



IOF World Congress on Osteoporosis:
2 **Record attendance reflects increasing focus on osteoporosis**

3-4 **International women leaders call for action on osteoporosis**

5 **Osteoporosis: A Photographic Vision**

5 **Patient societies from around the world meet in Lisbon**

7 **The Osteoporosis Society of India: "Action Plan Osteoporosis"**

8-9 **IOF World Congress on Osteoporosis: Review of scientific highlights**

11 **Around the world**



Osteoporosis Action

EDITORIAL



Dear Readers

This issue reports on the IOF World Congress on Osteoporosis held in Lisbon in May 2002 and the important events held in conjunction with the Congress – including the meeting of national patient societies and the “Women Leaders Roundtable” event. The latter brought VIPs together to sign a “Call for Action”, successfully raising a great deal of international media attention on osteoporosis. But the time after a last IOF World Congress on Osteoporosis is the time before the next, scheduled for May 14-18, 2004 in Rio de Janeiro. In the interim both researchers and the patient movement will have taken significant steps forward in achieving a vision we all share – a world without osteoporotic fractures.

Yours

Helmut Minne

The International Osteoporosis Foundation (IOF) is an independent non-profit umbrella organisation dedicated to the worldwide fight against osteoporosis. IOF's network includes 138 member societies from 71 countries.

IOF's Vision

- A world without osteoporotic fractures

IOF's Mission

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

IOF's 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 so that diagnosis and treatment of osteoporosis becomes routine

IOF World Congress on Osteoporosis

Record attendance reflects increasing focus on osteoporosis

The IOF World Congress on Osteoporosis (10–14 May, Lisbon), organised by the International Osteoporosis Foundation (IOF), was attended by some 5,700 delegates from around the world. Due to the fast pace of new developments in the field of osteoporosis, the World Congress, held every two years, has become an increasingly important forum for all those concerned with osteoporosis. The five day congress saw medical experts, healthcare professionals, patient association members, pharmaceutical industry personnel and medical journalists come together to share knowledge and learn about new advances.



"The fight against osteoporosis is a fight to liberate millions of people, the majority of them women, from a disease that profoundly restricts life's opportunities"

Her Majesty Queen Rania of Jordan, IOF Patron

The congress was inaugurated by Her Majesty Queen Rania of Jordan (1), Portuguese Minister of Health Luis Felipe Pereira (2), President of the Portuguese Ordes dos Médicos Prof. Germano de Sousa, Chief Executive of the Portuguese Society of Metabolic Bone Disease, Dr. Jaime C. Branco (3) and IOF President Pierre D. Delmas (4).



International women leaders call for action on osteoporosis

Although osteoporosis is a debilitating, chronic and progressive disease which affects or threatens an estimated 150 million women and men worldwide, most governments continue to neglect this serious and growing epidemic. In order to focus public and governmental attention on this issue, leading women dignitaries joined forces for the first time to highlight the need for broader access to diagnosis and treatment of osteoporosis.

The Roundtable of 11 women, hosted by Her Majesty Queen Rania of Jordan, IOF Patron, examined the plight of women at risk or suffering from osteoporosis, and signed a "Call for Action" which asks policymakers around the world to make diagnosis and treatment prior to the first

fracture a public health priority. Some 100 journalists and international camera crews attended the high profile event at which roundtable participants spoke eloquently about their personal reasons for supporting the fight against osteoporosis. One "Call for Action" signatory,

Regina Prado, an osteoporosis advocate and spokesperson for the Brazilian Osteoporosis Society, addressed the attendees via video – a recent fracture as a result of her severe osteoporosis had prevented her from making the trip to Lisbon.



"I became involved with osteoporosis after my grandmother and my mother both tragically died as a result of this crippling disease. My mother was only 72. Then, only eight years ago, osteoporosis was seldom discussed, rarely diagnosed and usually attributed to old women with so called "dowager's hump". My family knew nothing about osteoporosis. The local GP was kind and sympathetic but he, like us, was able to do little to alleviate the terrible pain my mother suffered so stoically. We watched in horror as she quite literally shrunk before our eyes. She lost about 8 inches in height and became so bent that she was unable to digest her food properly, leaving her with no appetite at all... I believe that the quality of her life became so dismal and her suffering so unbearable that she just gave up the fight and lost the will to live."

Excerpt from speech given by Mrs. Camilla Parker-Bowles, President of the National Osteoporosis Society of the UK, at the Women Leader's Roundtable event



Above: Roundtable participants included IOF President Pierre D. Delmas as guest speaker. Left: Roundtable patrons Her Majesty Queen Rania of Jordan and Mrs. Camilla Parker Bowles



Roundtable Patrons:

1 Her Majesty Queen Rania Al-Abdullah of Jordan, IOF patron
2 Mrs. Nazek Rafic Hariri, first IOF ambassador and president of IOF's 206: A Bone Fund
3 Mrs. Camilla Parker Bowles, president of the National Osteoporosis Society, United Kingdom



Roundtable Members:

4 Maxine McKew, journalist, interviewer and writer, patron of Osteoporosis Australia; *Regina Prado, osteoporosis patient and advocate, Brazil
5 Maureen McTeer, medical law specialist & author, spokesperson, Osteoporosis Society of Canada
6 Imelda Read, member of the European Parliament and chair of the EP Osteoporosis Interest Group, European Union
7 Rita Süßmuth, former president of the Bundestag, member of parliament, Germany
8 Anna Molinari, fashion designer, osteoporosis advocate, Italy
9 Maria Elisa Domingues, member of parliament, Portugal
10 Ann Richards, former governor of Texas and osteoporosis spokesperson, USA
 * photo n/a



Osteo-truck draws hundreds of visitors



The Osteo-truck, part of the European Osteotour, which has already toured several major cities since its launch in October 2001, drew hundreds of people in Lisbon. Patiently waiting in queue the primarily elderly people were eager to learn about osteoporosis and complete the risk questionnaire. Information about bone health was offered and those with risk factors were given a free consultation and bone density test by experts.

