

Letter from the Editor



Dear Readers,

In our lead story on this page you can read about the efforts of the United Kingdom Department of Health to do something constructive about osteoporosis. Last year it launched a comprehensive strategy to cover prevention and treatment of osteoporosis, based on a range of communication materials designed to reach different audiences, professional and the general public. The launch of the strategy demonstrates the commendable way that the UK health administration takes osteoporosis seriously, and shows the commitment to effective measures at all levels to tackle the disease.

Unfortunately, not all health administrations are as committed. As the Swedish survey illustrates, in many countries osteoporosis is still a low-profile disease and osteoporosis care is completely inadequate. It is vital that efforts like those in the UK are publicised and other countries encouraged to follow their example.

Yours sincerely

Helmut Minne

IOF Vision

The vision of the International Osteoporosis Foundation is a world without osteoporotic fractures

IOF Mission

- To support national osteoporosis societies in order to maximise their effectiveness
- To increase the awareness and understanding of osteoporosis
- To motivate people to take action to prevent, diagnose and treat osteoporosis

IOF Goals

- Nurture and enlarge the IOF network of member societies worldwide
- Promote medical innovation and improved care
- Expand IOF partnerships with organisations working on similar or complementary issues and projects
- Lobby for policy change in all countries through implementation of the recommendations of the Report on Osteoporosis in the European Community – Action for Prevention, and other appropriate policy instruments

UK GOVERNMENT EXPANDS ITS OSTEOPOROSIS STRATEGY

Last year, the UK Department of Health launched a comprehensive osteoporosis strategy. In March this year, the Royal College of Physicians published their evidence-based clinical guidelines for the prevention and treatment of osteoporosis. In welcoming these guidelines Tessa Jowell, Minister for Public Health, described them as the final element in the government's package to tackle osteoporosis.

The strategy includes a host of communication tools aimed at various audiences. Among these are the new guidelines; a pamphlet and laminated card for general practitioners and community nurses, summarising the guidelines' key messages; a report by COMA (Committee on the Medical Aspects of Food and Nutrition Policy) on nutrition and bone health, highlighting the importance of a diet containing enough calcium and vitamin D; a user-friendly fact sheet, Nutrition and Bone Health, produced by the Health Education Authority, to summarise the recommendations of the COMA report; a Local Health Action Sheet on preventing accidents caused by osteoporosis; an osteoporosis website; and individual fact sheets on osteoporosis as part of a series on older women and health.

Linda Edwards, Director of the National Osteoporosis Society (NOS), said that the report offered healthcare professionals the first definitive, evidence-based guide to managing osteoporosis. Sadly, it also highlights the gulf between recommended practice and reality. For example, the guidelines recommend bone scans for people at high risk of the disease, but the NOS points out that the current provision of bone density scanners is inadequate: the UK, together with Ireland, has the lowest number of scanners in the European Union.

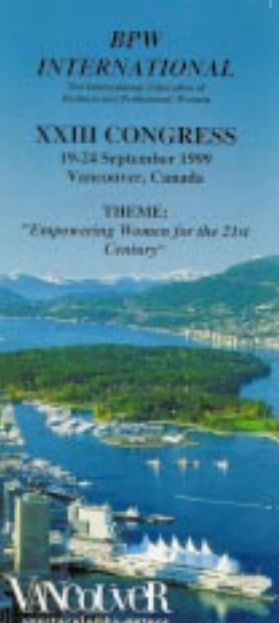
Unfortunately, this state of affairs is widespread. A recent survey conducted by the Swedish Osteoporosis patients' Society (ROP)



Tessa Jowell, Minister of Public Health (left), greets Dr Juliet Compston, NOS Council member and member of the IOF Committee of Scientific Advisors, at the 1998 Sixth Bath Conference on Osteoporosis and Bone Mineral Measurement

and based on a questionnaire to 1000 Swedish women showed that 90% had heard of osteoporosis but their ideas about its prevention and treatment were vague. In addition, 88% of the women did not believe that they themselves were at risk. Most worryingly, they claimed to receive very little information from the health authorities. Regional health authorities gave depressing answers to questions about the availability of bone mineral density scanners, care of osteoporosis patients and activities to promote osteoporosis prevention. These results emphasise that osteoporosis care is grossly inadequate and in many countries the interest of health authorities is very low. There is much work still to be done.

