

Letter from the Editor



Dear Readers,

As Editor of the IOF Newsletter, it is my happy duty in this edition to extend a number of welcomes!

First, a warm welcome to the new members of the IOF Board. Elected by IOF's board, scientific advisors and full member societies from every continent around the world, they have been chosen for their willingness to serve the entire osteoporosis community: those who suffer from the disease, those fighting for the prevention, early detection and treatment of osteoporosis, and those who target the expenditures of countries towards their most important medical problems.

And we also welcome a new famous supporter of IOF, Her Majesty the Queen of Jordan, helping IOF in the fight to achieve its goals.

Finally, our thanks go to all those who support IOF's mission, encouraging others to do whatever they can to raise awareness of and prevent the 'silent epidemic'.

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

QUEEN OF JORDAN IS IOF'S PATRON

IOF received a major boost in October, when Her Majesty Queen Rania of Jordan agreed to become our new patron. This step forward was achieved through a genuine team effort, as shown by the make-up of the IOF delegation who met the Queen: IOF President Professor Pierre D Delmas and IOF Executive Director Mary Anderson (formerly Fraser), the local Jordanian society President Dr Basel Maseri and Vice President Dr Efteem Azar, and IOF Board member and Middle East Regional co-ordinator Dr Ghassan Maalouf. A Press Conference was held at the Hotel Bristol, Paris, on 17 November to announce Queen Rania's patronage.

Jordan's King Abdullah declared his wife Rania queen of Jordan earlier this year, shortly after he succeeded to the throne. Queen Rania is already well known for her humanitarian efforts in aid of several national institutions serving the local community. She made very clear to the delegation that she wants to have a real involvement in the work of IOF, asking directly, "What do you want me to do?"

IOF member societies from the Middle East already play a very active and important role in reaching IOF goals. The Queen's hands-on approach and willingness to commit her valuable time to IOF is a challenge to other dignitaries to get involved as well. As the annual number of hip fractures worldwide is estimated to rise from 1.7 million in 1990 to a



Her Majesty Queen Rania of Jordan

staggering 6.3 million in 2050, the need to raise public awareness through high-profile celebrities is acute.

MORE INTERNATIONAL BOARD

New Board members elected this autumn reflect IOF's exploding membership and global commitment. The elections, held by secret ballot, involved 78 voters from IOF's Board, Committee of National Societies and Committee of Scientific Advisors. The Board now has 20 members to represent 56 countries, with 7 new recruits elected from 28 candidates nominated by IOF member societies covering the Americas, Asia, the Pacific Rim,

Africa and the Middle East. Serving terms of 4 years, Board members are scientists and healthcare specialists with a mandate to fight osteoporosis through political lobbying, public relations and fundraising. IOF intends to include non-medical community leaders as well, whose expertise will complement the Board's clinical and research strength. Full details of the Board can be found on the IOF website: www.osteofound.org.



World Osteoporosis Day

EARLY DETECTION
20th October 1999

Since the first World Osteoporosis Day (WOD) only 4 years ago, the event has become a vital date for focusing the world's attention on the prevention, early detection and treatment of osteoporosis. The impact of WOD is growing exponentially, as more countries participate each year and the number of events to mark the day grows. Lack of space prevents us giving details of the enormous variety of activities that took place around this year's theme of Early Detection: here is just a taste.

- In **Australia**, open public seminars were held in all states, with a special programme for people from a non-English speaking background.
- Public benefit advertisements in **China** were used to increase awareness of osteoporosis and its risk factors, and a major conference in Yunnan Province improved doctors' diagnostic abilities.
- **India's** WOD plans included a poetry reading, while in **Israel**, the public could participate in a "health walk" along the sea shore at Haifa, and a one-day osteoporosis seminar for prominent women was organised in collaboration with Business and Professional Women International.

