



*"The Commission will support the Council – as well as Member States – in any initiative aimed at*

*preventing osteoporosis, which has a major impact on people's health and quality of life, and furthermore places a heavy burden on health care and social systems in Europe."*

Markos Kyprianou, European Commissioner of Health and Consumer Protection, December 2004

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- 2 Osteoporosis in Europe – a new report tracks the road to progress

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  - 5 Getting the big picture – the epidemiology of osteoporosis

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  - 5 Far-reaching osteoporosis strategy announced in Ontario

---

  - 6 'Drink Milk. Grow to be Great'

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  - 7 'Osteoporosis: A Photographic Vision' opens in Scandinavia

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  - 8 Move it or lose it: Exercise focus of WOD 2005

# Osteoporosis in Europe – a new report tracks the road to progress

How has the prevention, diagnosis and treatment of osteoporosis progressed in Europe since the 1998 publication of the landmark 'Report on Osteoporosis in the European Community – Action for Prevention'? A new survey report compiled by the EU Osteoporosis Consultation Panel shows that significant progress has been made, but much more needs to be done to fight the expected increase in osteoporotic fractures. The report, 'Osteoporosis in Europe: Indicators of Progress', compiles the results of a questionnaire completed by members of the EU Osteoporosis Consultation Panel, an informal body which brings together policy makers and osteoporosis experts from the Member States. The graphs and charts from this report, many of which are shown here, reflect the main indicators of progress in osteoporosis management in each country.

## Osteoporotic fractures: Expensive and on the increase

The overall costs of all osteoporotic fractures are enormous and, without a doubt, on the increase. According to a recent study by Professors John Kanis and Olof Johnell, the current burden of all osteoporotic fractures is estimated in excess of 30 billion euros, a number which will certainly more than double in the next few decades. The 2002 UN World Population Prospects estimate that by 2040-2050 average life expectancy in Europe will rise to 80.5 years and one third of Europe's population will be at least 60 years old by 2050. The ageing of the population has serious implications for the management of osteoporosis. If the rate of fractures is not reduced, the impact on health care serv-

ices will rise to disastrous levels– more hospital beds, more rehabilitation, and greater demand on outpatient services and long term nursing care.

The data shows that the risk of hip fracture generally follows a gradient from very high in Northern Europe to moderate in Southern Europe. When compared to 1998 data collected in a previous IOF audit of the original 15 Member States, most of these countries are reporting a clear increase in the number of hip fractures. Especially high increases are reported for Austria, Germany, Ireland, the Netherlands, and the United Kingdom. Although not always available, age-related statistics of hip fracture show the far higher incidence of hip fractures in the elderly as compared to the general population. In France for example, some 68 women per 10,000 and 26 men per 10,000 over the age of 65 suffered a hip fracture each year (as compared to the 7.91 per 10,000 reported for the general population).

As would be expected, the acute hospital cost of a single hip fracture ranges greatly from country to country. Especially high hospital costs per fracture were reported for Austria (30,000 euros), The Netherlands (28,250 euros) and Germany (20,000 euros). But acute hospital costs are just one aspect of the true cost of hip fractures. In countries where the total care costs are available, the total care cost is as much as 2.5 times greater than the acute hospital costs.

The risk of hip fracture generally follows a gradient from very high in Northern Europe to moderate in Southern Europe.

## EDITORIAL



Dear Readers

One of the alarming messages in the new report "Osteoporosis in Europe: Indicators of Progress" is that (with approximately one third of Europe's population expected to be at least 60 years old by 2050) a progressively ageing population will pose serious challenges for the future management of osteoporosis.

This is no less true for other parts of the world where the proportion of aged in the population is also rising.

The 60-year-olds of the year 2050 are now 15 years of age. NOW is the time to teach these young people healthy habits for life. We must all focus our activities on children, teenagers and young adults NOW, because otherwise these will be the sufferers of the future.

And we have to change health policy throughout the world NOW if we want to reduce the future burden of this too often neglected disease.