First IOF Ambassador announced

Mrs. Nazek Rafic Hariri, president of IOF's the 206: A Bone Fund was appointed first Ambassador to IOF in honour of her outstanding contribution to IOF. The award was presented in Lisbon in conjunction with the First IOF Women Leaders Roundtable event.





Oliviero Toscani with Leonor de Villafranca, representative of IOF member society *Comite Mexicano para la prevencion de la Osteoporosis*

Osteoporosis: A Photographic Vision

The work of renowned photographer Oliviero Toscani has always been provocative - as are his 3-metre tall photographs of 23 patients from 15 countries which were on display in Lisbon as part of the European Osteotour. "Osteoporosis: A Photographic Vision" is both shocking and profoundly moving. It shows that osteoporosis is not just a "silent epidemic" but that there is a face and a name behind the statistics. IOF President Pierre D. Delmas explains the rationale behind the exhibition "We have to show

the human reality of the disease. There is no 'typical' patient: each person is an individual who suffers needlessly." Held at the Gare Maritima Rocha in Lisbon, the Exhibition launch was personally attended by Oliviero Toscani who generously devoted his time to the project. Plans are underway to bring the exhibition to the United Kingdom, Germany, Austria, Hungary, Mexico and Australia. The European Osteotour and the Toscani exhibition is endorsed by various governmental institutions,

IOF national societies, the Bone & Joint Decade; the International Council of Nurses, and other groups. The exhibition was originated by the German Green Cross, an IOF member society and is made possible by a major sponsorship from the Alliance for Better Bone Health (Aventis and Procter & Gamble), with additional support from other international and national sponsors.



"It is urgent that the necessary steps be taken to curtail this frightening 'silent epidemic' "

Dr. Maria de Jesus Barroso, President of the Portuguese Red Cross and former First Lady

Patient societies from around the world meet in Lisbon

Over 150 participants attended the IOF World Wide Conference of Osteoporosis Patient Societies (WWC) in Lisbon from May 7-8, 2002. IOF thanks the Portuguese National Association Against Osteoporosis (APOROS) and its president, Dr. Viviana Tavares, for their warm hospitality and support in co-organising the conference. The WWC was inaugurated by a distinguished guest, President

of the Portuguese Red Cross and former First Lady Dr. Maria de Jesus Barroso, who stated that "in many countries osteoporosis is not given the attention it deserves". Mrs. Barroso expressed her hope that scientific advance is put into action "for the dignity of human-kind".

Additional guest speakers included advertising executives John George of Torre Lazur-

McCann Healthcare Worldwide and Beth L. Miller of Campbell Mithun Advertising who gave a fascinating presentation on how advertising can support social marketing. They also explained how their agency plans to support IOF in an ambitious international advertising campaign.

A regular feature of the patient conferences are the open mike presentations from several IOF member societies which showcase the members' projects and programmes. Presentations were given by Dr. Judit Barna of the Hungarian Osteoporosis Patient Association, Dr. Elias Saba of the Palestinian Osteoporosis Prevention Society, Ms. Melita Daru of Osteoporosis Australia and Dr. Pongsak Yuktanandana of the Royal College of Orthopaedic Surgeons

of Thailand. At the final plenary session participants were treated to an informative scientific update by IOF board members, Peter Burckhardt, Pierre Delmas, René Rizzoli and Ego Seeman. After the opening session, five concurrent workshops were held on website development, developing partnerships with advertising agencies, lobbying, 'Choices' - an innovative patient support programme, and developing an education campaign for young people.



APOROS President Viviana Tavares (left) receives thanks from IOF CEO Daniel Navid



Workshops and open mike presentations provide patient societies with the opportunity to exchange information and learn from one another. Above, Melita Daru, Osteoporosis Australia; left, the lobbying workshop given by Margaret Austin, chairman of Osteoporosis New Zealand

Health policy must be geared to fighting osteoporosis

Around the world an osteoporosis epidemic looms as populations increase and people live to a greater age. Worldwide, at least one in three women and one in eight men over the age of fifty are thought to be affected by this "silent epidemic". Evidently, the number of crippling osteoporotic fractures will increase rapidly unless, in addition to better education and public awareness about osteoporosis, government health policies begin to provide for appropriate and accessible diagnostic and treatment opportunities for their populations.

and those at risk of developing breast cancer. The current health policy in Israel ignores those patients under 65 who cannot use HRT because they have, or are at risk of, breast cancer. In these cases, government policy needs to provide reimbursement for newer effective alternatives for osteoporosis treatment.

The IOF-Lilly Policy Initiative Grants

Health policy is the focus of the annual IOF-Lilly Policy Initiative Grants. Awarded annually to five IOF member societies, the grants are valued at 10,000 USD each and aim to help member societies carry out policy-oriented projects which will ultimately reduce the burden of osteoporosis in their countries. At the recent IOF Worldwide Conference of Osteoporosis Patient Societies in May 2002, the grants were awarded to The Icelandic Osteoporosis Foundation, the Osteoporosis Society of India, the Israeli Foundation for Osteoporosis & Bone Diseases (IFOB), the Slovene Osteoporosis Patient Society and the Russian Patient Society of Osteoporosis and Bone Diseases. Below is a brief

description of the projects – more detailed information is available on the IOF website www.osteofound.org

In **Iceland**, although reimbursement of diagnosis and treatment is available, there is no comprehensive government policy on osteoporosis. The awareness of health professionals about osteoporosis also needs to be improved. The Icelandic Osteoporosis Society's (Beinvernd) was awarded a grant for its multi-faceted campaign which ranges from TV advertising focused on health professionals to scheduled meetings with government authorities to help promote the development of a government policy on osteoporosis. The latter will

be accomplished with the assistance of Beinvernd's patron, former Minister of Health Ms. I Palmadottir.

