of bone mass, determined by measurement of bone mineral density (BMD). BMD has been shown to be closely correlated to the risk of developing an osteoporotic fracture and is responsible for a large portion of the strength of bone. The development of agents, which can increase BMD and decrease the risk of fragility fractures has revolutionized the management of osteoporosis.

Although an increasing number of drugs are being introduced onto the market, there is only limited data comparing active agents, with the majority of such information focusing on effects on BMD. As no direct comparisons of fracture efficacy have been reported, data from carefully performed meta-analyses provide the best understanding of the efficacy of these drugs and the consistency of response seen.

Calcium and vitamin D, long advocated as important treatment, do prevent bone loss and may reduce fracture incidence in populations with deficiencies; at present, these agents are seen as important baseline supplements that are included for all older individuals regardless of their risk for osteoporosis.

Estrogen, alone or combined with progestational agents, has been shown to increase BMD and to result in a decrease in both vertebral and non-vertebral

fractures. However, as demonstrated recently in data from the Women’s Health Initiative in the United States, the use of estrogen alone or combined with progesterone is associated with significant side effects, great enough to remove the recommendation for their use as preventive therapy for cardiovascular disease and as first line agents for osteoporosis. Raloxifene, a selective estrogen-receptor modulator, increases BMD and reduces vertebral fracture incidence but does not

reduce non-vertebral fractures or hip fractures compared to placebo.

Bisphosphonates are the most effective of the current oral therapies. Alendronate, the first of the amino bisphosphonates, has been extensively studied, with data through 10 years of treatment demonstrating continued efficacy with excellent safety. Direct comparisons of effects on increasing BMD have demonstrated alendronate superiority to both raloxifene and risedronate. Alendronate alone among these agents has demonstrated statistically significant reduction in hip fracture incidence compared to placebo, and the consistency of anti-fracture efficacy with alendronate is supported across multiple studies.

Alendronate has also been shown to be effective at preventing the bone loss seen upon discontinuation of estrogen as well as in special populations, such as patients requiring steroid therapy and in men with low bone mass.

EXERCISE AND BONE HEALTH

Large surveys show that people with active lifestyles have a higher bone density and a lower risk of fracture (about a third), than people who are inactive. This continues even after allowing for other factors which influence bone health such as a family history of osteoporosis or smoking.



You can adopt a more active lifestyle at any age, provided you begin with what you know and progress at an appropriate pace for your age and ability. Therefore, if you are aged 18-70 and in good health, this advice is for you.

Weight-bearing exercise

Bone is a living tissue, which reacts to increases in loads and forces by growing stronger. It does this all the time, so exercise will only increase bone strength if it increases the loading above normal levels. Weight bearing exercise, such as jogging, can increase bone density in the spine and hips, and arm-loading exercises, such as weight-training, can increase bone density in the wrist.

Strong muscles, strong bones

How does the development of strong muscles help the bones? Muscles are attached to bones by tendons. As the muscles contract, they tug against the bones. This stimulates the bones to grow. The stronger the muscles, the more powerful the stimulation they

provide. By building stronger muscles, you are helping improve your bone density even between exercise sessions.

High-impact exercise

One of the most effective ways of loading your bones rapidly is by doing brief bouts of high impact exercise. High impact is created by a large force, which rises quickly, for example, the heel strike when your leading foot hits the ground during jogging, provides a useful jolt to the



hip and spine. A few jolts are enough. Running up a flight of stairs provides 10 jolts each time you go up and 10 jolts each time you come down. Ten flights a day provides 100 jolts, which is probably enough, whereas half an

hour's jogging provides about 2,000 jolts. Prolonged exercise is not necessary in order to stimulate bone.

Body-weight

Body weight is an advantage for maintaining bone density because the mass of the body itself is bone loading. Also, in women, body fat makes a little estrogen, which helps to keep bones healthy. What you eat also affects bone health, and a balanced, calcium-rich diet and sufficient vitamin D, is essential throughout life to build and maintain strong bones. If it is necessary to lose weight for other health conditions, take advice from your doctor about a sensible diet containing enough calcium and protein.

