



The osteoporosis movement - a worldwide network of people working to prevent osteoporotic fractures

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# OsteoporosisAction

EDITORIAL



Dear Readers

*It is a terrible thing to have to suffer a painful vertebral crush fracture.*

*And to be told that the pain is a just a figment of one's imagination or a normal part of ageing is doubly painful. But imagine the misery of those osteoporosis patients who live in poverty on meager incomes knowing that any form of treatment is beyond their reach! Can we help? Some food for thought (and action!) is provided in my special editorial on page 4.*

*Exciting developments in regional cooperation and important advances in improving knowledge and awareness of osteoporosis among health care professionals are further themes in this issue of Osteoporosis Action.*

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 155 member societies in 78 locations.

**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 maximize 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 organizations working on similar or complementary issues and projects
- Lobby for policy change in all countries so that diagnosis and treatment of osteoporosis becomes routine

## Orthopaedic surgeons address neglect of osteoporosis

An IOF-sponsored, multinational study of orthopaedic surgeons finds that these specialists often do not recognize osteoporosis as a cause of fractures, nor do they consistently offer appropriate treatment or referrals. The study, cosponsored by the Bone and Joint Decade (BJD), was presented in Helsinki at the annual congress of the European Federation of Orthopaedic Surgeons and Traumatologists (EFORT), which devoted a special symposium to the findings.

Also presented at the symposium – entitled Orthopaedic surgeons ARE missing the fracture opportunity. Can we change this? – was a rapid response from the World Orthopaedic Osteoporosis Organization (WOOO), which issued a set of recommendations for how orthopaedic surgeons should approach fracture patients in order to identify and treat those with osteoporosis.

Mounting evidence that orthopaedic surgeons are not well attuned to osteoporosis led the IOF and BJD to survey 3500 orthopaedic surgeons in France, Germany, Italy, Spain, the United Kingdom, and New Zealand.

osteoporosis themselves, whereas their counterparts in France, the UK, and New Zealand were more likely to refer patients to a general practitioner or osteoporosis specialist.

It is fitting that the survey results and recommendations were presented in Finland, which has taken some of the most far-reaching steps to identify osteoporosis among fragility fracture patients. "The Finnish Ministry of Health is actively supporting the training of health-care professionals to improve the care of patients with fragility fractures. In addition, we recommend that every hospital and health centre have a trained nurse dedicated to the diagnosis and management of patients with fragility fractures," said Dr. Liisa Hyssälä DSc, MSocSc, Finnish Minister of Health.

Perhaps the most encouraging finding was that the majority of orthopaedic surgeons in all the countries surveyed felt that orthopaedic surgeons / traumatologists had a responsibility to identify and initiate evaluation of patients with fragility fractures. Similarly, most of the survey respondents wanted to learn more about the diagnosis and management of osteoporosis-related fractures.

**Among the key findings of the survey:**

- About half the orthopaedic surgeons surveyed said they received no or insufficient training in osteoporosis.
- Only about 1 in 4 orthopaedic surgeons in France and the UK feel knowledgeable about managing osteoporosis in their patients.
- Only in Germany are the vast majority of fracture patients referred for a bone density test.

In another striking example of national differences, German, Italian, and Spanish surgeons were likely to diagnose and treat os-



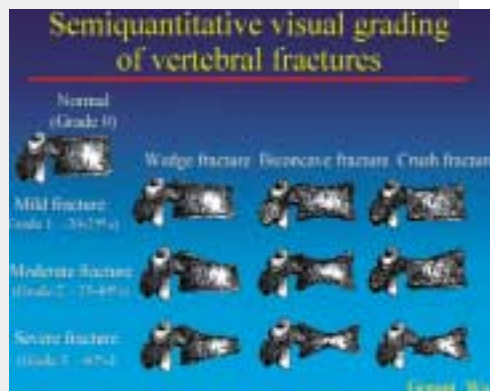
**"Orthopaedic surgeons and traumatologists are often the first and only physicians to see fracture patients – they**

**are in a unique position to identify untreated cases of osteoporosis"**

Prof. Olof Johnell, vice-chair of IOF's Committee of Scientific Advisors, World Orthopaedic Osteoporosis Organization board member