The **Israeli** Foundation for Osteoporosis and Bone Diseases (IFOB) was awarded a policy grant for its "Israeli Access Campaign" which aims to remove the national health policy's age restrictions for reimbursement of diagnosis and treatment costs for osteoporosis in patients younger than 65 years of age

In **Russia** the majority of bone scanning equipment is centralised in Moscow. In the rest of the country osteoporosis is acutely under-diagnosed and access to prevention and treatment is highly variable across different regions. Epidemiological studies show that the incidence of osteoporosis-related fractures is highest in eastern Russia. It is against this background that the Russian Osteoporosis Patient Society has embarked on a three-year campaign for which it has been awarded the IOF-Lilly Policy Initiative



Halldora Bjornsdottir and Anna Palsdottir (right) of the Icelandic Osteoporosis Society (Beinvernd).

Grant. The campaign aims to increase access to densitometry machines for high-risk groups, especially in eastern Russia; to get osteoporosis medication reimbursed throughout the regions; to increase the number of osteoporosis patients receiving therapy; and to improve awareness, prevention, diagnosis and treatment of osteoporosis throughout the country.

In *Slovenia* the Slovene Osteoporosis Patient Society's award-winning campaign has a broad focus which will build on the growing awareness of osteoporosis in Slovenia and ultimately aims to broaden access to prevention and treatment for osteoporosis suffer-

ers. Appropriately called "DEXA Scanning for Everyone at Risk" the three-year campaign focuses on getting bone density scans to be covered by basic health insurance for all people at risk of osteoporosis prior to the first fracture. It also includes, among other activities, educational programmes for youth, the publication of a report on ultrasound bone mass screening undertaken by the society between 2000 and 2002, and promotion of the collection of nationwide data on the prevalence of osteoporosis, osteoporotic fractures, and the cost of hospital treatment.



Left: Irit Inbar of the Israeli Foundation for Osteoporosis and Bone Diseases accepts award from Lilly representative Marcel Lechanteur (right) and IOF CEO Daniel Navid

Below left: Dusa Hlade Zore of the Slovene Osteoporosis Patient Society

Below: Dr. Lydia Benevolenskaya representing the Russian Osteoporosis Patient Society



The Osteoporosis Society of India's "Action Plan Osteoporosis"

India, with a huge population of one billion, faces a multitude of challenges including population growth, HIV/AIDS epidemic and communicable diseases. Despite these serious issues, the resulting health problems of an ageing population have emerged as an equally important, if not bigger, challenge for government health services.

Three important policy statements concerning health and well-being in later life have been announced by the Government of India over the last three years. These policy statements, which include the National Policy on Older Persons (1999), the National Population Policy (2000) and the National Health Policy (2001), will be the basis for major initiatives in the health sector for the next 10 years. And, although all three policy statements have considered osteoporosis as one of the important health issues for the ageing population, its significance has not yet been fully realised by policy makers and planners. Policies for primary prevention (before the first fracture) and secondary prevention (effective treatment)

have not yet been established. The Osteoporosis Society of India (OSI)'s "Action Plan Osteoporosis" initiative, which was awarded one of the five IOF-Lilly Policy Initiative Grants in May 2002, will lobby policy makers and planners to encourage the integration of bone health and osteoporosis as a key area for intervention in the government's "Reproductive and Child Health Programme" and non-communicable diseases programme.

Specific actions to be undertaken by the OSI include the preparation of a position statement indicating the magnitude of osteoporosis in the country – which has 75 million people aged 60 years or more – and the dissemination

of this information to key officials in the central and state governments. The OSI will organise an Expert Group Meeting to suggest preventive and intervention programmes suited to the country. It will also lobby for the inclusion of calcium supplementation into the ongoing "Reproductive and Child Health Programme" and for the availability of ultrasound-based

bone densitometry facilities in all medical schools and tertiary care hospitals. Lobbying will also focus on the reduction or exemption of government duty on drugs used for treatment of osteoporosis in order to make drugs affordable for the less privileged. Efforts will also be made to have these drugs included in the essential drug list of the central government. The latter would ensure that these medications are available to the more than 3 million people who benefit from the central government health scheme.

Contributed by Dr. A.B. Dey, President and Dr. R. Handa, Secretary General of the Osteoporosis Society of India



Drs. A.B. Dey (right), and R. Handa (left) of the Osteoporosis Society of India are awarded the IOF-Lilly Policy Initiative Grant by IOF CEO Daniel Navid

PATIENT STORY



Renu Dhall, 56, is a former primary school teacher. Since the age of 40, Mrs. Dhall suffered extreme back pain.

"I couldn't stand, and I was in so much pain that I couldn't even sit down without great discomfort" she recalls.

Mrs Dhall consulted several doctors, but none of them diagnosed her problem as osteoporosis. "They told me 'back pain is common in women after multiple pregnancies,' or 'it's related to your periods', or 'get your kidneys checked.' The only common refrain I heard from the doctors was 'take some pain killers and learn to live with it.' "

During the period that Mrs Dhall suffered without a diagnosis, her mother suffered multiple fractures and was confined to bed. Still, no one spoke to Mrs Dhall about osteoporosis.

Two years ago Mrs Dhall read in the Hindustan Times about a bone densitometry camp being organised by Osteoporosis Society of India. She got a bone densitometry test done and was diagnosed with osteoporosis and offered treatment. After spending years in agony, Mrs. Dhall got what she terms "a new lease on life".