Age

Very young bones are the most sensitive to loading. Gymnasts aged 10 years have much stronger bones than inactive youngsters of the same age and size. Adults are considered to have reached their greatest bone mass by the age of 25-30, but studies have shown that there is still possibility for improvement at this age and above. High-impact weight-bearing activities, such as jogging or jumping are effective in young adults. Once past middle age, weight training or classes consisting of a variety of activities are good for people aged up to 70.

RECOMMENDED EXERCISE FOR BONE HEALTH

Specific evidence comes from studies in which groups of people have been asked to undertake a defined exercise program. The results of these studies suggest that a variety of brief, energetic weight-bearing activities are most effective.

- **Jumping/skipping.** Good for the hip, but will not increase bone density in post-menopausal women (50 jumps a day, for young people).
- **Stair climbing.** Good for spine and hip. 10 flights a day - (does not have to be done at one time).
- **Jogging.** Good for the spine and hip. A 20-minute jog three times a week preferably on grass or paths rather than concrete or asphalt (for young people).
- **Intermittent jogging.** Good for the spine and hip. Less strenuous than jogging, this consists of a combination of walking and jogging. 3 times a week.
- **Aerobics classes.** Generally beneficial, especially those classes that include brief bouts of weight-bearing activities, jumping and “step aerobics”.
- **Weight training.** Generally beneficial. Each lift should be performed 24 times (in 3 sets of 8) and should consist of the heaviest weight you can manage to lift in a smooth way (without shaking) through the full range of movement (which should be about 85% of your maximum strength).
- **Field sports, racket sports, dancing.** Basketball, football, tennis, squash, etc. and dancing (if it includes some jumping).

FORMS OF EXERCISE of indirect benefit to bones

Many forms of exercise are of undoubted benefit for maintaining general fitness, posture and confidence, even if they do not improve bone mass. Maintenance of good balance and muscle strength will reduce the risk of falls in later life and good posture and back strength may help to protect the spine and avoid back pain.

- **Walking** is a safe form of exercise for anyone. 10 minutes a day of brisk walking is essential to prevent the deterioration of the skeleton due to lack of use, but more walking will not make any difference to bone density.
- **Swimming** is excellent for all round flexibility and muscle strength, provided you swim lengths in various styles.
- **Tai chi** is good for posture, leg strength and balance, and therefore will reduce the risk of falls. This is a safe, stress-free exercise that you can go on doing into very old age.
- **Cycling and exercise machines** such as treadmills, rowing machines and skiing machines in gyms and leisure centers provide good cardio-vascular workouts to reduce risk of heart disease, diabetes, etc. However, these forms of exercise do not stimulate bone.
- **Back extensor exercises.** Good for strengthening the muscles of the back). Lie down on your front and raise your head and shoulders gently off the floor a few centimeters. Hold for a count of five, then relax. Raise one leg at a time off the floor a few centimeters, hold and relax.
- **Abdominal muscles.** It is important to maintain strong abdominal muscles to support the spine, but also important to avoid undesirable bending of the upper spine. A safe exercise is to start in a sitting position with knees at a right angle and let the trunk move backwards slowly as far as is comfortable, keeping the back straight. This can be done conveniently sitting sideways on a hard upright chair.

ADVICE FOR SAFE EXERCISE

1. Do not rush into unaccustomed exercise too fast. Begin gradually with things you know you can do comfortably and then slowly increase the amount and intensity until you have reached your target. This will take time.
2. A little muscle stiffness tells you have done more than usual; this will stimulate improvements. If you are extremely stiff, then you went too far too soon, but the stiffness will pass in a few days. Persistent pain is a sign of an over-use injury, which means that you should stop exercising until the injury heals.
3. It is possible to take too much exercise. Paradoxically, young women who run marathons at competition level and also some ballet dancers are at risk of breaking bones despite their youth and activity. Their bodies are often poorly nourished and under too much stress, and their loss of body weight and the fall in estrogen levels leads to bone loss similar to menopausal loss.
4. Exercise must be taken regularly to have any benefit. Little and often is needed. If you stop exercising on a regular basis, the beneficial effects wear off. Muscles adapt to extra use within weeks, but bones take many months.