- **Mexico's** activities used the theme of Muévete (move those bones) to prove that maintaining bone health can be fun. A gala dance launched the 206 Club which provides scholarships for the further training of Mexican doctors in osteoporosis.
- **Portugal's** 5-year-old Associacao Nacional contra a Osteoporose planned an extremely lively series of events including advertisements, lectures and public displays, and special WOD bookmarks distributed by national bookstores.
- In **South Africa**, the National Osteoporosis Foundation of South Africa launched a major study into the incidence and cost of hip fractures in conjunction with a medical insurance company.
- Open days at clinics and free bone density measurements were offered in many countries, including **Russia** and the **Czech and Slovak Republics**. The Czech Chamber of Agriculture also joined with the Czech Society for Metabolic Skeletal Diseases to promote milk consumption.
- The **Jordanian** Osteoporosis Society celebrated WOD with the opening of its new premises in the presence of Her Royal Highness Princess Sarvath Al Hassan, Honorary President of JOPS. Jordan also ran a schools campaign specifically targeting teenagers.



- The centrepiece of WOD in the **United Kingdom** was the launch of the National Osteoporosis Society's bone-friendly logo for calcium-rich food products. The well-known actor Ross Kemp was in London to launch the new logo. NOS plans to use the logo in partnership with food manufacturers on a variety of calcium-rich products.
- A key event in **Lebanon** was the presentation of the European Community Report on Osteoporosis – Action for Prevention, translated into Arabic, to the President of the Republic by Professor Pierre D Delmas, President of IOF, on behalf of the members of the Pan-Arab Osteoporosis Society.

Prof PD Delmas (right) presents the President of the Republic of Lebanon with the European Community Report in Arabic, WOD 1999



IOF SUPPORTS LAUNCH OF WHO STRATEGY FOR OSTEOPOROSIS

The major global event of this year's WOD was undoubtedly the joint IOF-World Health Organization (WHO) Press Conference to launch the interim report of the WHO strategy for osteoporosis, held on October 11th.

Prof. PD Delmas, President of IOF, welcomed the participants and introduced the interim report, which was published in *Osteoporosis International* to coincide with WOD. Prof. Harry K Genant, Chair of the Working Group that produced the WHO Strategy for Osteoporosis, outlined its key recommendations and conclusions. Early detection is the theme of this year's WOD and Prof. Genant emphasised that greater awareness and early detection of osteoporosis among doctors and patients are urgently needed. "Bone pains and fractures are attributed to the normal problems of ageing. This situation could be

changed radically if doctors and patients learned to recognise the risk factors for osteoporosis and if it was easier for patients to have bone mineral density examinations." The need for action by national health ministries to improve access to diagnosis was supported by Prof. Geza Balint, Director of the Hungarian National Institute of Rheumatology, who presented a statement on behalf of the Hungarian Minister of Health explaining why Hungary, even with an economy in transition, has agreed to reimburse bone density testing for people at high risk.

The real-life importance of this was highlighted by the stories of two patients who were present at the Press Conference. Both were young, disproving the myth that osteoporosis is only a disease of the old. Mrs Isabelle Gottschalk-Schmidt suffered 3 months of excruciating pain after the birth of her first child before a diagnosis of osteoporosis was made. She found that doctors simply did not believe her, telling her that she had an unusually low pain threshold or was expressing unconscious

hostility towards her baby. It was not until her grandfather, a retired doctor, arranged for her spine to be x-rayed that the real cause of her pain was revealed: several fractured vertebrae.

At the age of 39, Oscar Fernández de Alba had already been receiving glucocorticoid treatment for his asthma for two and a half years. A lumbar x-ray, taken to investigate leg discomfort, revealed generalised osteoporosis. Although the diagnosis came as a shock, early detection enabled Oscar to modify his lifestyle to preserve his bone health and prevent further deterioration. Today his bone loss is halted, he does not suffer pain and has had no fractures, thanks to early detection.

Some 70 people from 19 countries attended the Press Conference, most of them journalists, and 14 accepted an invitation to have a free bone density scan. IOF would like to thank its partners – WHO, Bone and Joint Decade 2000-2010, and Business and Professional Women International – and its financial supporters – Eli Lilly, Roche, and the Alliance for Better Bone Health. Additional services were provided by Organon and Cohn & Wolfe.