The report, Osteoporosis: Clinical Guidelines for Prevention and Treatment, is available from the Royal College of Physicians, price £21.00 including UK p&p, £24.00 overseas p&p.



NEW PARTNERSHIP WITH BUSINESS AND PROFESSIONAL WOMEN INTERNATIONAL

Earlier this year, IOF formed a new partnership with Business and Professional Women International (BPWI). Founded in 1930, the BPWI has affiliates in over 100 countries and represents a global network of highly educated professional working women. It works to promote opportunities for women in all parts of the world. Globally, BPWI speaks out on fundamental issues concerning the welfare and status of women, and so its members have an

obvious interest in osteoporosis. In turn, its members' expertise covers all walks of life. They can lend their support to IOF from the local to the international level.

The partnership will be put into effect locally, as each country determines the means and extent of its partnership involvement. Osteoporosis organisations recognised by IOF, and BPWI national and state federations and asso-

ciate clubs, will work together to achieve the aims of the new alliance.

Three major events are set to mark the launch of the new partnership:

- IOF and the Osteoporosis Society of Canada will be part of the Health Fair at the BPWI XXIII Congress to be held in Vancouver, Canada from 19–24 September 1999. The theme of this year's Congress is "Empowering women for the 21st century", and IOF will be on hand to provide information on how women can be empowered by preventing and treating osteoporosis.
- The 1999–2002 International President of BPWI has been invited to give a presentation about the organisation at the 5th World-wide Conference of Osteoporosis Patient Societies in Toronto on 5–6 October 1999.
- BPWI will contribute to the planning of World Osteoporosis Day on 20 October 1999, and BPWI affiliates will be encouraged to be actively involved with their IOF partner organisations in their plans for the day.

IOF JOINS BONE & JOINT DECADE 2000–2010 INTERNATIONAL STEERING COMMITTEE



On March 27, IOF joined the Bone & Joint Decade 2000–2010 as Mary Fraser, Executive Director, was unanimously elected as the 9th member of the Decade's Steering Committee. The goal of the Decade is to improve the health-related quality of life for people with musculoskeletal disorders, by raising awareness, empowering patients to participate in their health care, promoting cost-effective prevention and treatment and acquiring research funding.

With the addition of IOF, the Steering Committee now represents osteoporosis patient groups as well as orthopaedic surgeons, rheumatologists and specialists in rehabilitation medicine. Some osteoporosis patient organisations were involved in the Decade from the start, however the inclusion of a representative on the Steering Committee shows its commitment to seeking partnerships with patients and the general public.

Mary Fraser said that a key objective is for the UN and the World Health Organization (WHO)

to recognise the Decade. This would enhance its credibility and also give access to the public relations machinery of these large bodies. It is crucial that as many governments as possible give official support to the Decade. So far, the governments of Hungary, Saudi Arabia, Georgia, Iran, Taiwan and Tanzania have announced their support, and endorsements are expected soon from Sweden, Finland and Holland after scheduled meetings between Decade representatives and the relevant country officials.

Above all, "what I am looking for is synergies" between IOF and the Decade, because in the non-profit world, where resources are scarce, it makes sense to maximise mutual benefit.

As we went to press, the Bone & Joint Decade Steering Committee planned to meet Kofi Annan, UN Secretary General, during their next meeting in Lund, 27–29 May 1999, an opportunity for the Committee to give a brief presentation on the importance and goals of the Decade. There will also be a combined WHO/BJD Bone & Joint Monitor Project Workshop in Geneva, 18–21 November 1999. This workshop will examine the burden of musculoskeletal conditions at the start of the new millennium. On the final day of this meeting it will combine with a Decade coordinators' meeting also taking place in Geneva.

IOF SOUTH AMERICAN REGIONAL MEETING, BUENOS AIRES, APRIL 29-30

Eight hundred delegates (200 more than expected) from Argentina and neighbouring countries including Brazil, Chile, Cuba and Mexico assembled in Buenos Aires for their Regional Meeting. Among the highlights were presentations on the genetic basis of osteoporosis, new therapeutic agents to treat osteoporosis, and a special look at "Ancient Bones". Delegates could visit the lively commercial exhibit and enjoyed a range of social activities, including a demonstration of the tango.