Source: National Osteoporosis Society

OSTEOPOROSIS IN MEN

A New IOF Campaign Will Focus on a Common Misconception

Ask people about osteoporosis and most tell you that it is a women's disease. They will think of old grannies, shrunken and bent with the years. However in reality, osteoporosis also strikes men and, occasionally, even young men.

More lethal in men

Moreover, when it occurs in men, it has been found that fragility fractures cause higher morbidity and death than in women. Also, it is estimated that by 2025, the number of hip fractures in men will equal the current number of hip fractures in women. For, although women's bone density falls dramatically at an earlier age (menopause), men's bone density also falls, but at a slower, more steady, rate. This means that in old age, there is no longer a great difference in bone density between the two sexes.

However, due to the misconception that osteoporosis is exclusively a "women's disease", not only is it very common for men not think of

themselves as candidates for osteoporosis, but it is also quite common even for doctors to skip over the possibility of the disease in men. This has led on many occasions to distressing stories of men suffering many years of pain and disability due to misdiagnosis.

World Osteoporosis Day 2004

To reach men at risk of osteoporosis, IOF will launch, on World Osteoporosis Day 2004 (20 October in most countries), a campaign "Osteoporosis in Men", with the theme "Osteoporosis - It Hits Men Too".

Men will be advised that bone development can be affected by genetics, smoking, alcohol, lack of exercise, dietary deficiency of calcium and vitamin D, delayed puberty and steroids. They will be encouraged to take the One Minute Risk Test (available on the IOF website: www.osteofound.org in 20 languages) and to consult their doctor if they have risk factors.



It is estimated that by 2025, the number of hip fractures in men will equal the current number of hip fractures in women.

NEW DRUG CUTS RISK OF VERTEBRAL FRACTURE

Strontium Ranelate Increases Bone Formation and Reduces Bone Loss

A new weapon may soon be added to the growing arsenal of therapies that can help fight the damage caused by osteoporosis.

New research shows the drug strontium ranelate can cut the risk of vertebral fracture by nearly half in postmenopausal women with osteoporosis. Vertebral fracture, or breaks in the small bones that make up the spine, are a common and potentially disabling complication of osteoporosis.

The drug has not yet been approved for use in treating osteoporosis, but the results of a phase III clinical trial show that it can safely and effectively be used to reduce the risks of vertebral fracture in women with this bone-thinning disease.

Drug Makes Bones Stronger

An earlier phase II clinical trial of strontium ranelate showed that the drug helps build stronger bones by both increasing bone formation and reducing bone loss.

The drug is made from strontium, which is a naturally occurring earth element first discovered in Scottish

lead mines in the 1700s. It is found in food and water and also in small amounts in the skeleton.

In this study, published in the Jan. 29 issue of *The New England Journal of Medicine*, researchers examined the effectiveness of the drug in preventing vertebral fracture in a group of 1,649 postmenopausal women with osteoporosis, all of whom already had one vertebral fracture. The study participants were women at risk for future fracture, because having a vertebral deformity predicts an increased risk of future vertebral fracture.

Half of the women were given 2 grams of strontium ranelate per day for three years and the others were given a placebo. All the women received daily calcium supplements of 1500 milligrams per day, and 400-800 IU of vitamin D per day.

The study showed that compared with women who took placebo pills, the women who received strontium ranelate had a 49% reduction in the risk of vertebral fractures in the first year they took the drug and a 41% reduction in risk over the course of the study.

The drug also increased bone mineral density (an indicator of bone strength) by 6.8% at the spine. There were no significant differences in the number of serious adverse events or side effects reported between the two groups.

The researchers write that the reduction in the risks of fractures of the spine, seen with strontium ranelate therapy, is similar to reductions reported with other anti-osteoporosis drugs such as Fosamax, Actonel, or parathyroid hormone.