### Teaching radiologists to identify vertebral fractures

Recent studies confirm that worldwide a substantial percentage of vertebral fractures are not diagnosed in radiology reports. To improve the recognition and reporting of vertebral fractures by radiologists, IOF, in partnership with the European Society of Skeletal Radiologists and national radiologist groupings, began a new teaching program in 2002. Multi-language teaching materials have now been produced and are available on the IOF website: [www.osteofound.org](http://www.osteofound.org). Project co-ordinators: P.D. Delmas and H.K. Genant



**GUEST SPEAKER**

**"Positive change in healthcare policy can be achieved through grass roots action"**

*Dr. Istvan Marton, a practicing gynecologist, is co-founder of the Hungarian Osteoporosis and Osteoarthritis Society, representative of the Hungarian Osteoporosis Patient Association and chairman of the IOF Sub-Committee of Osteoporosis Patient Societies.*

I felt no pain when I fell off the horse. However, when I tried to stand, the severe pain suggested that there was some serious problem. I was astonished when it turned out to be hip fracture. As the general secretary and co-founder of the Hungarian Osteoporosis and Osteoarthritis Society (HOOS), I had somehow been under the false assumption that I was exempt to any bone problems! Now, I've experienced first-hand the pain, incapacity and rehabilitation challenges faced by those who suffer osteoporotic fractures.

#### **The Hungarian experience**

In the late 1970s, while I was at Leeds University preparing my M.Sc. thesis, I attended the lunch-time tutorials on estrogen and bone given by Professor Chris Nordin. Upon my return to Hungary I realised that gynecologists were not interested in, or motivated to learn about, this non reproductive area of women's health. An internist, Istvan Hollo, and the cardiologist Lajos Matos supported my "strange" ambition to introduce bone tests and HRT treatment in those early days.

Although osteoporosis was not mentioned in the diagnosis, a very high number of fractures were reported annually in Hungary compared to the published data in Western Europe. Now I know that the bone health of the average Hungarian is negatively affected by poor dietary habits, a sedentary lifestyle and extra-working hours to overcome poverty. Something had to be done, but I knew my voice was too weak to alert health officials and opinion leaders (remember Central Europe has a strong feudalistic hierarchy). I therefore invited my influential British friends, James Scott and John Dennis, to speak about estrogen and bone and to support us in changing existing medical habits. As a result HRT and bone densitometry were accepted and, with the ensuing political changes, HOOS became one of the very first NGOs in the Region. It was founded in early 1990 by 76 specialists with Prof Istvan Hollo elected as president and myself as General

Secretary. In the same year we joined the European Foundation for Osteoporosis (now IOF) and became part of an international movement. The next year, with the support of five international pharma companies, four to five senior members of HOOS gave full day tutorials, as Saturday postgraduate seminars, in 27 different locations throughout Hungary. The result: membership reached 200+, the media started to expose the fracture epidemic, and the general public learned that bone was a living organ and medical treatment and prevention – particularly changing life style and diet – could reduce fracture incidence.

Following in the footsteps of Istvan Hollo, a young, ambitious rheumatologist named Gyula Poór was elected as President. He and the HOOS Executive Committee proposed a National Osteoporosis Program (NOP) and infrastructure to educate lay people and help reduce the fracture rate. The basic concept was to form local centers (LC) where internists, radiologists, rheumatologists and gynecologists work together to diagnose and treat metabolic bone and joint problems. Some 100 such LC were established under the supervision and assistance of 10 Regional Centers. A 9-member strong Panel coordinates the system, which was accepted and supported by the Ministry of Health. The 700 professionals involved were given the exclusive right to recommend unlimited diagnostics and prescribe antiporotic medication with 90% reimbursement. This program has been ongoing since 1995 and today includes access to the latest therapeutic options.