Since joining a local osteoporosis support group, she says "My outlook on life is much better." Mrs Dhall exercises regularly and has learned guidelines to reduce the risk of fracture. She feels so much better in fact, that she was able to return to teaching. Although unable to work her usual hours, Mrs Dhall finds happiness in teaching shorter periods at a more leisurely pace.

Her message to others is simple – "Do not put up with pain. Insist that your doctor test you for osteoporosis".

SCIENCE

IOF World Congress on Osteoporosis

Review of the scientific highlights of the IOF World Congress on Osteoporosis

With over 500 abstracts published and several hundred posters displayed, there was a vast amount of new information presented in Lisbon at the IOF World Congress in Osteoporosis. Below is a synopsis of key topics and developments, prepared by Ego Seeman, IOF board member and editor of Progress in Osteoporosis. The article makes reference to the abstract numbers. Abstracts can be viewed on the IOF congress website via www.osteofound.org

There was a great deal to be learnt via the plenary sessions, numerous meet-the-expert sessions, satellite symposia and press events. A number of key topics and developments emerged as important highlights.

Vertebral fractures

Vertebral fractures cost €329 million annually in Europe, with the hospitalisation cost for a vertebral fracture only 25% less than that for a hip fracture. The quality of life following vertebral fractures is reduced more severely than following hip fractures

(P222, P290). Vertebral fractures of even mild deformity increase the risk of further fractures. Prevalent vertebral fracture severity predicted vertebral fracture and new vertebral fracture risk. Women with most severe deformities have a greater incidence of new fracture risks but even mild deformities are associated with increased risk of further fractures (O43, late breaking news session).

Hip fractures cost more than other disease endpoints

Hospital costs following hip fracture are €6000 per patient, twice that of treating obstructive airways disease or myocardial infarction, three times more costly than alcoholic liver disease (P238). Patients with fractures are under diagnosed, not investigated or are inappropriately treated. Patients are not being investigated or treated following a fracture (O16, P213, P257, O22, P104, P259, P271, P272, P290, P293, P294, P295, P306, P309). Drug therapy is cost effective (O35, P264). Meunier et al report the

results of an economic evaluation of a three-year trial of calcium and vitamin D in 3270 women in which 25% fewer hip fractures in the treated group resulted in a net benefit of between €79 and €711 per person treated, depending on the country studied (O35).

Osteoporosis in men

Fractures are a serious problem in men (O6, O8, O26, P136, P306, P334, P341, P358, P411, P466, P469). The prevalence of spine fractures is similar in men and women, about 15–25% depending on the age group studied (P210). Spine fractures result in greater disability and mortality in men than women (P233, P254). Men with hip fractures have a 1.74 times higher mortality rate than women and while both sexes lose about seven years of life, this figure is a higher proportion of life expectancy in men (70%) than women (59%) (P233). Testosterone regulates bone size in males and may be

important in making the bone wider in men (O1, O8).

Anti-resorptive agents prevent many of the abnormalities that lead to osteoporosis and bone fragility

The high rate of remodelling can be reduced using all of the anti-resorptive agents such as alendronate, risedronate, raloxifene, and estrogen. This slows bone loss. Risedronate reduces the depth of bone resorption and may increase bone formation in each BMU, perhaps by prolonging the life span of bone forming cells so BMU balance becomes less negative (Boyce et al, *J Bone Miner Res.* 1995; 10: 211–21). This will slow bone loss further and evidence was presented that thinning and loss of connectivity of trabeculae is reduced using risedronate (P69). Alendronate is likely to have similar effects and has been reported to reduce the porosity of the cortical shell, an effect that will maintain bone strength (Roschger et al *Bone* 2001; 29: 185–91).

There is evidence, based on posthoc analyses, that raloxifene may reduce the risk of non-vertebral fractures in women with most severe osteoporosis and prevalent fractures (O43, late breaking news session). Women with grade 3 had the highest fracture incidence. In these women, raloxifene (60 mg/day) decreased the risk of new VF [RR 0.73] and NVF [RR 0.53] at three years. This outcome is different to the original results of the MORE trial, which found no reduction in non-vertebral fracture risk in the whole sample.

Nasal inhalation of 17 β -estradiol (E2) combined with micronised progesterone (200mg/day) (P538) results in increased BMD and

decreased bone remodelling. The work is a contribution because trans-mucosal administration of estrogen may allow lower dose administration, minimising side effects. The new anti-resorptive drug ibandronate increases BMD and reduces spine and non-spine fractures (O36, O37, P42). In this study 2946 women aged 55–80 years were randomised to ibandronate, 2.5 mg daily oral or 20 mg alternate days for 12 doses, over three months. Daily and intermittent therapy reduced fracture risk by 62% and 50% respectively while a reduction in non-vertebral fractures was seen in patients with BMD at the femoral neck below -3 SD (O37). These data provide the first evidence of an intermittent administration preventing fractures. The option of less frequent dosing offers patients a less 'medicalised' quality of life.

Risedronate maintains trabecular architecture, reduces spine and non-spine fractures within 12 months (P46), and halves intertrochanteric hip fracture risk in over 80 year olds, as well as in 70–79 year old women (P41, P44, P45, P54, P69, P97, P114, P137). Alendronate reduces spine fracture risk in women with osteopenia, and increases BMD in women and men with primary and secondary osteoporosis (P50, P60, P64, P75, P83, P84, P92, P96, P103, P108, P123, P130, P205). Raloxifene reduces the risk of breast cancer and ischemic cardiac events and may protect the skeleton in men (P48, P63, P67, P116). Unlike estrogen, which may increase cardiovascular risk in the first year of treatment, raloxifene has no such deleterious effect and in high risk individuals with multiple risk factors for cardiovascular dis-

ease, it reduces the risk of cardiac events. Minodronate (P111), a bisphosphonate, and bazedoxifene acetate (P113), a third generation selective estrogen receptor modulator, expand the therapeutic alternatives in the field.