The Interim Report and Recommendations of the World Health Organization Task-Force for Osteoporosis is published in *Osteoporosis International* 1999; 10: 256-264

Mrs Isabelle Gottschalk-Schmidt Mr Oscar Fernandez de Alba



5TH WORLDWIDE CONFERENCE OF OSTEOPOROSIS PATIENT SOCIETIES

On 5–6 October, the 5th Worldwide Conference of Osteoporosis Patient Groups took place in Toronto. With representatives from 50 societies from 42 countries, this was the largest gathering of osteoporosis societies yet to draw attention to the “silent epidemic”. Delegates spoke of the importance of international links and support to their individual work. A participant from South Africa thanked IOF “for your continued support – without it I would not have benefited so much in both my personal and professional development.”

The Conference was opened by the Conference Patron, Peggy Fleming, former United States figure skating champion. Peggy was formerly national spokesperson for the US’s National Osteoporosis Foundation, and recently faced her own health challenge when breast cancer was diagnosed. In her speech she emphasised the importance of public awareness, especially of preventive measures including bone density testing. She told delegates, “Because of your efforts, lives have been changed. You are making a difference and we thank you. With your efforts, osteoporosis may soon be known as a disease of the 20th century, not of the 21st.”



Peggy Fleming, Conference Patron

A highlight of the Conference was the award of two IOF educational grants. P20,000 went to the Bulgarian League for the Prevention of Osteoporosis for a project to establish and consolidate healthy habits of diet and exercise in primary school children, using child-friendly means such as picture books, a children’s television programme, and a competition to encourage milk drinking. A further P22,080 was awarded to the German Green Cross for the advanced training of “Osteoporosis Prevention Teachers” in schools. The grant will be used to train one hundred teachers from Hessen so that their schools can be sure of providing accurate and up to date education on ways to ensure healthy bones.

To promote the theme of the 1999 World Osteoporosis Day, Early Detection of Osteoporosis, MSD generously offered three grants,

each to the value of \$10,000, to the patient organisations developing the best early detection programs. The independent panel of judges selected projects from New Zealand, Romania and Spain, and the awards were made at the Conference of Osteoporosis Patient Societies.

- Osteoporosis New Zealand, a new patient organisation, aims to secure space in the two consumer magazines with the highest weekly circulation for an editorial and questionnaire gauging the level of interest and knowledge of osteoporosis among the population and GPs.
- The Association for the Prevention of Osteoporosis in Romania will use its award money to buy a portable ultrasound bone densitometer. Since virtually no one in Transromania has access to one, the bone densitometer will be taken to other locations for periodic screening.
- The third winner was the Spanish Foundation of Osteoporosis and Bone Diseases, whose project – the Mothers’

Day Campaign 2000 – will be piloted in 5 Spanish cities in collaboration with El Corte Ingles, a leading department store. Stands will be provided at entrances to shopping centers which will offer educational material about osteoporosis to people buying gifts for their mothers under the slogan “Give Her Health – Avoid Fracture”.

All the activities of the Conference were only possible through the efforts of this year’s host society, the Osteoporosis Society of Canada, who worked closely with IOF, and with the generous financial support of Eli Lilly, Merck Sharp & Dohme and Roche, and additional funding from Smith Kline Beecham.



Jo-Ann James led ‘fit breaks’ during the Conference

IOF RESEARCH FELLOWSHIP GRANTS

IOF-Servier Young Investigator Research Fellowship

The IOF-Servier Young Investigator Research Fellowship aims specifically at encouraging young scientists to carry out high quality research. The Fellowship is generously supported by the Servier Research Group in partnership with IOF, and awards P40,000 towards original research of significant value and international relevance in the field of osteoporosis. Consistent with IOF’s objectives, the project must contribute to ensuring that osteoporosis sufferers receive the best care possible.

The first IOF-Servier Young Investigator Fellowship will be awarded at the World Congress on Osteoporosis in June 2000, and applications are invited from those eligible before the submission deadline of March 3, 2000. Applicants must be aged 40 or under

at the time of application and should belong to one of IOF’s member societies.

Further details and application forms are available from Mary Anderson, Executive Director, International Osteoporosis Foundation, 71 cours Albert Thomas, 69447 Lyon, France, e-mail: osteofound@net.asi.fr.