LAUNCH OF IOF'S FIRST ANNUAL REPORT

This Spring sees the launch of IOF's first ever Annual Report. Among the many achievements in the worldwide fight against osteoporosis during 1998, the formation of IOF from the former EFO and IFSSD naturally predominates. However, the Report also details other highlights of the year, including the June publication and launch of the Summary Report on Osteoporosis in the European Community – Action for Prevention, and the assembly of over 4,000 participants from 75 countries at the European Congress on Osteoporosis in Berlin in September.

The Annual Report provides a wealth of information on IOF and its activities, including an outline of the current restructuring of the IOF Board to reflect the Foundation's broad scope and commitment to becoming a completely representative, international organisation. The Report itself should help attract non-medical community leaders and encourage them to play a vital role on the Board.

The publication of the Annual Report also gives us an opportunity to thank everyone who helped to make 1998 such a success – we couldn't have done it without you!

To obtain your copy of the Annual Report please contact the IOF Secretariat, tel: +33 472 91 41 77, fax: +33 472 36 90 52 e-mail: osteofound@net.asi.fr



IRISH OSTEOPOROSIS SOCIETY LAUNCHES GUIDELINES



The Guidelines are available from the Irish Osteoporosis Society, Mrs Mary Crowley, tel/fax: +353 1 825 8159, e-mail: crowleym@indigo.ie

The Irish Osteoporosis Society recently launched a set of Guidelines for Osteoporosis. Aimed at medical professionals, the guidelines cover the physiology of osteoporosis, symptoms and signs, risk factors, clinical investigations to perform, preventive measures and treatment. A particular feature is a detailed section on osteoporosis in athletes. There is also a section on bone mineral density assessment which details the availability of dual energy X-ray absorptiometers in Ireland.

QUEEN SOPHIA OF SPAIN

Queen Sophia of Spain has long been an enthusiastic supporter of the Spanish Osteoporosis Society Foundation, Fundación Hispana de Osteoporosis y Enfermedades Metabólicas Oseas, and has been patron of Spain's National Osteoporosis Day since 1994. She continues her activities in a low-profile but effective way.



© la Fundación Hispana de Osteoporosis y Enfermedades Metabólicas Oseas
con afecto
Sophia

World News

INTERVIEW WITH GRO HARLEM BRUNDTLAND, WHO DIRECTOR GENERAL



The exclusive interview summarised here is the first article to be produced by the new IOF Osteoporosis News Service. To support IOF member societies in their communications efforts, the Service will produce press releases, feature articles and interviews for which IOF member societies will have exclusive rights for up to 3 weeks, to publish or offer to the media in their own countries. After 3 weeks member societies can continue to use the material but will no longer have exclusive use. Membership of the IOF News Service is free and automatic to IOF member societies. For further information contact: Mary Fraser, Executive Director, IOF, e-mail: info@osteofound.org, tel: +41 61 731 1482, fax: +41 61 731 3627.

Dr Gro Harlem Brundtland, Director General of the World Health Organization since July 1998, was interviewed for IOF on women's health and osteoporosis. She confirmed that women's health is one of WHO's highest priorities, and

that non-communicable diseases such as osteoporosis pose the major threat to women's health worldwide. The disease will also have an increasing impact on men as the longevity of the male population rises. Osteoporosis and its consequences, including hip fracture, affects more than 75 million people in the United States, Europe and Japan alone. These are countries for which accurate figures are available. However, Dr Brundtland emphasised that osteoporosis will soon present a major public health problem for the developing as well as the developed world. Projections indicate that the global figure for hip fractures could rise to 6.26 million by 2050, with 71% of these in Africa, Asia, South America and the eastern Mediterranean. Dr Brundtland used the cautionary tale of heart disease in developing countries, where warnings 25 years ago were largely ignored so that "we are now seeing a dramatic increase ... in the developing world. We must not allow the same thing to happen for osteoporosis."

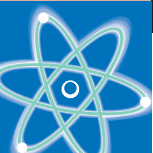
WHO sees a need for a global strategy to tackle osteoporosis, focusing on prevention, management and surveillance. The best and most effective results will be achieved by starting prevention early and making it part of an integrated strategy for a healthy lifestyle to prevent several diseases, not just osteoporosis. The prevention of osteoporosis also needs to become part of the daily practice of a wider range of medical specialists including rheumatologists, orthopaedic surgeons, gerontologists, gastroenterologists and gynaecologists as well as general practitioners.