#### **Strength through regional cooperation**

The positive outcome of this program and similarities in Central and Eastern Europe (CEE) countries suggested that regional meetings would be useful. So far - with the help and support of EFFO-IOF in concerning top speakers – we organized 3 Regional Symposia. Our annual Congresses at Balatonfured with President Peter Lakatos became popular among our friends and colleagues from neighbouring countries, and the last meeting culminated in the "New Europe" Consensus on Osteoporosis (see box)

#### **Osteoporosis – a personal problem, not just a medical condition**

When the late Linda Edwards, former president of the National Osteoporosis Society of the UK and later the first nonmedical member of the IOF board, arrived in the early 1990s to attend an EFFO meeting, the spirit and mood of the osteoporosis movement changed. There was a strengthened realization that osteoporosis is not just a science or a peculiar medical condition, it is a personal problem which alters the lives of millions of sufferers. The message was one of empowerment – that positive change in healthcare policy can be achieved through grass roots action. Linda was so influential that we enthusiastically took her message home. In most countries patient organisations devel-

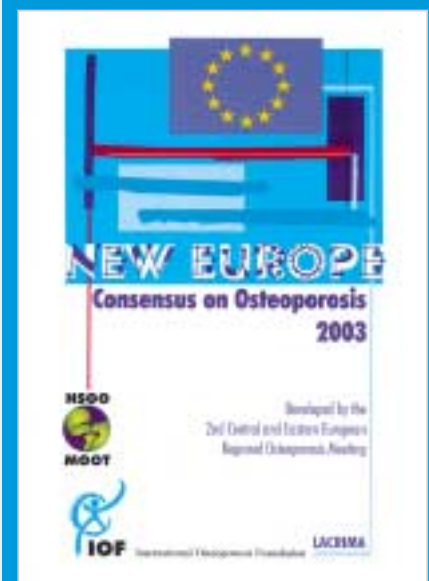
oped and became an essential part of EFFO and then IOF.

When the Hungarian Osteoporotic Patient Association (HOPA) was established in 1994, I was nominated as representative and speaker. It is a difficult mission, but I somehow feel more qualified to do it now that I've experienced a broken hip myself! I was also recently honoured to be nominated as Chairman of IOF's Patient Society Sub Committee following in the footsteps of Linda Edwards. In this role I hope I can encourage other societies to take daring strides forward. Afterall, if a small CEE country like Hungary was able to make so much progress in influencing health authorities, then so too can others.

My bones are healing well and I am, thankfully, rid of the crutches. The professional advice of IOF's CNS Chairman and Board Member, Peter Burckhardt (regular exercise and Ca!), as well as a large dose of optimism and ambition, have been very helpful to the healing process. Before my accident in March, I was ambitious to continue Linda's mission. Now that I have carried the burden of a broken bone I feel even more sympathy and understanding for the sufferers – and a new surge of personal motivation.

### **"New Europe" Consensus on Osteoporosis 2003**

The 2nd Central and Eastern European Regional Osteoporosis Meeting held on May 21, 2003 in Balatonfured, Hungary, brought together osteoporosis experts from some 15 Eastern European countries. An outcome of this important regional cooperation is a consensus document which outlines recommendations for the diagnosis and treatment of osteoporosis. The consensus document, with a forward by Hungary's Minister of Health and Welfare, Judit Csehák, MD is available on [www.osteofound.org](http://www.osteofound.org)



Special Editorial by Helmut Minne

## Lending a helping hand – from one patient group to another

At the most recent business meetings of the International Osteoporosis Foundation (IOF) in Rome, representatives of patient societies from around the globe met to discuss common themes. As the newly elected vice chairman of IOF's Committee of National Societies (the IOF body that unites 155 patient and medical societies), I had the honor of opening the meeting.

Together, the representatives of patient societies from Europe, North and South America, the Middle East and Asia discussed many issues, including preparations for the upcoming World Wide Conference of Osteoporosis Patient Societies to take place in Istanbul in September 2003. As is most often the case, the discussions were an enriching exchange of experience among people facing similar challenges.

Among the participants I spoke to were representatives of patient societies from Eastern Europe. Despite incredibly difficult conditions, they are using their creativity and commitment to develop patient networks to help osteoporosis sufferers in their countries. IOF supports these societies in many ways, including the twinning exchanges, targeted support workshops, and conferences, such as the IOF World Wide Conference of Osteoporosis Patient Societies, where societies can meet to exchange information and experience. IOF also supports the foundation and development of new regional and national osteoporosis societies where needed.

