



"The presence of older people in the world needs to be recognized as a gift."



Professor Tito Torralba, founding president of the Osteoporosis Society of the Philippines, Inc.

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OsteoporosisAction

UK parliament debates proposals to cut osteoporosis treatment

Proposals by the National Institute for Clinical Excellence (NICE) in the UK would cut spending on treatment for osteoporosis, leaving many post menopausal women with osteoporosis without treatment.

Doctors treating post menopausal women with osteoporosis currently have a range of effective treatments to choose from, but preliminary recommendations from NICE could severely restrict the choice of treatments available if implemented. The National Osteoporosis Society (NOS) of the UK was extremely concerned about the recommendations, which ignored primary prevention of osteoporosis, stated that raloxifene should no longer be used for the treatment of osteoporosis and also placed tougher criteria for prescribing the bisphosphonates and teriparatide in those who have fractured.

National Osteoporosis Society spokeswoman Jackie Parrington said: "If this proposal from NICE goes ahead it would set the world of osteoporosis back by years. Many people who have osteoporosis will have to wait until they've broken a bone before they receive a

treatment and some people taking these drugs will see their treatments being stopped. This would be ludicrous."

The NOS immediately launched a campaign against the NICE proposals calling on thousands of its members to write to their MPs to voice their concern. The overwhelming response prompted parliament to hold an adjournment debate in the House of Commons on March 3, 2004. Attended by MPs from across the country, the parliamentary gathering heard that NICE is to rethink its plans about how people with osteoporosis should be treated, partly thanks to the responses it has received from local people.

"It is vital to do all we can now to help ensure that the voices of people with osteoporosis are being heard."

Jackie Parrington said, "This debate comes at an extremely important time for people living with osteoporosis.... It is vital to do all we can now to help ensure that the voices of people with osteoporosis are being heard."

She added "NICE should be praised for listening to what the clinical experts and women with osteoporosis have to say. NICE is taking a second look at the proposals it has come up with. We're still concerned that NICE's treatment proposals for people who have broken a bone because of osteoporosis are too restrictive and we may lose one of the treatments. We're expecting to hear in the next few weeks if NICE have changed those proposals. We hope they're taking all of our members' opinions on board."

Direct advocacy – UK, USA, Canada set examples

Most politicians with an interest in re-election will pay attention to the demands of their (angry) constituents. This recognition of osteoporosis advocacy as a political force can be used to advocate for positive osteoporosis policy change, as has been done successfully in some countries. In the UK (see article above) the NOS encouraged its members to protest the NICE proposals directly to their MPs – sparking an adjournment debate in the House of Commons. The Osteoporosis Society of Canada's "No Fracture is Acceptable" campaign in 2001 was carried out in four provinces, generating thousands of letters from constituents to their MPs. It resulted in an expansion of the listed drug therapies and increased access to DXA. In the USA, the National Osteoporosis Foundation (NOF) encourages and facilitates direct advocacy, publishing "Legislative Alerts" on its website and calling on members and supporters to contact their Senators and Representatives in the US Congress. The NOF has also established an ongoing grass-roots campaign called the Bone Health Advocate Program. Bone Health Advocates are osteoporosis advocates from around the country who communicate with organizations and individuals in their area to make osteoporosis issues a priority on state and federal health care agendas.

EDITORIAL



Dear Readers

There is a National Institute for Clinical Excellence (NICE) whose preliminary proposals for the therapy of osteoporosis in the UK were far from 'nice' to British patients with osteoporosis. Treatment to prevent a first fracture? No! Treatment to prevent subsequent fractures? Yes, but with unbearable restrictions! Employing all proven drugs in order to treat patients according to their individual needs?

Again no!

The NICE proposals are of international concern because of their implications for the EU and other countries. A backward step in the UK could set a negative example for others. IOF has protested to the British authorities in a letter by its president and the chair of the scientific committee – and is organizing additional scientific input to support its arguments.