In an editorial that accompanies the study, Ghada El-Hajj Fuleihan, MD, MPH, of the American University of Beirut Medical Center says the results establish strontium ranelate as an effective means to reduce fracture and treat osteoporosis. But more research is needed to better understand how it works and the drug's effect on bone.

SOURCE: Meunier, P. The New England Journal of Medicine, Jan. 29, 2004; vol 350: pp 459-468; WebMD

FUTURE EVENTS

First International Seminar on the Prevention, Diagnosis and Treatment of Osteoporosis

Organized by the Endocrinology and Metabolism Research Center
Teheran, Iran
23-24 September 2004
E-mail: emrc@sina.tums.ac.ir
website: www.endocrineweb.org



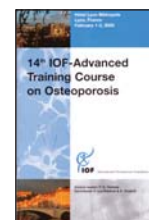
5th Mediterranean Congress of Physical Medicine and Rehabilitation

Antalya, Turkey
September 30 and October 4, 2004
Congress website: www.medcongress.org



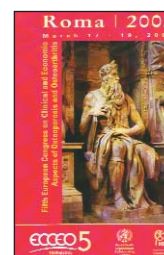
IOF - Advanced Training Course on Osteoporosis

Lyon, France
14-3 February 2005
www.osteofound.org



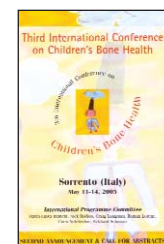
Fifth European Congress on Clinical & Economic Aspects of Osteoporosis & Osteoarthritis

Rome, Italy
17-19 March 2005
Contact: YP Communication,
Blvd. Kleyer, 108,
4000 - Liege, Belgium
Tel: +32-(0)-4-254-12-25 Fax: + 32-(0)-4-254-12-90
E-mail: yolande@piettecommunication.com



Third International Conference on Children's Bone Health

Sorrento, Italy
11-14 May 2005
Tel: +39-06-8412673 Fax: +39-06-8412687
E-mail: congressi@gruppocic.it



IOF World Wide Conference of Osteoporosis Patient Societies

Bangkok, Thailand
27-30 September 2005
(Details to be given at a later date on www.osteofound.org)

IOF World Wide Congress on Osteoporosis

Toronto, Canada
2-6 June 2006
(Details to be given at a later date, on www.osteofound.org)





IOF Patron
Her Majesty Queen Rania of Jordan

*“Children who build strong bones
are investing in their futures.....”*

quote from Queen Rania of Jordan's
World Osteoporosis Day Message



IOF President
Prof. Pierre Delmas

MIDDLE EAST OSTEOPOROSIS SOCIETIES

Bahrain: Bahrain Osteoporosis Society, **Cyprus:** Cyprus Society Against Osteoporosis & Myoskeletal Diseases, **Egypt:** Egyptian Osteoporosis Prevention Society, **Iran:** Endocrinology & Metabolism Research Center, **Jordan:** Jordanian Osteoporosis Prevention Society, **Kuwait:** Kuwait Osteoporosis Prevention Society, **Lebanon:** Lebanese Osteoporosis Prevention Society, **Libya:** Libyan Osteoporosis Prevention Society, **Morocco:** Moroccan Society for Rheumatology, **Pakistan:** Osteoporosis Society of Pakistan, **Palestine:** Palestine Osteoporosis Prevention Society, **Saudi Arabia:** Saudi Osteoporosis Society, **Syria:** Scientific Council for Osteoporosis & Skeletal Diseases, **Tunisia:** Tunisian Osteoporosis Prevention Society

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Prof. Dr. Khaled El Muntaser	(Libya)	Dr. Jihad Ezzeddine	(Lebanon)
Dr. Jihad Haddad	(Jordan)	Dr. Elias Saba	(Palestine)
Dr. Riad Sulamani	(Saudi Arabia)	Dr. Hazem Abdel Azim	(Egypt)
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IOF Middle East

Osteo News



IOF's Rio Congress

The largest world forum on
osteoporosis

Osteoporosis in Men

This year's focus for World Osteoporosis Day

Exercise

A guide to better bone health



IOF International Osteoporosis Foundation