But, as I was sitting in the meeting, I began to think...shouldn't we be doing more? So

many of these patients with broken bones live in great poverty. Their meager incomes of 20-30 euro per month barely suffice for the essentials of life. Although they may be aware that there are new medications that would help them, how can people who don't know how they'll put food on the table in three weeks time dare to dream of the therapeutic options which so many Western Europeans take for granted?

And then I had a vision, and from this vision grew plans for a project that, I am convinced, can be realized. First by the society I am involved in, the Kuratorium Knochengesundheit - and then hopefully by other like-minded societies. Many patient societies in wealthier countries have patient self-help groups - there are hundreds in Germany alone. At the same time

new patient societies in countries like Romania, Mexico, Brazil, and Vietnam are establishing hundreds of patient self-help groups. Couldn't patient self-help groups in wealthy countries sponsor other groups in poorer countries - not just with organizational help and advice, but also with financial and material assistance?

It is an ambitious vision of a great network of patients helping each other. I've discussed this project with many people who seem enthusiastic about it. The management committee of my local self-help group for example has already pledged sponsorship for a group in Romania. I'm certain that our initiative will be copied by other groups in Germany.

Hopefully the project will take on a more official character in the future, but in the meantime there are many societies (see the IOF website) that I'm sure would gladly put patient groups in touch with their affiliated self-help groups in the underprivileged regions of their countries. I hope that my words will inspire readers of this newsletter to take action.

### Twinning societies

IOF's twinning support program is just one way in which IOF and its older member societies assist young patient societies in establishing an effective patient movement and furthering policy change. Representatives from newly founded patient societies visit and learn from established societies. In early 2003, representatives from Brazil and Mexico were hosted by the Osteoporosis Society of Canada and a representative from Chile was hosted by the Kuratorium Knochengesundheit of Germany. All participants reported enthusiastically about their visits and said that the skills they had gained were very helpful in their work at home.



From left: Leonor de Villafranca, COMOP (Mexico); Joyce Gordon, executive director of the Osteoporosis Society of Canada; Myriam Hagen, president, SOBRAPCO (Brazil)



## 'EU Action Plan' to be launched at the European Parliament in Brussels

The European Union Osteoporosis Consultation Panel's Action Plan is to be presented at an event in the European Parliament on November 12, 2003 in Brussels.

Invited speakers include European Commissioner David Byrne, Minister of Health Prof. Girolamo Sirchia (Italy), Minister of Health and Welfare Judit Csehak MD (Hungary), and Oliviero Toscani. The latter is the well-known Italian photographer whose moving exhibit "Osteoporosis: A Photographic Vision" will be shown in the European Parliament from November 10 to 14, 2003. Par-

ticipants will also have the opportunity to find out their personal risk for osteoporosis.

### An invitation to attend

IOF members are invited to participate and are asked to encourage interested journalists, policymakers and supportive celebrities to attend. If you do not have an access pass for the European Parliament, attendance must be confirmed in advance with the IOF Secretariat. Please contact [sferrero@osteofound.org](mailto:sferrero@osteofound.org). Attendees should note that passports or identity cards will be required for admittance to the European Parliament buildings.

## Scientific societies of Austria, Germany, and Switzerland establish evidence-based guidelines for diagnosis and treatment of osteoporosis

Despite the great progress being made in the field of osteoporosis, many patients in Germany are not yet diagnosed and treated according to current medical knowledge. This is not only the result of lack of knowledge on the part of physicians, but also due to restrictions of the social health care system. For example, the German Health Care Ministry plans to restrict anti-osteoporotic drugs to patients with manifest osteoporosis (after first fracture).



Presenting the new guidelines at the Gottingen osteology congress in March 2003. From left: Professor Johannes Pfeilschifter, Beatrice Geier, president of Donna Mobile, Switzerland, Hildegard Kaltenstadler, president of the Bundesselbsthilfeverband für Osteoporose e.V.

### Creation of the umbrella organization "Dachverband Osteologie"

In order to improve the care of osteoporotic patients, the scientific societies of Austria, Germany, and Switzerland which deal with bone-related diseases have formed a interdisciplinary federation of German-language osteology societies, the "Dachverband Osteolo-

gie". Prof. J. Pfeilschifter, one of the main initiators of the project, put a lot of energy and personal effort into the building of this federation.