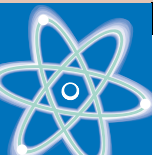
IOF Claus Christiansen Research Fellowship

Professor Claus Christiansen was a founding member of the European Foundation for Osteoporosis, which became IOF, and driving force behind the first world osteoporosis congresses. He retired from the IOF Board this year and, to honour his tremendous contribution to osteoporosis prevention, early detection and treatment, IOF has established a Research Fellowship. The Fellowship is open to any researcher who belongs to one of IOF’s member societies and to members of IOF’s Committee of Scientific Advisors.

Congratulations are due to this year’s award winner. Dr Kerrie Sanders from Australia has received P45,000 for a project identifying the risk factors causing the higher rate of hip fractures seen in urban than in rural communities. If the ‘extra’ urban risk factors are known it may be possible to reduce the overall national rate of hip fractures in Australia.



The IOF acknowledges the generous support of the Servier Research Group which has made this Fellowship possible through an unrestricted grant.



IS MILK GOOD OR BAD FOR BONES?

Given the relatively small differences between human and cows' milk, the latter is recommended for bone health due to its high content of calcium and protein. Milk's high calcium content (1 litre of milk provides 1200 mg calcium) means it can make a substantial contribution to fulfilling recommended calcium requirements, even the ambitious requirements of the NIH. However, some people have expressed worries about the health effects of milk's fat and phosphorus content. They argue that milk's fat content, and some people's intolerance to milk sugar (lactose), make the health benefits of milk questionable. They also suggest that calcium from milk cannot, in fact, be absorbed by the gastrointestinal tract, and that this might lead to more osteoporosis rather than less. The fat content of milk (35 g per litre of whole milk, or 375 kcal/l) means that it forms only a small fraction of the daily dietary intake of fat which is unlikely to be harmful, even for people on low-fat diets. It can easily be reduced by choosing low-fat milk which contains the same amount of calcium. Furthermore, calcium from milk has been shown to be easily absorbed from a variety of sources, and is as bioavailable as calcium from commercial preparations². A litre of milk also provides 33 g protein. Since the recom-

mended daily intake of protein is 1 to 1.2 g/kg body weight, and the average intake in (for example) Switzerland is 99 g/day, this leaves 30 to 80 g to be provided by the rest of the diet. The average dietary intake is often below 70 g, particularly in the elderly³, and the amount provided by milk may be a welcome supplement. A high protein intake may promote bone resorption and urinary calcium excretion, but this is mainly due to the effect of the acid pH induced by meat proteins and occurs only at high protein intakes. As milk is alkaline and its protein content is moderate, there should be no negative effects on bone health. The remaining issue is the relatively high phosphorus content of milk (1 g/l). It is important not to confuse this with phosphorus-rich drinks with a very acid pH. There are no data to indicate that alimentary phosphorus has a negative effect on human bone. On the contrary, the combination of phosphorus with proteins and calcium may even be bone-favourable. Evidence from clinical studies suggests that the positive effect of dairy products on bone outweighs any of these unproven concerns. Milk increased bone mineral density (BMD) in girls, raised levels of insulin-like growth factor (IGF) and decreased urinary markers of bone resorption⁴. A high intake of milk and dairy products in childhood and adolescence is correlated with a higher BMD in adult life and menopause^{5,6}. Adequate

milk consumption before the age of 25 was shown to have a positive influence on BMD in women aged 44-74⁷ and in elderly women⁸, while increasing the calcium intake with dairy products prevented bone loss in premenopausal women⁹ and improved calcium balance in postmenopausal women¹⁰. Milk and other dairy products are safe nutritional sources of calcium and protein, and make a substantial contribution to bone health throughout life, especially when adequate amounts are consumed in youth and adolescence.

Peter Burckhardt MD, IOF Board member and Chairman of the Committee of National Societies

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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"*; **Canada**: Osteoporosis Society of Canada; **Chile**: Chilean Society of Osteoporosis and Mineral Metabolism; **China**: Osteoporosis Committee of China Gerontological Society; **Colombia**: Asociacion Colombiana de Endocrinología, Asociacion Colombiana de Osteología y Metabolismo Mineral; **Croatia**: Croatian League against Rheumatism, 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'Osteoporose*, 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

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*Associate member

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