Most importantly, at the national level the National Osteoporosis Society has been on guard. Their protests, united with those of thousands of concerned citizens, prompted the parliament to hold a debate in the House of Commons, and as a result NICE is now rethinking its plans.

I have come to two conclusions: You can never presume that treatment issues will be decided appropriately – but appropriate protests can be effective.

Let's take this as an example to learn from.

Yours

Helmut Minne



Vince Cable MP, shown here at the NOS MPs tea party in June 2003, was one of the many parliamentarians who expressed concern about the NICE proposals.

GUEST SPEAKER



Professor Peter Brooks, executive dean, Faculty of Health Sciences University of Queensland, Australia, member of the BJD International Steering Committee and National Action Network coordinator in Australia.

As one of the most common musculoskeletal diseases, osteoporosis is a major focus of the Bone and Joint Decade (BJD). IOF is a strong partner of the BJD and is represented on its 15-member steering committee. Pursuant to an agreement with the BJD, IOF is taking the lead on international projects against osteoporosis in partnership with the BJD and other related organizations.

Bone and Joint Collaborative – putting it together for the BJD

Why the BJD?

Musculoskeletal diseases are the most common cause of chronic disability around the world. This is particularly so in the developed countries with their ageing population but is also rapidly occurring in emerging nations. The importance of bone and joint disease as a cause of mortality and morbidity has been recognised by the designation of 2000 – 2010 as the Bone and Joint Decade (BJD). The BJD has been endorsed by the World Health Organisation, the United Nations and increasing numbers of countries around the world. The BJD agenda is to bring together industry, health professionals, governments and the community to focus on musculoskeletal problems such as: back pain; osteoarthritis; musculoskeletal trauma; osteoporosis; and rheumatoid arthritis.

The BJD offers an umbrella organisation through which health professionals, patients and their respective organisations can promote to governments and industry the individual and community cost of these conditions and develop strategies for prevention and management. The underlying aim of the BJD is to reduce the incidence of these conditions around the world, improve the range and access to therapeutic interventions and provide evidence-based information to patients and the community to empower them to make individual and corporate decisions about treatment options.

Australian collaboration

In Australia, it is estimated that arthritis and musculoskeletal conditions cost the country approximately AUD \$15 billion per annum. This is an enormous amount of money for a relatively small population (19 million). The costs of osteoporosis include \$1.9 billion in direct costs and \$5.6 billion in indirect costs. Looking at costs is one thing but we also have to consider the pain and suffering of an elderly (or not so elderly) person having a fracture.

The Australian Government has designated a number of conditions as health priority areas, these include, cancer, cardiovascular disease, asthma, diabetes, mental health and trauma. Over the last few years Osteoporosis Aus-

tralia and Arthritis Australia worked with the BJD National Action Network to persuade the government to designate arthritis and musculoskeletal disease as Australia's 7th National Health Priority. This decision, and an allocation of \$11 million to Arthritis Australia to establish patient educational programs and other activities have had a significant effect on the profile of musculoskeletal diseases around the country. An Arthritis and Musculoskeletal Conditions Advisory Group, with representatives of stakeholder organisations (including Judy Stenmark from Osteoporosis Australia) has been working to devise an Arthritis and Musculoskeletal Conditions National Action Plan. This Action Plan aims to decrease the burden of disease and disability from arthritis and musculoskeletal conditions focusing particularly on osteoarthritis, rheumatoid arthritis and osteoporosis. Key elements of this plan include education of health professionals, patients and the community particularly focusing on prevention, improving access to services and measuring clinical outcomes.

This presents a significant challenge to all those involved in arthritis and musculoskeletal conditions but emphasises the importance of working together as part of this collaboration. Although each group may have a particular emphasis on a disease priority area, delivery of cost effective services to the community, increasing patient knowledge or promoting various treatments – at the end of the day we are all about improving the lot of a patient who has arthritis or osteoporosis and making their life as disability free as possible.