Yours

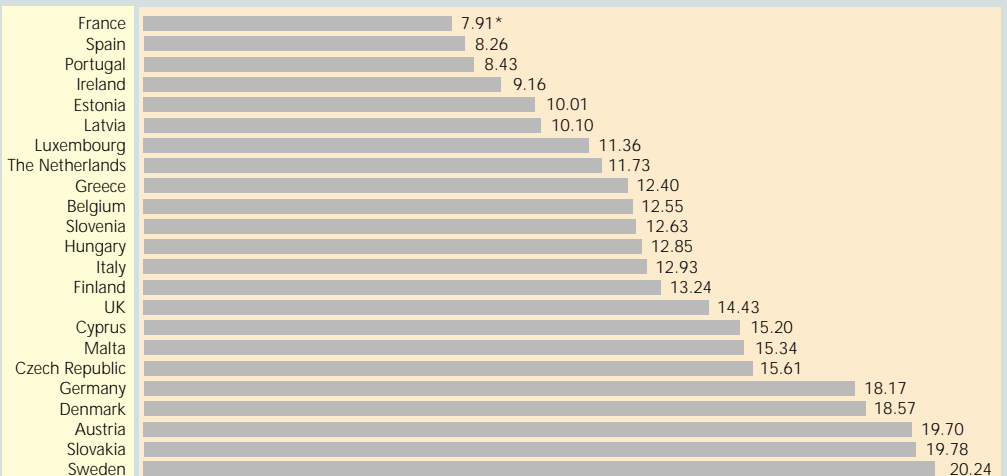
Helmut Minne



The 12-page report is available on the IOF website: [www.osteofound.org](http://www.osteofound.org)

## Number of hip fractures per year per 10,000 population

Based on latest available annual data, ranging from 2000 to 2003.



\* INSERM 1996. The incidence of hip fractures / year in women and men over 65 years is 67.9/10,000 and 26.1/10,000 respectively (reference: Law on Public Health adopted by the French Parliament in 2004.)  
Reliable data not available for Lithuania and Poland

**Reimbursement in the public health care system of proven therapies**

	Full reimbursement	Partial or restricted reimbursement	No reimbursement
Austria	YES		
Belgium	YES*		
Cyprus	YES***		
Czech Republic		YES	
Denmark		YES but only after individual application to the authorities	
Estonia		YES (50% of cost covered up to euro 25)	
Finland		YES	
France		YES (only after fracture)	
Germany		YES (only after fracture)	
Greece	YES****		
Hungary	YES*/****		
Ireland		YES	
Italy	YES*		
Latvia			NO
Lithuania		YES	
Luxembourg		YES	
The Netherlands	YES		
Malta			Generally NO
Poland			NO (for majority of treatments)
Portugal		YES	
Slovakia	YES**		
Slovenia	YES		
Spain	YES (> 60 years)	YES (60% for those < 60 years)	
Sweden	YES		
UK	YES**		

\* Criteria limitations; \*\* Usually with a small prescription fee; \*\*\* Extent of reimbursement depends on the individual's income; \*\*\*\*90% reimbursed

**Reimbursement policy in the public health care system for diagnostic (DXA) scan of the hip and spine**

	Reimbursement	No reimbursement
Austria	YES*/**	
Belgium		NO
Cyprus	YES***	
Czech Republic	YES	
Denmark	YES*	
Estonia	YES*	
Finland	YES*	
France		NO
Germany	YES*	
Greece	YES*	
Hungary	YES*	
Ireland		NO
Italy	YES*	
Latvia		NO
Lithuania		NO
Luxembourg	YES*	
The Netherlands	YES	
Malta	YES	
Poland	YES****	
Portugal	YES	
Slovakia	YES	
Slovenia		NO
Spain	YES	
Sweden	YES	
UK - England, Wales, Northern Ireland	YES**	
UK - Scotland	YES*	

\* With restrictions; \*\* Varies by region; \*\*\* Extent of reimbursement depends on the individual's income; \*\*\*\*Only as part of consultation

Proven therapies must be reimbursed for people at risk of osteoporotic fracture.

Restrictions on, or lack of, reimbursement of diagnostic DXA scans mean that fewer people will benefit from early diagnosis.