The ease, safety and efficacy of new regimens like once weekly alendronate and risedronate, three-monthly ibandronate, neridronate or pamidronate (P40, P48, P91), and once-yearly zoledronate reduce the inconvenience, adverse events and improve compliance (P37, P39, P40). There are other advances and confirmatory work regarding anti-fracture efficacy of vitamin D and calcium (P68, P120 P134, P142, P175), alendronate in women and men with primary and secondary osteoporosis, and a combination of monofluorophosphate and raloxifene (P127, P48, P166). A sub-analysis of the PROOF trial suggests that calcitonin may reduce the risk of hip fracture but the small numbers of fracture events limits the interpretation of the data (P138).

Bone forming agents

Anabolic or bone-building drugs are on the way. We are entering an era where many years of research are bringing drugs that may restore the mass and structure of bone. Intermittent subcutaneous injection of parathyroid hormone (PTH) has been widely studied and the results of studies in animals and human subjects is most encouraging (Seeman and Delmas, *Trends in Endocrinology and Metabolism* 2001, 12: 281–283).

The new kid on the block is oral strontium ranelate (O39, P62, P66, P67, P70, P72, P370). Strontium ranelate has been reported to increase

bone formation and reduce bone resorption. The results of the SOTI study are presented for the first time (O45). In this three-year study 2g/day orally was given in a double-blind, randomised, placebo-controlled trial involving 1649 women. After the first year, the number of women having new vertebral fractures was reduced by 49%. The incidence of patients having at least one clinical spine fracture was halved. For the whole three years, a 41% reduction in risk of experiencing a first new vertebral fracture was observed. The drug is a welcome new orally effective and safe treatment for vertebral osteoporosis with a unique mechanism of action. The results of the TROPOS study examining the effect of the drug on non-vertebral fractures will be available later this year.

Contributed by Ego Seeman

Mark your calendars!
IOF World Congress on Osteoporosis,
May 14-18, Rio de Janeiro



PROUS SCIENCE

Official webcasts

from the IOF World Congress on Osteoporosis
www.prous.com/iof2002

Virtually attend selected oral sessions in which leading specialists cover practical aspects of osteoporosis pathophysiology, diagnosis, prevention and management

IOF-Servier Young Investigator Research Fellowship awarded to Australian researcher

The IOF-Servier Young Investigator Research Fellowship in the value of Euro 40,000 is generously offered every two years by Servier in partnership with IOF. The fellowship, awarded to scientists under the age of 40, supports original osteoporosis-related research of international relevance. The 2001 research fellowship was presented at the IOF World Congress in Lisbon to Dr. Yunbo Duan, a research fellow in the Department of Endocrinology and Medicine, University of Melbourne, for his project, "Are

racial differences in periosteal apposition during aging responsible for the racial differences in bone fragility: Studies in Asians and Caucasians". The project focuses on the structural and biomechanical basis responsible for the racial differences in fracture rates between Asians and Caucasians and is based on a cross-sectional study being conducted in 500 healthy Chinese men and 500 healthy Chinese women age ranged 18 to 85 years living in Melbourne, Australia.

From left: Dr. Yunbo Duan receives the Fellowship medal from the CEO of Servier, Dr Jean-Philippe Seta and IOF President Prof. Pierre D. Delmas.



Helping radiologists recognise and report vertebral fractures

Recent studies show that a substantial percentage of mild and moderate vertebral fractures remain clinically undetected because they are not diagnosed in radiology reports. Vertebral fractures, which occur with a higher incidence earlier in life than other types of osteoporotic fractures, are associated with increased morbidity and mortality. Clinical symptoms of vertebral fractures include back pain, limited spinal mobility, height loss, deformity and disability. The decreased physical function and social isolation which can result from vertebral fractures have a significant impact on the patient's overall quality of life. Early diagnosis is essential because the presence of one vertebral fracture increases the risk of any subsequent vertebral fracture 5-fold and other osteoporotic fractures 2-fold. Of women who had a recent osteoporotic vertebral fracture, 20% will sustain a new fracture within the next 12 months. All vertebrae with definite endplate fractures and/or approximately 20% or more decrease in height and features indicating fracture should be reported as "fractured" to avoid possible ambiguity.

To improve the recognition and reporting of vertebral fractures, IOF, in partnership with the European Society of Skeletal Radiologists (ESSR) and national osteoporosis and radiologist groupings has launched a pilot programme in Europe for radiologists. Subject to evaluation of the pilot programme and resources it is expected that IOF will expand this programme in partnership with the International Skeletal Society to other regions of the world. Further information is available on the IOF website-www.osteofound.org

The radiologist project described above is one of the first initiatives being carried out under IOF's Invest in Your Bones Campaign. Founding partners for this five-year campaign include the Alliance for Better Bone Health, Eli Lilly, Merck, Sharp and Dohme, Novartis, Roche/GlaxoSmithKline, and Wyeth Ayerst. A programme of work has been adopted dealing with policy/lobbying activities, training and the raising of awareness for doctors and medical personnel. The programme will be piloted in five major European countries (France, Germany, Italy, Spain and the UK).