The indirect costs resulting from long-term disability caused by musculoskeletal conditions far surpass the direct hospital costs. The human cost in terms of pain, loss of independence and quality of life is incalculable.

The World Health Organization must recognise the economic burden of musculoskeletal disorders

Interestingly, the World Health Organisation (WHO) also has a set of disease priorities. There is obviously a focus on infectious diseases with HIV/AIDS and other tropical diseases such as malaria taking up considerable and appropriate resources. Within the chronic disease cluster however the disease priorities DO NOT include arthritis and musculoskeletal disease. Current chronic disease priorities for WHO include trauma, cardiovascular disease, diabetes, asthma and chronic respiratory disease, cancer and mental disorders. We all need to be lobbying WHO to address the issue of the chronic musculoskeletal disorders given the enormous burden it causes around the world. One of the things that is desperately needed is better surveillance to determine the magnitude of chronic musculoskeletal disease and to analyse the determinants with particular reference to poor and disadvantaged populations and to monitor future trends in these diseases particularly with the ageing population. WHO can also play a major role in primary prevention and in particular considering common risk factors of obesity and lack of exercise which are relevant to arthritis, osteoporosis, cardiovascular disease and diabetes.

In fact, it is in the area of risk factors that collaboration with other groups, governments, health professionals and health delivery organisations, might be most effective. All countries need to adopt strategies to reduce obesity and to improve exercise, particularly in our young people. They are the future, but also the future patients with arthritis and osteoporosis if they do not exercise and take adequate calcium.

Issues that need to be addressed:

It is clear that in many countries significant barriers exist to the establishment of effective prevention and control programs for the musculoskeletal disorders. In order to overcome these barriers, national organisations need to address some of the following issues:

- Strengthen partnerships between healthcare systems (public and private) and other sectors

of society (government and non-governmental organisations particularly in the area of education, labour and transport), international organisations such as the International Labor Organisation, industry (particularly the pharmaceutical and prosthetic industry), the education sector (particularly at a primary and secondary education level). If we could only get children to exercise appropriately and eat the right sort of foods (including calcium rich foods) then many of these young girls would not be getting an osteoporotic fracture in 50 years times. The same thing goes for obesity.

- We need to explore new models of health-care delivery with a particular emphasis on allied health professionals and patient and consumer involvement.

- We need to identify barriers to access essential drugs and devices particularly in low income countries and identify gaps in existing guidelines for the management of chronic

musculoskeletal disease that take into account public health considerations such as cost effectiveness and feasibility particularly for developing countries.

- Finally, we need to establish and promote partnerships with professional, scientific and educational institutions to implement the chronic musculoskeletal disease initiative and to engage government and the entire community in a holistic approach to education and research.

The lead that Australia is taking in developing a national arthritis and musculoskeletal disease plan can be developed in other countries as well. It is important that these national programs are comprehensive and cover all three components of surveillance, prevention and management. It is also important that they involve all parts of a health-care system be they private or public and that whatever is provided is for all patients who require that intervention.

There will be significant economies of scale if primary prevention interventions such as exercise and weight reduction can be common to the other chronic diseases such as respiratory disease, cardiovascular disease, diabetes and certain cancers. Given the importance of those teenage years when rebellion seems to be the norm, collaboration between health-care providers and the school system to educate children about the dangers of tobacco smoke, promotion of exercise and the development of good eating strategies including adequate calcium intake are incredibly important. And finally, we need to be promoting research collaborations – linkages between basic science and clinicians to develop better therapies for arthritis and osteoporosis.

Let us all work together and join the Bone and Joint collaborative.