**Access to bone mineral density measurement is sub-optimal in many countries**

DXA scans (Dual Energy X-ray Absorptiometry) are essential to properly diagnose and monitor osteoporosis. Yet access to bone mineral density measurement is sub-optimal in many European countries. Reasons include limited availability of densitometers, restrictions in personnel permitted to perform scans, low awareness of the usefulness of BMD testing, limited or non-existent reimbursement. Many of the DXA scanners listed in the graph on page 4 are not available to the public health care system, or regional disparity means that some parts of a country are underserved.

**The reimbursement issue is critical**

The aim of treatment is to prevent the development of osteoporosis in order to decrease the risk of fracture. It would seem self-evident that a person with osteoporosis should be given effective, proven treatment to prevent fractures before they occur – just as people with high blood pressure are treated to prevent

stroke and people with high cholesterol levels are treated to prevent heart disease (before the first stroke and before the first heart attack!). Yet, as shown in the graph above, a number of governments still pose restrictions or offer no, or only partial, reimbursement of proven therapeutic options.

The cost of DXA scans to diagnose osteoporosis should also be reimbursed for all Europeans with risk factors for osteoporosis. In countries where diagnostic DXA scans of the hip and spine are not reimbursed, the cost of a DXA scan (which is, for example, an average of 40 euros in Belgium, 50 euros in France and 33 euros in Slovenia) may inhibit people on lower incomes from getting tested. Restrictions on, or lack of, reimbursement mean that fewer people will benefit from early diagnosis.

The complete report also examines issues such as the range of waiting time for a DXA scan and the availability of guidelines. A summary of the report findings is listed on the following page.



**A personal story**

**Inese Ergle, osteoporosis patient and president of the Latvia Osteoporosis Patient and Invalid Association**

After several years of extreme pain, Inese Ergle was diagnosed with osteoporosis when she was just 30. She had been to numerous doctors and had many X-rays before a diagnostic DXA scan finally revealed the cause of her pain and immobility. Inese was fortunate to find knowledgeable doctors and she received treatment, which quickly had beneficial effects. Although her back-pain still remains due to damage that is irreversible, she now enjoys freedom of movement and has regained much of her quality of life.

But a constant source of worry has been the high cost of medication, which eats up one-third of her income every month. With governmental promises to provide reimbursement for diagnosis and treatment being postponed several times, Inese and other concerned patients and doctors decided to take matters into their own hands. In 2002 they established the Latvia Osteoporosis Patient and Invalid Association, which is advocating reimbursement and is working to raise awareness of osteoporosis in Latvia. They have achieved much in a short time: patients are now looking forward to a positive decision on reimbursement policy at the end of this year. This important step will permit many sufferers who cannot afford medication to finally receive much-needed treatment for this chronic and debilitating disease.

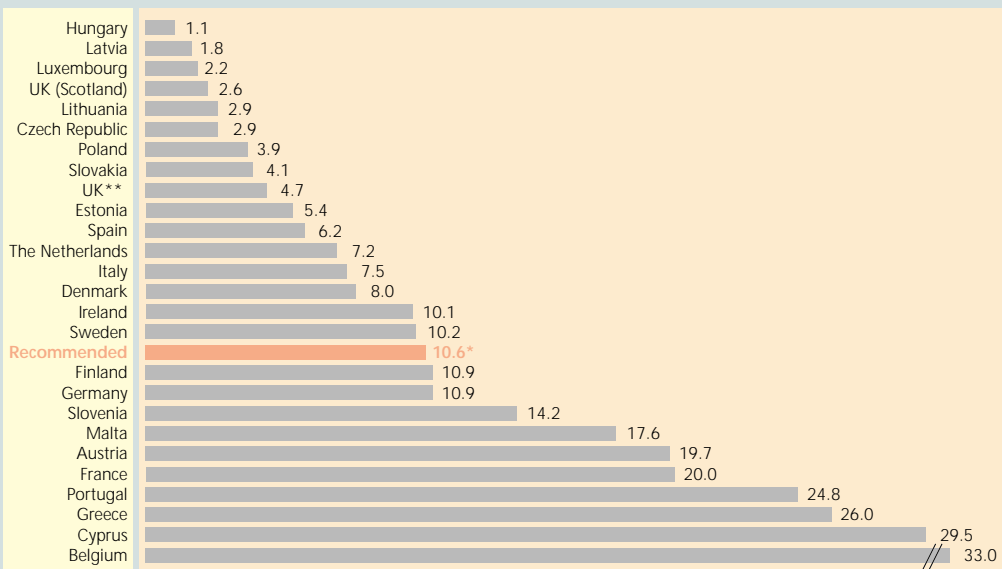
**Working towards a Council Conclusion**