Two UK researchers share IOF-Claus Christiansen Fellowship

Dr. Eugene V. McCloskey, University of Sheffield Medical School and Dr. Christine M. Smith, Northern General Hospital in Sheffield shared the 2002 IOF-Claus Christiansen Research Fellowship which was presented at the IOF World Congress on Osteoporosis in Lisbon. Dr. McCloskey's project, "Cost-effectiveness of different strate-

gies for the management of steroid induced osteoporosis", focuses on the connection between corticosteroid use and osteoporosis. Dr. Smith's project, "An investigation of the long-term effects of prematurity on the skeleton of young adults" investigates whether the deficit in bone mass at birth is carried through into adult life.



Prof. Claus Christiansen presents Dr. Christine Smith with the fellowship award.

AROUND THE WORLD

Policy funding for osteoporosis from the European Commission

The International Osteoporosis Foundation has been notified that a grant of up to €200,000 for a policy project entitled "Call to Osteoporosis Action" has been awarded, subject to the European Commission budgetary authorities review. This project, which will run for 18 months from summer 2002, plans to bring

policy makers from the European Union and its member states and osteoporosis experts together to work on practical, cost effective strategies to improve access to diagnosis and proven therapies before the first fracture. It will be a key building block in implementing recommendations outlined in the European Commission's 1998 *Report on Osteoporosis in the European Community – Action for Prevention* and the subsequent "Call to Action" by the European Parliament Osteoporosis Interest Group.



New impetus for research on male osteoporosis

A Thematic Network on Male Osteoporosis was initiated by the European Commission in 1999 to research causes, risk assessment and management strategies for male osteoporosis. With the signing of a funding contract with the European Commission on 1 May 2002, the network will receive important

impetus. The network responds to the eighth recommendation in the European Commission's 1998 Report on Osteoporosis in the European Community – Action for Prevention, which highlights the need for further research, including into male osteoporosis.

Bavarian state assembly adopts resolution on osteoporosis

In April 2002 the Bavarian State Assembly officially adopted a resolution which calls for funds for education, prevention and therapy of osteoporosis. The resolution, initiated by the women's association of the CSU and Angelika Niebler, MEP for Germany and member of the European Parliament Osteo-

porosis Interest Group, is expected to set an important precedent in Germany where the diagnosis and treatment of osteoporosis faces significant budgetary obstacles.

Italian non-governmental organisations join forces to fight osteoporosis

On June 12, 2002 an impressive number of Italian groups including the Association of Patients with Chronic Diseases and the osteoporosis patient and scientific associations joined forces with the Housewives Association to present the Italian dimension of osteoporosis to members of the House of Parliament, regional institutions and journalists. The meeting entitled "Osteoporosis: Access to Prevention and Diagnosis across Europe" included research conducted by the Association

of Patients with Chronic Diseases in numerous EU member states. By video, European Parliament (EP) Osteoporosis Interest Group members provided a European perspective and explained their reasons for creating the EP Osteoporosis Interest Group and joining the "Call to Action". The Housewives Association (Donnaeuropee Federcastringhe), with a vast membership in Italy, is a new member of the IOF and has been active in promoting awareness of osteoporosis for some time.

Revised Clinical Practice Consensus Guidelines in the Netherlands

In April, on behalf of the Dutch Osteoporosis Foundation, Elly Plooi van Gorsel, MEP for the Netherlands, received Revised Clinical Practice Consensus Guidelines for Osteoporosis. These guidelines were produced by the Dutch Institute of Healthcare Improvement, a non-profit organisation and the main body that produces guidelines in the Netherlands.



Elly Plooi van Gorsel MEP receiving revised clinical practice consensus guidelines from Dr HAP Pols

IOF welcomes 10 new member societies

The following new members have joined IOF's Committee of National Societies: Bulgarian Society for Clinical Densitometry, Donneuropee Federcastringhe (Italy), Pan Arab Osteoporosis Society, Polish Osteoarthology Society, Sociedad Peruana de Reumatologia (Peru), STENKO –

Healthy Bone Enthusiasts Society (Poland), French Society of Clinical Densitometry, Friends Association of the Spanish Osteoporosis Foundation, Latvian Society of Osteoporosis, FOSEMO – Fundacion de Osteoporosis y Enfermedades Metabolicas Oseas (Rep. of Panama).



IOF Patron

Her Majesty Queen Rania of Jordan

IOF Board

President: Prof. Pierre D. Delmas
Mrs. Mary Anderson; Dr John Bilezikian; Prof. Peter Burckhardt (ex officio); Mrs Linda Edwards; Prof. Herbert Fleisch; Prof. Carlo Gennari; Mrs. Joyce Gordon; Prof. John A Kanis; Prof. Ruben Lederman; Prof. Uri Liberman; Dr Ghassan Maalouf; Prof. Pierre J. Meunier; Prof. Helmut W. Minne; Prof. Hirotoshi Morii; Prof. Socrates Papapoulos; Prof. Jean-Yves Reginster; Prof. René Rizzoli (ex officio); Prof. Ego Seeman; Mr Leo van Wersch (ex officio); Dr José Zanchetta.