Visit: www.boneandjointdecade.org

Osteoporosis in Sri Lanka

The diagnosis was obvious: multiple strokes, heart disease with heart failure, and diabetes. The 91-year-old lady is a VIP, the mother of a politician, so the hospital director said that she should be admitted to the intensive care unit. The attending physician took a look. "We need to find out why she has weakness in the limbs. It may be Binswangers Disease (strokes in the white area of the brain) so we need to do a MRI". As I reflected on this \$1300 request in an ultra-modern 1001-bed hospital in a suburb of Colombo, my mind darted back to a letter received from my physician friend in Badulla, a city in a remote province 200 km away. He established a diabetes association and his main challenge is getting insulin for children and pregnant mothers – basic medication which is simply not available.

The state of osteoporosis in Sri Lanka has to be seen in this background. With good primary health care and high literacy there is low infant mortality, a low birth rate and a life expectancy of 74 years. But the universally free health services have deteriorated since 1977 due to lack of investment in the state health sector.

Although there are no published epidemiological studies on osteoporosis the burden of the disease is estimated to be high. Studies performed by our group in the suburban community by using heel ultrasound show about 30% of both males and females have low bone mass. Another group has shown about 50% of postmenopausal women have osteoporosis using DXA. One other significant finding is that BMD at the hip is almost al-

ways normal even though the spinal BMD is very low in most of these ladies.

DXA scan or heel ultrasound are not available in the state health sector and only two DXA scanners are available in Sri Lanka, one in the university 100 km south of Colombo (costs \$3) and one in the private sector in Colombo (costs \$30). None of the drugs currently recommended for osteoporosis are available in the government health sector. A generic bisphosphonate costs \$4.50 and a branded product is \$45 per month. The average monthly income is around \$14.00 per person in Sri Lanka. If the World Trade Organisation's (WTO) agreement on Trade Related aspects of Intellectual Property (TRIPS) becomes the law, the average patient will not be able to afford effective drugs for osteoporosis.

Contributed by Dr. Sisira Siribaddana, MBBS, MD, secretary of the Osteoporosis Association of Sri Lanka



Much of the rural population in Sri Lanka relies on state health care services which have deteriorated since 1977 due to lack of investment.



A personal story

Jintana Bounsombat, Thailand

For most of her working life, from the ages of 24 to 50, Jintana

Bounsombat, of Bangkok, worked at a printing company. She used a low-dose steroid to treat bronchial asthma, and she was able to work unhindered. However at the age of 49, she was admitted to hospital because of an acute jaundice attack. She was diagnosed with cholecystitis and had her gall bladder removed. Part of her post-operation treatment was a high-dose steroid. She returned to work, but after a year, at the age of 50, she suffered severe back pain. "The pain was so strong that I could hardly stand," she says. "It was impossible for me to continue working."

She saw an orthopedic surgeon who took X-rays that revealed multiple compression fractures of her lumbar spine resulting from steroid-induced osteoporosis. The surgeon prescribed analgesic drugs and calcium tablets. Jintana had to resign from her job and stay at home, as an invalid without any financial support from her employer.

Her osteoporosis progressed and she suffered the classical "cascade" effect of additional spinal fractures in the thoracic vertebrae, which has led to a kyphosis and loss of height. Then her rib cage collapsed into her pelvis, causing her even more pain and discomfort.

Jintana is now 74, and rarely leaves her home. She warns other women in similar situations to be aware of osteoporosis and visit the doctor for prevention and prompt treatment of osteoporosis.

EU Osteoporosis Consultation Panel reports to the European Commission

On behalf of the EU Osteoporosis Consultation Panel, IOF submitted the final report of an 18-month policy initiative to the European Commission in March 2004. As reported in the last issue of Osteoporosis Action, this policy initiative brought together stakeholders at both national and EU levels to implement practical, cost-effective solutions to prevent fragility fractures. The initiative has resulted in two main reports: the "Action Plan" which outlines the key next steps to fulfill the eight recommendations published by the Commission in 1998, and the policy progress report "Osteoporosis in the European Union: Member States Policy Progress Report, February 2004". This final publication reviews in detail the national findings and ideas resulting from the two meetings of the EU Osteoporosis Consultation Panel in Leiden in September 2002 and 2003.