One major aim of the "Dachverband Osteologie" is the development and updating of evidence-based osteoporosis guidelines of high scientific quality suited for the use in the three countries. The guidelines deal with postmenopausal osteoporosis, senile osteoporosis, and glucocorticoid-induced osteoporosis. The working groups of experts, from the scientific societies, was democratically elected. They screened the literature and the available data according to established recommendations for the development of guidelines. The whole process of guideline development was highly transparent and included input from general practitioners and from patient groups. The draft of the guidelines was published in the internet and open to public comment.

### Defining high-risk groups, quality standards, treatment thresholds

An important goal was to define case-finding strategies in order to direct the limited financial resources of the public health care system to those persons who need it. Therefore high-risk groups are defined who should undergo diagnostic procedures such as osteodensitometry. Quality standards regarding equipment and technique of bone densitometry are defined. In

accordance, treatment thresholds are defined and advice for drug treatment is provided. However, also physical therapy of osteoporosis is mentioned and strategies for prevention.

### Implementation begins

The passing and acceptance of the osteoporosis guidelines by all the societies in the Dachverband on March 26th, 2003 was a milestone (guidelines are available on: [www.bergmannsheil.de/leitlinien-dvo](http://www.bergmannsheil.de/leitlinien-dvo)). Therefore, implementation can be started and the guidelines can be used for negotiations with health care administrations and for the development of future disease management programs. In many parts of Germany, osteoporosis workshops for specialists and general practitioners are being held in order to disseminate the information. In addition, patient-oriented societies in Austria, Germany, and Switzerland are working out "patient guidelines", which will transmit the message of the scientific guidelines to the patients. Finally, in Germany, scientific societies and patient-oriented societies have formed a "national initiative for osteoporosis" which coordinates the many efforts to improve the fate of osteoporotic patients.



Contributed by Dr. Stephan Scharla, Internal Medicine and Endocrinology, Bad Reichenhall, Germany

## Slovenian society advocates free DXA testing for people at risk

It is estimated that as much as 10% of the Slovenian population of two million has osteoporosis. Yet many people with, or at risk of, osteoporosis cannot afford the cost of DXA testing. The Slovene Osteoporosis Patient Society's campaign to provide free DXA testing before the first fracture was awarded an IOF-Lilly Policy Initiative Grant in 2002 and has already made great strides in raising awareness of osteoporosis and the importance early diagnosis among both the public and professionals. The Society has been active by providing professional training, cooperating

with institutions and health resorts, and holding a strong media campaign around World Osteoporosis Day (which was under the patronage of the Ministry of Health). In the year since the campaign was implemented the society has rallied the support of authorities and sponsors for the ultrasound screening of 4,000 people across the country of which 28% were referred for DXA scanning. The ultimate goal is to convince health authorities and insurance companies to provide free regular testing for those at risk as part of the country's general disease prevention program.



Policy discussions hosted by the Slovene Osteoporosis Patient Society

## Preventing fractures in Asia

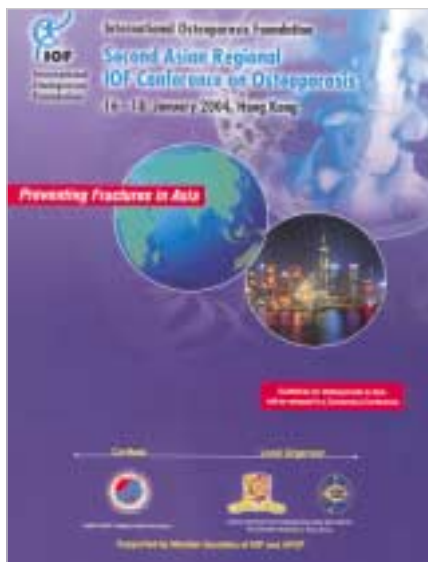
Osteoporosis is a major health problem worldwide. Currently, one in every three women over the age of 50 is affected by osteoporosis. By the year 2050, 6.4 million people will suffer a hip fracture every year, with 51% of these fractures in Asia. To prevent the epidemic of osteoporosis fractures in Asia it is important that physicians be empowered with cutting-edge knowledge on the epidemiology, prevention, diagnosis and treatment of osteo-

porosis. In 2002 IOF's sponsorship of the successful First Asian Regional IOF Conference, in Bangkok, Thailand, was an important step in raising awareness among professionals in Asia.