IOF Committee of Scientific Advisors

Chair: Prof. René Rizzoli
Dr. Jonathan Adachi, Canada; Prof. Silvano Adami, Italy; Claude Arnaud, USA; Dr. Roberto Arinovich, Chile; Dr. John Bilezikian, USA; Prof. Jean-Philippe Bonjour, Switzerland; Prof. Steven Boonen, Belgium; Dr. Aurelio Borelli, Brazil; Prof. Maria Luisa Brandi, Italy; Dr. Narong Bunyaratavej, Thailand; Dr. Daniel Chappard, France; Prof. Claus Christiansen, Denmark; Dr. Juliet Compston, UK; Prof. Cyrus Cooper, UK; Prof. Steven Cummings, USA; Prof. Marie-Christine de Vernejoul, France; Prof. Pierre D. Delmas, France; Prof. Jean Pierre Devogelaer, Belgium; Dr. Hans Peter Dimai, Austria; Prof. Martina Dören, UK; Prof. Richard Eastell, UK; Prof. John Eisman, Australia; Dr. Erik Fink Eriksen, Denmark; Prof. Dieter Felsenberg, Germany; Prof. Jose Luis Ferretti, Argentina; Prof. Herbert Fleisch, Switzerland; Prof. Harry Genant, USA; Prof. Carlo Gennari, Italy; Prof. Piet Geusens, Belgium; Prof. Claus Glüer, Germany; Dr. Shi-fu Guo, China; Prof. Stephen Hough, South Africa; Prof. Olof Johnell, Sweden; Prof. John A. Kanis, UK; Dr. Jean Marc Kaufman, Belgium; Mr Sundeep Khosla, USA; Mrs Edith Lau, China; Prof. Uri Liberman, Israel; Dr. Paul Lips, The Netherlands; Dr. Sverker Ljunghall, Sweden; Prof. Roman Lorenc, Poland; Prof. Frank Luyten, Belgium; Prof. George P. Lyritis, Greece; Prof. J. Martel-Pelletier, Canada; Dr. Michael McClung, USA; Dr. Daniel Messina, Argentina; Prof. Pierre J. Meunier, France; Dr. Paul D. Miller, USA; Dr. Jorge Morales Torres, Mexico; Prof. Hajime Orimo, Japan; Dr. Sergio Ortolani, Italy; Prof. Socrates Papapoulos, The Netherlands; Prof. Mario Passeri, Italy; Prof. J-P Pelletier, Canada; Dr. Gyula Poor, Hungary; Dr. Christine Pouliart, Belgium; Dr. Jonathan Reeve, UK; Prof. Jean-Yves Reginster, Belgium; Prof. Ian R. Reid, New Zealand; Prof. Johann Ringe, Germany; Dr. Christian Roux, France; Dr. Graham Russell, UK; Prof. Ego Seeman, Australia; Prof. Markus J. Seibel, Germany; Prof. Alan Silman, UK; Dr. Jan Stepan, Czech Republic; Prof. Nelson B. Watts, USA; Prof. Christian Wüster, Germany.

IOF Committee of National Societies

Chair: Prof. Peter Burckhardt
Argentina: Asociacion Argentina de Osteologia y Metabolismo (AAOMM), Sociedad Argentina de Osteoporosis; **Australia:** Australian & New Zealand Bone & Mineral Society, Osteoporosis Australia; **Austria:** Austrian Menopause Society, Austrian Society of Bone and Mineral Research, Dachverband der Österreichische Osteoporose Selbsthilfegruppen; **Bahrain:** Bahrain Osteoporosis Society; **Belarus (Rep. of):** Woman and Family; **Belgium:** Belgian Bone Club, Société Royale Belge de Rhumatologie, Belgian Association for Osteoporosis Patients; **Brazil:** Brazilian Society of Osteoporosis; **Bulgaria:** Bulgarian League for the Prevention of Osteoporosis, Bulgarian Society for Clinical Densitometry, Foundation "Women without Osteoporosis"; **Canada:** Osteoporosis Society of Canada; **Chile:** Chilean Society of Osteology and Mineral Metabolism; **China:** China Osteoporosis Foundation, Osteoporosis Committee of China Gerontological Society; **Chinese Taipei:** Chinese Taiwan Osteoporosis Association; **Colombia:** Asociacion Colombiana de Endocrinología, Asociacion Colombiana de Osteología y Metabolismo Mineral; **Costa Rica:** Asociacion Costarricense de Climatario y Menopausia, Fundacion Costarricense de Osteoporosis; **Croatia:** Croatian League against Rheumatism, Croatian Osteoporosis Society; **Cuba:** Sociedad Cubana de Reumatología; **Czech Republic:** Czech Society for Metabolic Skeletal Diseases; **Denmark:** Danish Bone Society, Osteoporoseforeningen; **Dominican Republic:** Consejo Dominicano Contra La Osteoporosis; **Ecuador:** Sociedad Ecuatoriana de Metabolismo Mineral (SECUAMEM); **Egypt:** Egyptian Osteoporosis Prevention Society; **Estonia:** Estonian Osteoporosis Society; **Finland:** Finnish Bone Society, Finnish Osteoporosis Society; **France:** Association des Femmes contre l'Ostéoporose, Groupe Recherche et d'Infomation (GRIO), Clinical Bone Densitometry French Society, French Society of Clinical Densitometry AFHOEMO; **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, Orthopädische Gesellschaft für Osteologie; **Greece:** Hellenic Society of Osteoporosis Patients Support, Hellenic Society