The Report on Osteoporosis in the European Community – Action for Prevention', published by the European Commission in 1998, listed eight specific recommendations for reducing the burden of osteoporotic fractures and improving the quality of life for those who suffer from the disease. Although health care is the responsibility of the individual Member States rather than the EU, the influential report provides a recommended 'blueprint' for national action which has even had impact outside the European Union (see article on Bulgaria, page 4).

The European Parliament Osteoporosis Interest Group is working towards a next step, a Council Conclusion on osteoporosis – hopefully to be realized by the end of 2005. This would be an important milestone which would build on work conducted over the last seven years to assist Member States and the Commission with the ongoing implementation of the 1998 recommendations and the key steps of the EU Osteoporosis Consultation Panel's Action Plan.

### Number of diagnostic scanners in the EU

No. of Diagnostic (hip DXA) Scanners/million population



\*Recommended no. of DXA scanners put to optimal use within the public health care system from Kanis JA, Johnell O – Requirements for DXA for the management of osteoporosis in Europe. Osteoporos Int (2005) 16:229-238  
 \*\*England, Wales, Northern Ireland

Not all the scanners available in every country are for use in the public health care system. And, geographic distribution within a country is often patchy, resulting in poor access and long waiting times for some patients.

## A summary of the findings

It is evident from the report that some progress has been made to date, with numerous governments – in particular Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Portugal, Spain and the UK – paying more attention to osteoporosis. However, much more needs to be done to ensure high levels of bone health for all Europeans.

- Obtaining accurate data on the numbers of hip fractures and related costs remains a challenge. This demonstrates the need for the coordinated collection of fracture data.
- Guidelines on diagnosis, treatment and care in a large number of Member States are still not endorsed by national governments or are not yet available. Government endorsement and funding are vital to ensure that these guidelines are effectively implemented.
- Many Member States are under-resourced in diagnostic facilities. Even in those

Member States that appear to have adequate scanners, many are not available to the public health care system and/or have patchy distribution within the Member State. This results in poor access and long waiting times in many countries.

- In a number of Member States, the lack of appropriate reimbursement of diagnosis and treatments to prevent fractures caused by osteoporosis continues to result in unnecessary suffering and excessive health care costs.

### Important actions for the immediate future include:

- Developing a coordinated collection of fracture data so that preventive strategies can be evaluated, realistic health targets set and future health care resources allocated.
- Ascertaining that all Europeans affected by osteoporosis have access to appropriate diagnostic and treatment interventions, through the development and implementation of national, government endorsed, evidence-based guidelines.

## Protests by non-governmental sector yield results

### Bulgarian government reinstates treatment coverage of osteoporosis before fracture

According to the Bulgarian Ministry of Health's Regulation 38, published at the end of last year, the Health Insurance Fund in Bulgaria would cover the costs for medical treatment of osteoporosis only after a fracture had taken place (code I80). This decision gave rise to a strong reaction on the part of non-governmental organizations within the country, which were supported by health specialists and broadly reflected in the media.

The meetings and discussions held by the Association "Women without Osteoporosis" with policy makers from the Ministry of Health initiated a fruitful dialogue. The Association provided the Ministry of Health with

data collected from bone density screening examinations from its three national projects: "One minute for health – health for all your life", "Early notice to women at 50 about the risk of osteoporosis" (a project which won an IOF grant at the World Wide Conference of Osteoporosis Patient Societies in Istanbul, 2003) and "Osteoporosis in the Workplace" (inspired by the IOF report of the same name). These data provide information on the actual statistics for osteoporosis in Bulgaria that make it possible to estimate the number of people with reduced bone density but without fractures who should be receiving treatment, according to WHO standards. Professor Lidia

Koeva – an expert from the "Women without Osteoporosis" Association – commented on these results in a letter to the Ministry of Health and to the media.