Dr Brundtland emphasised that collaboration between policy makers and opinion leaders in different areas, such as industry, the media and

trade unions, will be crucial. Furthermore, community-based programmes must be evaluated for their impact in community health. The launch of the Report on Osteoporosis in the European Community coincides happily with the WHO's initiative towards a global strategy for osteoporosis, and Dr Brundtland hopes that a strong partnership can be established in the common effort to combat this disease. She also valued collaboration with IOF, singling out the 1998 World Osteoporosis Day, which was cosponsored by WHO and organised by IOF, as a remarkable event in which over 30 countries took part. "Public awareness about osteoporosis is a very important element of the annual WOD and we shall continue our collaboration with IOF in building awareness about osteoporosis through such events."

IOF SURVEY ON AWARENESS OF OSTEOPOROSIS EPIDEMIOLOGY, DIAGNOSIS AND THERAPY

At its meeting in Budapest the Committee of National Societies agreed to conduct a survey among IOF member societies to evaluate the international level of awareness of osteoporosis, and the real availability of diagnostic tools such as bone scanners and therapy. Currently, hard data on these topics are lacking – especially in developing countries – making it difficult if not impossible to plan for the predicted osteoporosis epidemic. A questionnaire is therefore being distributed to IOF member societies, who are encouraged to complete it as fully as possible. The information will support IOF's global role and help establish realistic goals for osteoporosis prevention and treatment.



NEWS ON HORMONE REPLACEMENT THERAPY

The effectiveness of hormone replacement therapy (HRT) in the prevention and treatment of osteoporosis is still a matter of debate. Many doctors advocate it as the method of choice, while others remain less convinced. A recent large study of postmenopausal women in Sweden has provided new data that confirm HRT's positive effects on bone. Current users of HRT have an average 35% risk of hip fracture; for every year of therapy, the risk decreases by 6%, and the protective effect increases with duration of treatment. As already shown in other studies, the maximum protective effect only lasts for as long as HRT is being taken, although even 5 years after ending HRT the risk of hip fracture was

still reduced. In addition, starting therapy 9 or more years after menopause still gave a substantial reduction in risk. Estrogen-delivering skin patches were found to give similar results as oral treatment, and combined treatment with estrogen plus progestins (which reduces the risk of endometrial cancer that can occur with estrogen treatment alone) also showed a bone-protective effect.

Professor Marie-Christine de Vernejoul
Member of IOF's Committee of Scientific Advisors

IOF CLAUS CHRISTIANSEN RESEARCH FELLOWSHIP

Professor Claus Christiansen is well-known for his research into osteoporosis, and was

a founding member of the European Foundation for Osteoporosis (now IOF) and instigator of the first world osteoporosis congresses. This year he has decided to step down from IOF's Board. In honour of his tremendous contribution to the field of osteoporosis prevention and treatment, IOF has established an IOF Claus Christiansen Research Fellowship.

The Fellowship is worth up to Euro 45,000 (approx. \$ 48,600) and is open to members of IOF's Committee of Scientific Advisors and researchers who belong to any of IOF's member national societies. The first applications were due by 30 May 1999, and covered osteoporosis or other skeletal diseases. For more information, please contact IOF's Secretariat in Lyon.



Organisation

Welcome to new member societies

IOF warmly welcomes a number of new member societies. New full members are the Australian & New Zealand Bone & Mineral Society, the Bulgarian League for the Prevention of Osteoporosis, the Mexican Committee for Osteoporosis Studies (COMOP), Osteoporosis Australia, the Turkish Osteoporosis Society, and the Turkish Society of Endocrinology & Metabolism. New associate members (new national societies who may join IOF for up to two years as associate members and receive all member benefits excluding voting rights, without payment of the annual membership fee) are the Bulgarian Foundation "Women without Osteoporosis", the Croatian Osteoporosis Society, the Egyptian Osteoporosis Prevention Society, the Hungarian Osteoporosis Patients' Association, the Israeli Foundation for Osteoporosis and the Russian Patient Society of Osteoporosis & Bone Diseases.