for the Study of Bone Metabolism, Hellenic Institution for Osteoporosis; **Hungary:** Hungarian Osteoporosis Patients' Association, Hungarian Society for Osteoporosis; **Iceland:** Beinvernd; **Iberia & Latin America:** Comite Ibero-Americano de Reumatologia (CIAR); **India:** Indian Rheumatism Association, Osteoporosis Society of India; **Ireland:** Irish Osteoporosis Society; **Israel:** Israeli Foundation for Osteoporosis and Bone Disease, Israel Society on Calcified Tissues; **Italy:** Donneuropee Federcasalinge, Italian Society for Osteoporosis Mineral Metabolism and Skeletal Diseases (SIOMMMMS), Italian Society for Mineral Metabolism, Italian Society of Rheumatology, Lega Italiana Osteoporosi, Mediterranean Society for Osteoporosis and Other Skeletal Diseases; **Japan:** Japan Osteoporosis Foundation, Japanese Society for Bone and Mineral Research; **Jordan:** Jordanian Osteoporosis Prevention Society (JOPS); **Korea:** Korean Society of Osteoporosis Research; **Kuwait:** Kuwait Osteoporosis Prevention Society; **Latvia:** Latvian Society of Osteoporosis; **Lebanon:** Lebanese Osteoporosis Prevention Society; **Pan Arab Osteoporosis Society,** Société Libanaise de Rhumatologie; **Lithuania:** Lithuanian Endocrine Society, Lithuanian Fund of Osteoporosis; **Luxembourg:** Association Luxembourgeoise d'Etude du Métabolisme (ALEMO); **Rep. of Macedonia:** Macedonian Osteoporosis Foundation; **Mexico:** Comite Mexicana para la Prevencion de la Osteoporosis, Asociacion Mexicana de Metabolismo Oseo Y Mineral; **Morocco:** Moroccan Society for Rheumatology; **The Netherlands:** Dutch Society for Calcium and Bone Metabolism, Osteoporosis Stichting, Osteoporose Vereniging; **New Zealand:** Australian & New Zealand Bone & Mineral Society, Osteoporosis New Zealand Incorporated; **Norway:** Norsk Osteoporose forening, Norwegian Society for Rheumatology; **Pakistan:** Osteoporosis Society of Pakistan; **Palestine:** Palestinian Osteoporosis Prevention Society; **Panama:** Fundacion de Osteoporosis y Enfermedades Metabolicas Oseas; **Peru:** Sociedad Peruana de Reumatologia; **Philippines:** Osteoporosis Society of the Philippines; **Poland:** Multidisciplinary Osteoporotic Forum, Polish Osteoarthritis Society; **Portugal:** Associacao Nacional contra a Osteoporose (APOROS), Associacao Portuguesa de Osteoporose (APO), SPDOM; **Puerto Rico:** Puerto Rico Society of Endocrinology and Diabetology; **Romania:** Association for Prevention of Osteoporosis in Romania, Romanian Society of Osteoporosis, Romanian Society of Rheumatology, Romanian Foundation of Osteoarthritis (OSART); **Russia:** Russian Association on Osteoporosis, Russian Patient Society of Osteoporosis & Bone Diseases; **Saudi Arabia:** Saudi Osteoporosis Club; **Singapore:** Osteoporosis Society; **Slovak Republic:** Slovak Society of Osteoporosis and Metabolic Disease, Slovak Union Against Osteoporosis; **Slovenia:** Slovene Bone Society, Slovene Osteoporosis Patient Society; **South Africa:** National Osteoporosis Foundation; **Spain:** Friends Association of the Spanish Osteoporosis Foundation, AFHOEMO, Fundacion Hispana de Osteoporosis y Enfermedades Metabolicas Oseas, Spanish Society of Bone and Mineral Research (SEIOMM); **Sweden:** Swedish Osteoporosis Patient Society, Swedish Osteoporosis Society; **Switzerland:** Association Suisse Centre l'Ostéoporose, Donna Mobile; **Thailand:** Thai Orthopaedic Association; **Syria:** Scientific Council for Osteoporosis and Skeletal Diseases; **Tunisia:** Tunisian Osteoporosis Prevention Society; **Turkey:** Osteoporosis Patient Society, The Society of Endocrinology & Metabolism of Turkey, Turkish Osteoporosis Society, Turkish Rheumatism Society; **UK:** Bone and Tooth Society, National Osteoporosis Society, Osteoporosis 2000; **Ukraine:** Ukraine Association on Osteoporosis; **Uruguay:** Sociedad Uruguaya de Reumatología; **USA:** International Society for Clinical Densitometry; **Venezuela:** Fundacion Venezolana de Menopausia y Osteoporosis, Sociedad Venezolana de Menopausia y Osteoporosis; **Yugoslavia:** Yugoslav Osteoporosis Society.

Note: Although most member societies are from nations, the IOF membership also includes independent territories, commonwealths, protectorates and geographical areas.

IOF Committee of Corporate Advisors

Chair: Mr. Leo van Wersch
Abiogen Pharma srl, Aventis Pharma, Bank Hofmann, Beckman-Coulter, Eli Lilly Italia SpA, GE Medical Systems Lunar, Hologic Europe NV, IGEA s.r.l., Kyphon USA; Merck KGaA, MSD; Nestlé Suisse SA, Norland Medical Systems Inc, Novartis, Novo Nordisk A/S, Nycomed Danmark A/S; NV Organon, Osteometer Biotech, Osteometer MediTech A/S, Pfizer, Procter & Gamble Pharmaceuticals Europe, Promoser, Roche, Rotta Research Laboratorium, Schering AG, Servier, SmithKline Beecham, Strathmann AG, Sunlight Medical Ltd., Teva Pharmaceutical Industries Ltd., Torre Lazur McCann, Wyeth Ayerst, Yamamouchi Europe BV

IOF Scientific Publications

Osteoporosis International (the only international scientific journal devoted entirely to osteoporosis) **Progress in Osteoporosis** (summaries and critical analyses of the current literature)

IOF is proud to be a partner of the Bone & Joint Decade 2000-2010



Distributed by:

Acknowledgements

IOF thanks Servier for the generous and unrestricted grant which has made the publication of Osteoporosis Action possible.

Osteoporosis Action Editorial Board

Editor-in-Chief: H.W. Minne, Germany
Contributing Editors: G. Maalouf, Lebanon; Z. Liu, China; E. Seeman, Australia; M. McClung, USA; J. Zanchetta, Argentina; U. Liberman, Israel; R. Lorenc, Poland
Managing Editor: Laura Misteli



Feedback & Subscription

Please contact Daniel Navid, IOF, 71 cours Albert Thomas, F-69003 Lyon, France, tel +33 472 91 41 77, fax +33 472 36 90 52, e-mail: info@osteofound.org