The "policy progress report" shows that healthcare professionals and policymakers in Europe are starting to work together to reduce the suffering and unnecessary costs caused by osteoporosis-related fractures. There has been significant progress in many countries, as clearly shown in the tables contained in the report. However, the report also shows that:

- Many people at high-risk of an osteoporosis-related fracture are still missing out on appropriate diagnostic tests and proven therapies.
- The majority of Member States have still to make osteoporosis a government healthcare priority and most have no national fracture register to evaluate the effectiveness of preventative programs and plan for future resource allocation.
- Several countries are still failing to reimburse DXA scanning for people at high-risk of osteoporosis-related fractures although good progress has been made in some countries.

Access to DXA scans remains difficult in some countries.

- Some Member States still do not provide reimbursement for proven therapies before fracture.
- Although some Member States have national, evidence-based guidelines for the prevention of osteoporosis-related fractures, these have generally not been endorsed by health authorities and their implementation has not been subjected to audit. Furthermore a number of Member States do not yet have evidence-based guidelines.
- Progress to implement educational campaigns is poor in most countries, so many individuals do not know their personal risk of osteoporosis-related fractures. However some countries are making efforts to let the public know about the need for adequate vitamin D and calcium to optimize bone health.
- More should be done by governments to financially support osteoporosis and related non-profit organizations and to educate healthcare professionals about best practice osteoporosis management.

- Planned research strategies to support policy developments need to be implemented at a national and European level.

IOF plans to continue to interact regularly with the Consultation Panel members and to organise Consultation Panel meetings on a yearly basis to monitor developments, share best practice and agree on priority next steps. The next meeting is scheduled for November 10, 2004 in the European Parliament, Brussels, hosted by the European Parliament Osteoporosis Interest Group. Subject to budgetary constraints it is also planned to expand the Panel to include representation from New Member States.



On behalf of the EU Osteoporosis Consultation Panel, IOF has submitted the above reports to the European Commission. The new "Member states policy progress report", updated to February 2004, gives a detailed country-by-country overview of progress made since 2001. The reports are available as PDFs on the IOF website www.osteofound.org.

Request to the European Commission

After reviewing the Member States policy progress report and Action Plan the Commission is requested to:

- Distribute the reports to Ministries of Health of Member and New Member States.
- Support Member and New Member States in achieving a coordinated implementation of the key steps outlined in the Action Plan including the coordinated ongoing collection of fracture data. Such data collection is vital for the evaluation of preventive strategies, to enable economic modelling and to plan healthcare resources for the future.
- Prepare a proposal for an EU Council Recommendation on the prevention of osteoporotic fractures.



The meetings in Leiden in September 2002 and 2003 brought together policy makers, osteoporosis experts and patient society representatives to discuss practical solutions for the prevention of fragility fractures.

OSPFI and the fight against osteoporosis in the Philippines

Exact figures of the prevalence of osteoporosis in the Philippines are not available, but a 1991 survey carried out in the National Orthopedic Hospital (now called the Philippine Orthopedic Center) from 1979-1988 showed that 62.9% of the patients aged 50 and over who had been admitted for fractures were affected by osteoporosis. Sixty-three percent of these fractures were at the femur (the hip). These figures suggest that osteoporosis is indeed a serious problem in the country. With a growing population of elderly Filipinos, the increase in osteoporosis-related fractures will translate into a potentially huge health and social problem in the near future.

In response, the Osteoporosis Society of the Philippines, Inc. (OSPFI) was created in 1997. The aim of the society is to disseminate information about osteoporosis to the public; to carry out research on the disease; and to promote prevention, treatment and control measures to improve the quality of life for elderly Filipinos. Two of the difficulties faced by the Society include the low awareness of the disease and the perception that osteoporosis is a normal consequence of ageing. The geographic difficulty – the country is made up of 7,107 islands – also poses a major stumbling block in terms of reaching people and providing diagnostic and treatment services.