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IOF Committee of National Societies:

Argentina: Sociedad Argentina de Osteoporosis; **Australia**: Australian & New Zealand Bone & Mineral Society, Osteoporosis Australia; **Austria**: Austrian Menopause Society, Austrian Society of Bone and Mineral Research, Österreichische Osteoporose Selbsthilfe*; **Belgium**: Belgian Bone Club, Société Royale Belge de Rhumatologie; **Brazil**: Brazilian Society of Osteoporosis; **Bulgaria**: Bulgarian League for the Prevention of Osteoporosis, Foundation "Women without Osteoporosis"*; **Chile**: Chilean Society of Osteoporosis and Mineral Metabolism; **China**: Osteoporosis Committee of China Gerontological Society; **Croatia**: Croatian Osteoporosis Society*; **Cuba**: Sociedad Cuba de Reumatología; **Czech Republic**: Czech Society for Metabolic Skeletal Diseases; **Denmark**: Danish Bone Society, Osteoporoseforeningen*; **Egypt**:

Egyptian Osteoporosis Prevention Society*; **Estonia**: Estonian Orthopaedic Society; **Finland**: Finnish Osteoporosis Society*, Finnish Bone Society; **France**: Association des Femmes contre l'Ostéoporose*, GRIO; **Germany**: Bundesselbsthilfeverband für Osteoporose, Deutsche Gesellschaft für Osteologie, Deutsches Grünes Kreuz, German Academy of the Osteological and Rheumatological Sciences, German Society for Endocrinology, Kuratorium Knochengesundheit; **Greece**: Hellenic Society for the Study of Bone Metabolism; **Hungary**: Hungarian Osteoporosis Patients' Association*, Hungarian Society for Osteoporosis; **Iceland**: Beinvernd*; **India**: Indian Rheumatism Association; **Ireland**: Irish Osteoporosis Society*; **Israel**: Israeli Foundation for Osteoporosis*, Israel Society on Calcified Tissues; **Italy**: Italian Society for Mineral Metabolism, Italian Society for Osteoporosis, Italian Society of Rheumatology, Lega Italiana Osteoporosi; **Japan**: Japan Osteoporosis Foundation, Japanese Society for Bone and Mineral Research; **Jordan**: Jordanian Osteoporosis Prevention Society (JOPS); **Korea**: Korean Society of Osteoporosis Research; **Lebanon**: Lebanese Osteoporosis Prevention Society, Société Libanaise de Rhumatologie; **Lithuania**: Institute of Endocrinology, Lithuanian Fund of Osteoporosis*; **Luxembourg**: ALEM; **Mexico**: Mexican Committee for Osteoporosis Studies (COMOP); **New Zealand**: Australian & New Zealand Bone & Mineral Society; **Norway**: Norsk Osteoporoseforening, Norwegian Society for Rheumatology; **Philippines**: Osteoporosis Society of the Philippines; **Poland**: Multidisciplinary Osteoporotic Forum, Polish Foundation of Osteoporosis; **Portugal**: APOROS, Ass. Portuguesa de Osteoporose (APO), SPDOM; **Romania**: Romanian Society of Osteoporosis, Romanian Society of Rheumatology; **Russia**: Russian Association on Osteoporosis, Russian Patient Society of Osteoporosis & Bone Diseases*; **Saudi Arabia**: Saudi Osteoporosis Club; **Slovak Republic**: Slovak Society of Osteoporosis and Metabolic Disease; **Slovenia**: Slovene Bone Society; **South Africa**: National Osteoporosis Foundation; **Spain**: FHOEMO, SEIOMM; **Sweden**: ROP, Swedish Osteoporosis Society; **Switzerland**: Association Suisse Contre l'Ostéoporose, Donna Mobile*; **Thailand**: Thai Orthopaedic Association; **Turkey**: Turkish Osteoporosis Society, Turkish Society of Endocrinology & Metabolism; **The Netherlands**: Dutch Society for Calcium and Bone Metabolism, Osteoporosis Stichting, Osteoporose Vereniging; **Turkey**: Rheumatism Society; **UK**: Bone and Tooth Society, National Osteoporosis Society; **Ukraine**: Ukraine Association on Osteoporosis; **USA**: International Society for Clinical Densitometry; **Yugoslavia**: Yugoslav Osteoporosis Society.

*Associate member

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Acknowledgements

Many thanks to all those who contribute to IOF News. IOF News is funded in part by Osteoporosis International (the number 1 orthopaedic journal), Eli Lilly, Merck Sharp & Dohme, Roche Pharmaceuticals and Teva.

Feedback & subscription

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