**The Second Asian Regional IOF Conference on Osteoporosis, will be held in Hong Kong on 16-18 January 2004.** The conference, hosted by the IOF, is jointly organized by the Asian Pacific Osteoporosis Foundation and the Jockey Club Centre for Osteoporosis Care and Control of the Chinese University of Hong Kong. As well as addressing various aspects of osteoporosis management and prevention, there will be a consensus meeting on the last day, to make recommendations on diagnosis and treatment for Asians. It will be an excellent opportunity for doctors, scientists, technicians and health care professionals in Asia to exchange the latest clinical and research information. For further information visit [www.apof.org](http://www.apof.org) / [www.jococ.org](http://www.jococ.org)

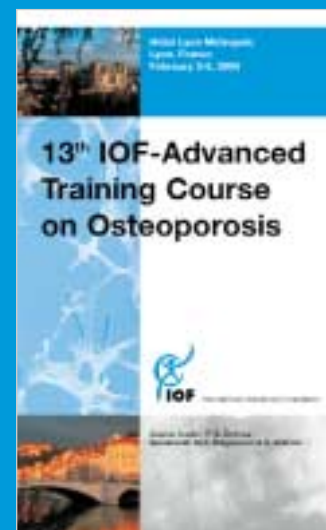
*Reported by Peggy Siu, Chinese University of Hong Kong*

Another upcoming Asian regional conference with IOF endorsement: **2nd Int. Congress on Bone and Mineral Research & 4th Int. Osteoporosis Symp./ First WHO-Collaborating Center Asian Regional Conference on Osteoporosis, Guilin China, November 3-8, 2003.** Visit [www.china-osteofound.org](http://www.china-osteofound.org)



## IOF-Advanced Training Course on Osteoporosis

The IOF-Advanced Training Course on Osteoporosis, taught in English by an internally renowned faculty, provides a concise and practical overview of the latest knowledge on the physiology, epidemiology, diagnosis and management of osteoporosis. The course, held annually in Lyon since 1991, trains up to 150 international participants. The next course will be held on February 3-5, 2004. Information is available on the IOF website or write to [mfragnolo@osteofound.org](mailto:mfragnolo@osteofound.org)



## A personal story from Romania

Ovidiu Poclitaru, aged 64, lives in the village of Gura Humorului (Moldavia), Romania. Ovidiu was formerly the foreman at the local timber factory, but had been enjoying his well-deserved retirement for several years. Although his football playing days were long over, Ovidiu had become an avid reader and continued to lead a fairly active and independent life.

One day in February 2003 while on the way to the library to borrow another book, Ovidiu slipped on a spot of ice hidden beneath a thin layer of snow. He fell on his right hip, got up on his feet again in an instant, wiped his clothes clean and went on. After walking 20 meters his right leg felt "funny" – it was slightly painful and felt like it was not responding properly, almost as though he were walking on a sponge. Never even thinking that anything serious could have happened after such a common fall, Ovidiu assumed that he may have simply injured his heel.

He grabbed hold of a nearby fence for support and was able to find someone to drive him to the nearest clinic. The doctor diagnosed a "crack" in his hip and recommended bed-rest for 45 days. But even after 30 days there was no improvement. He was not able to use his leg and was experiencing atrocious



Ovidiu Poclitaru with Dr. Ildiko Gasparik, the executive director of ASPOR

pain, especially during the night. Ovidiu decided to see a doctor in a bigger medical center located in Suceava, the closest city.

The specialist there diagnosed a femoral neck fracture. Three months after his fall, Ovidiu arrived at the medical center in Targu Mures, where he underwent total hip arthroplasty. An ultrasound test revealed that he has advanced osteopenia. Unfortunately, no DEXA machine (which would give a more accurate diagnosis) is available in the region. In retrospect, Ovidiu recognizes that there were several lifestyle factors that could have alerted him to his increased risk for osteo-

porosis. These include a lack of calcium-rich dairy products in his diet, a history of heavy smoking, colitis between the ages of 30 and 50, regular alcoholic consumption and a thin physical build.