Since its launch, OSPFI has made progress in increasing awareness of the disease. With encouragement from OSPFI, the former Philippine President Joseph Estrada made a presidential proclamation in 1998 declaring every second week of October to be National Osteoporosis Awareness Week. In line with the proclamation, all national agencies and the private sector were instructed to collaborate with the OSPFI and the Department of Health and to give full support to their activities. National Osteoporosis Awareness Week features extensive media and community activities aiming to make "osteoporosis" a household word. One of the highlights is the motorcade to kick off activities in Manila and other regions of the country. In 1998, a song entitled "Osteoporosis Stay Away From Me" by one of the best composers in the country and sung by a popular young singer, was heard all over the country.

The society holds annual scientific meetings which include international speakers as well as more than 10 "lay fora" per year. These meetings bring information about bone health to high school and college students, discuss screening and treatment options among Rotary Club members, ambassador's wives groups and women's organizations; and include interactive public sessions in various regions with the participation of local officials.



"The presence of older people in the world needs to be recognized as a gift."

Professor Tito Torralba, founding president of the Osteoporosis Society of the Philippines, Inc.

Although OSPFI has accomplished much, it still faces many challenges in the future. The society's belief that "the presence of older people in the world needs to be recognized as a gift" will continue to drive its work. By working to prevent osteoporotic fractures in the Philippines, OSPFI supports the right of the elderly to a productive social and economic life, adequate health care, and a good quality of life.

Contributed by Professor Tito Torralba, founding president of the Osteoporosis Society of the Philippines, Inc.

Irish minister opens conference on osteoporotic fracture care

The Irish Osteoporosis Society organised a conference entitled "An Integrated Approach to the Prevention and Treatment of Osteoporotic Fractures" in Dublin on February 10th and 11th 2004. The conference, initiated by David Marsh, professor of Trauma and Orthopaedics at Queens University Belfast, was held in cooperation with the IOF, National Osteoporosis Society (UK), Irish Orthopaedic Association, and the British Orthopaedic Association. The conference brought together international speakers from the fields of bioengineering, general practice, geriatrics, nursing, orthopaedics and rheumatology. In her welcome to the delegates, Moira O'Brien, president of the Irish Osteoporosis Society, emphasised the importance of an integrated approach in the fight against osteoporosis, stating that "Osteoporosis is a silent disease. The first sign of osteoporosis is usually a minimal trauma fracture, which is seen by an orthopaedic

surgeon. Early identification and treatment of osteoporosis is imperative to preventing further fractures occurring."



Ivor Callely, minister of state with responsibility of older people at the Department of Health & Children, opened the conference, stating that the "interdisciplinary team-based approach to primary care provision...has applica-

tion to the prevention and treatment of osteoporotic fractures. In this way Ireland will, I hope, be in a position to ensure that known ways of reducing the risk of this disease are widely promoted."

The conference ended with a charity lunch in aid of the Irish Osteoporosis Society. Mrs. Camilla Parker Bowles, president of the UK National Osteoporosis Society, attended the lunch and launched a new osteoporosis video and workbook for secondary schools in Ireland. The lunch was also attended by Minister of State Síle De Valera of the Department of Education & Science, Mary Anderson, board member of the IOF, and the presidents of the Irish, British and Scottish Orthopaedic Associations.



Photo left: Minister of State Ivor Callely opened the Dublin conference. Above: Fundraising lunch attendees included (from left) Mrs. Camilla Parker Bowles, president of the NOS, Mrs. Geraldine Byrne, patron of the Irish Osteoporosis Society and Prof. Moira O'Brien, president of the IOS.

POLICY ACTION AROUND THE WORLD

TV advertising impacts on national societies

The international TV spot launched by IOF in 2003 has been broadcast in some 40 countries so far and has been successful in helping to raise awareness and recruit new membership for many of the national osteoporosis societies. In Romania, for example, the TV spot directed viewers to the patient society's website – the thousands of visitors caused the website to jump from 200 to 2nd place in the search engines within two weeks. In Brazil, hundreds of people called to find out more about their osteoporosis risk and society membership increased. The spot has shown that TV advertising has a unique capacity to heighten individual awareness of osteoporosis, raise the profile of national osteoporosis societies and increase their influence.