Ovidiu is now "proudly" wearing a hip prosthesis and is working hard towards rehabilitation. Like anyone who suffers the debilitation caused by hip fracture, Ovidiu is feeling depressed - when we requested a photo from his youth for this patient story, Ovidiu said "yes, it would be good indeed, just to see the difference to the wreck I have become..."

**POLICY ACTION AROUND THE WORLD****Advertising campaign has worldwide impact**

The international TV advertising campaign initiated by IOF with the support of Torre Lazur-McCann has been enthusiastically received by IOF members around the world. The announcement has already been aired on national TV stations in Argentina, Australia, France, Romania and Russia and plans are underway to have it aired in many other countries including Germany, Italy, Hong Kong, Lebanon, New Zealand, Singapore, South Africa and Thailand. The TV spot, which encourages women to take the one-minute risk test, is being adapted to local needs and, in many countries, has been extended to include print advertising. Below, an Argentinian poster uses images from the TV spot to enhance the one-minute risk test.

**Running for bone health**

More than 16,000 women of all ages (an astounding 11% of the country's female population!) participated in Iceland's 14th Annual Women's run held on June 21, 2003. The run was dedicated to bone health under the motto "Strong bones all our lives - exercise regularly!". Beinvernd, the Icelandic Osteoporosis Society, was excited to be involved in this major national event which each year is dedicated to a different health theme.



Ingibjorg Palmadottir, former minister of health and patron of Beinvernd, speaking in Gardabaer before the run

The women's run takes place in 90 locations in Iceland. Participants completed distances of 2km, 5km, 7km and 9km and received medals and T-shirts in recognition.

**"You Deserve a Medal" campaign wins award**

Osteoporosis New Zealand (ONZ) has won a prestigious international communications award, the IABC Gold Quill Award of Excellence, for its 2002 Osteoporosis Awareness Week Campaign. ONZ was one of 39 excellence award recipients from a field of 1051 entries.



The "You Deserve a Medal" campaign celebrated the contributions of older New Zealanders to the community and the importance of "making old bones" while maintaining quality of life. It addresses the important issue of fall prevention in the elderly in a positive way and also promotes the benefits of staying physically active for life.

**A "Dream" come true**

The Lebanese Osteoporosis Prevention Society (LOPS), together with the World Health Organization (WHO) launched 'Dream', an ambitious new osteoporosis prevention program, during a press conference held on March 17, 2003. A four-member panel, comprising LOPS executives Mrs. Maha Makari and Dr. Jihad Ezzeddine, Mr. Gabriel Rafca of the WHO and President of the Press Syndicate Mr. Mohamed Baalbeki, gave an explanation of the program to the media.



The panel discussion held at the press conference attracted dozens of journalists

'Dream' gives 1,500 persons at high risk for osteoporosis the opportunity to take a complete BMD DEXA test at half of the already subsidized rate offered by LOPS and partially supported by Merck Sharp and Dohme. Those found to have osteoporosis and requiring prescription medication go on to receive medications provided by the Society at very low prices, which are available at dispensaries of the Young Men's Christian Association throughout the country. It will also

provide an opportunity to the WHO to use the data from these BMD tests to compile studies on osteoporosis in Lebanon.

'Dream' was launched with a full-scale media campaign including television and newspaper advertisements, billboards and posters explaining the risk factors of the disease. Posters are due to appear in hospitals and doctors' clinics in Arabic, English and French.

**New Turkish patient society**

SOPSOP, a new patient society launched by the Society of Endocrinology and Metabolism of Turkey, was launched in December 2002. The society has already been active in media work (including innovative radio and TV programs) and in teaching the public, students and nurses about osteoporosis.

**IOF-Servier Young Investigator Research Fellowship**

This bi-annual fellowship of € 40,000, generously sponsored by Servier, is available to researchers under the age of 40 for outstanding original work of international relevance. It will be awarded at the IOF World Congress on Osteoporosis in Rio de Janeiro, May 14-18, 2004.

Application forms are available on the IOF website [www.osteofound.org](http://www.osteofound.org)  
**Deadline: December 1, 2003.**



**World Congress on Osteoporosis**

**2004**

**May 14-18, 2004**

**Rio de Janeiro, Brazil**

**[www.osteofound.org](http://www.osteofound.org)**



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