Reimbursement reduced in Bulgaria

Since February 16, 2004, the reimbursement of medication for the treatment of osteoporosis was reduced from 50% to 25% because of the deficit in the national Health-Insurance Fund. As a result the Association "Women without Osteoporosis" held a series of press conferences highlighting the plight of patients forced to terminate their active treatment because of reductions in reimbursement. Official letters to the president, the premier, the chairman of the Parliament, the minister of health and the manager of the health insurance fund were sent. A national campaign has been initiated to collect signatures for a declaration to protect the rights of osteoporosis patients.

Italian government giving osteoporosis higher priority

The Italian government is giving more focus to osteoporosis. A national survey conducted in 2003 by the Health Commission of the Italian Senate lists a number of policy recommendations directed to the Ministry of Health and the regional authorities. The recommendations include increasing the priority of osteoporosis at national and regional levels, urgently considering osteoporosis on the list of chronic, disabling diseases, considering reimbursement of all proven therapies before fracture for individuals at high risk, and creating a national fracture database. In addition, a working group was established in 2003 by the Italian Ministry of Health to act as a consulting body to harmonize activities in the 21 regions, define essential care levels at a national level, and help define future strategies, projects, and plans to fight osteoporosis. The work of this group, and implementation of the policies set out in the national survey, represent a significant step towards achieving the 1998 EU recommendations for osteoporosis in Italy.

First osteoporosis consensus statement in India

In October 20, 2003, in conjunction with World Osteoporosis Day, the Osteoporosis Society of India partnered with the Indian Society for Bone & Mineral Research (ISBMR), formally released "Action Plan Osteoporosis", the first consensus statement on osteoporosis in the Indian subcontinent. The guidelines are the result of a discussions held at an Expert Group Meeting on Osteoporosis at the All India Institute of Medical Sciences, New Delhi in February, 2003 which brought together some 25 experts from all over the country. The guidelines developed by OSI have been endorsed by Association of Gerontology (India), Bone & Joint Decade (India), Indian Academy of Geriatrics, Indian Rheumatology Association and Indian Society for Bone & Mineral Research.



OSI President Dr AB Dey presenting the "Action Plan Osteoporosis" at the World Osteoporosis Day event on October 20, 2003.

Specialist training in Poland

The Polish Osteoarthrology Society and the Polish Foundation of Osteoporosis are developing a teaching and certification program to train health professionals in handling complex osteoporosis, osteoarthritis and other diseases. Doctors who obtain this qualification will be designated as specialists in bone and joint diseases and will be entitled to handle all patient-related problems in osteoporosis and other related diseases. Currently in Poland, as in many other countries, osteoporosis is treated by doctors of various specialties (general practitioners, rheumatologists, endocrinologists, gynaecologists, orthopaedists) and doctors are entitled to diagnose and treat osteoporosis independent of their qualifications. This situation generates common errors due to lack of current knowledge of bone and joint diseases. If approved by the Ministry of Health, the new certification program will contribute significantly to higher standards of care for osteoporosis patients in Poland.



Toscani photographic exhibition shown in Oslo.

Successful photographic exhibit in Norway

Health care policy in Norway was the focus of the press conference launching "Osteoporosis: A Photographic Vision", which was presented March 8-13, 2004 at the Posthuset I Kvadraturen, the landmark old Post Office building in Oslo. The dramatic photographic exhibition, created by Italian photographer Oliviero Toscani, was produced by IOF and the Deutsches Grünes Kreuz (DGK) and has been shown in Italy, Spain and Belgium. Organizations which participated in the press conference included the BJD-Norway and the Norwegian Osteoporosis Society.

1st Advanced IOF Training Course in Osteoporosis for Latin America

Some 100 physicians from eight countries attended the first IOF Latin American Advanced Training Course in Osteoporosis held in the Dominican Republic in February 2004. The course was organized by IOF Board Members Gregorio Riera and José Zanchetta with the support of two national societies – the Consejo Dominicano de Lucha contra la Osteoporosis and the Fundacion Dominicana de Enfermedades Metabolicas, Menopausia y Osteoporosis. The Latin American course mirrors the English-language courses held each year by IOF in Lyon France and is the first project in IOF's program to improve public awareness and professional knowledge of osteoporosis in Latin America

The course was also successful in generating media interest. A press conference was followed by two television interviews (including one on prime time television) and numerous reports appearing in local newspapers.



IOF Board Member Gregorio Riera being interviewed by Jattna Tavares on prime time television

Icelandic survey shows 98% are aware of osteoporosis

Iceland's government targets 25% reduction in hip fractures by 2010

Since its launch in 1997, Beinvernd – the Icelandic Osteoporosis Society – has worked enthusiastically on raising awareness about osteoporosis as a serious and debilitating disease. TV advertising has been an integral part of the educational work carried out by the society. In 1999 the first TV-ad campaign was carried out to raise awareness about osteoporosis. In 2002, on Beinvernd's 5th anniversary, a new TV-ad campaign was launched with corresponding print ads. This was part of the project for which Beinvernd won the IOF-Lilly Policy Initiative Award in 2002. A new TV-ad focused on osteoporosis in men will be running this year.

A 2003 Gallup-survey was initiated in order to evaluate the public's awareness and attitude to osteoporosis as well as to evaluate the success of the advertising campaigns. Whereas five years ago very few people knew about osteoporosis, the results of the survey show

that 98% of the 787 respondents (both men and women between the ages of 16 and 75) know about the disease. It is tempting to conclude that this advertising campaign has been successful. However, the campaign is not the only aspect of Beinvernd's awareness-raising program. Booklets and school material have been published, lectures have been presented, and articles and interviews have appeared in the media. The website, www.beinvernd.is, attracts an average of 7.000 – 8.000 visitors per month. All this has contributed to the high level of awareness in the country.

But what has the government done so far regarding osteoporosis? DXA scanning has been reimbursed since April 1999; drugs to treat osteoporosis before the first fracture are reimbursed; and one of the main goals of the National Health Care Plan is to reduce the incidence of hip fractures by about 25% by 2010.

Furthermore, Beinvernd has received some financial support from the government for specific projects. Beinvernd has applied for financial support that equals the cost saved by preventing the 'first fracture'. The rationale for the application is that if Beinvernd's awareness campaigns help to prevent fractures, especially the first fracture, the cost saved should be used in osteoporosis prevention programs. The results of the survey will be presented to MPs on World Osteoporosis Day in October 2004.

Contributed by Halldora Bjornsdottir, director of Beinvernd

Beinvernd has been very active in raising awareness of osteoporosis among policy makers. Below, a WOD 2003 event for women MPs at which Jonina Bjartmarz, MP, chair of the Government Committee of Health, is tested by Beinvernd Director Halldora Bjornsdottir and (right) Dr. B. Gudbjornsson, president of Beinvernd.



IOF International Osteoporosis Foundation



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IOF membership is composed of three separate committees. A complete list of members and contact details for the CNS can be found on the IOF website: www.osteofound.org

IOF Committee of Scientific Advisors (CSA)

Chair: R. Rizzoli, 68 members

IOF Committee of National Societies (CNS)

Chair: H. Minne, 163 members in 81 countries, territories and regions

IOF Committee of Corporate Advisors (CCA)

Chair: Y. Tsouderos, 35 members

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

The International Osteoporosis Foundation (IOF) is an independent non-profit umbrella organisation dedicated to the world wide fight against osteoporosis. IOF's network includes 163 member societies in 81 countries, territories and regions.

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

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