As a result of the campaign and the ensuing dialogue, the government changed Regulation 38 of the Ministry of Health. As of February 1, 2005, osteoporosis was once again included in the list of diseases for which the Health Insurance Fund will pay part of the costs for medication, even if no pathologic fracture (as defined by the international code I 81) has occurred.

In a letter to the Association 'Women without Osteoporosis', Deputy Minister Dr. Petko Salchev stated, "The Ministry of Health has made a change in Regulation 38/16.11.04 and foresees the inclusion of the diagnosis 'Osteoporosis without pathologic fractures'. Thank you for the good manner and your contribution towards finding the optimal solution to patient problems."

Contributed by Aya Lilova, Association 'Women without Osteoporosis'

# Getting the big picture – the epidemiology of osteoporosis

*In Europe and Latin America, researchers seek information to convince governments to make osteoporosis a priority*

By any measure, the European Prospective Osteoporosis Study (EPOS), funded by the International Osteoporosis Foundation (IOF), and other sources is a highly successful scientific endeavor. Initially called the European Vertebral Osteoporosis Study (EVOS), the study was launched in 1989 to survey the incidence of vertebral fractures in a number of European countries. To date, EVOS/EPOS has recruited over 17,000 subjects, men and women, aged 50-79 from 39 centres in 17 countries. More than 100 scientific articles have been published with data from the study, contributing significantly to a public understanding of the impact of osteoporosis.

Among the most recent contributions of EVOS/EPOS were two eagerly anticipated presentations at the IOF World Congress on Osteoporosis, held May 12-18, 2004, in Rio de Janeiro, Brazil. Researchers combined EVOS/EPOS data with those of other studies in order to perform “meta-analyses” that confirmed smoking as a risk factor for osteoporosis and also confirmed the value of measuring bone density as a predictor of fracture risk.

A current focus for EPOS is the sharing of EPOS data with the European Union sponsored GENEMOS study on the genetics of osteoporosis. Genetic researchers will use blood samples from participants in EPOS to determine whether minute variations in the genetic code make some people more likely to suffer osteoporotic bone fractures.

“Until recently, scientists have mainly looked for genes that affect bone mineral density, but this hasn’t been very fruitful. Now the focus is on large studies of genes related directly to fracture risk,” says EPOS coordinator Jonathan Reeve of the University of Cambridge in England.

GENEMOS researchers have already found one – a gene that affects estrogen – and other genes that appear likely to affect bone strength will be examined for links to fracture. EPOS data are also being used for the NEMO Thematic Network on Male Osteoporosis, also funded in part by IOF.

## A Groundbreaking Study in Latin America

They say that imitation is the sincerest form of flattery. In Latin America, researchers led by Dr. Patricia Clark of the Universidad Nacional Autonoma de Mexico in Mexico City have followed in the footsteps of EVOS/EPOS by launching the Latin American Vertebral Osteoporosis Study (LAVOS). Currently, one of every four hip fractures in the world occurs in Latin America and Asia. As people in these regions live longer, with more sedentary urban lives, that number will increase to one out of every two fractures worldwide by 2050, according to one estimate.

LAVOS was designed to give an epidemiological snapshot of osteoporosis in a few Latin American countries. In order to facili-



The Latin American Vertebral Osteoporosis Study (LAVOS) covers 11 countries in Latin America. For the LAVOS study in Vitória, state of Espírito Santo, Brazil, Rodolfo Rozindo Machado interviews a LAVOS study participant, as study coordinator Dr. Patricia Clark (r) observes.

tate comparisons with European countries, Clark and her colleagues decided to adopt methods similar to those of EVOS/EPOS. Although LAVOS is only a few years old, researchers from the study also made a significant impression at the IOF WCO in Rio de Janeiro this past year, presenting preliminary studies from Mexico and Brazil.

The success of a multinational Latin American study like LAVOS could have significant implications for determining whether governments and other organizations support osteoporosis, according to the researchers. “Individual advocates in each country have a very difficult time convincing health authorities that there is a real problem, without the information from supranational organizations like EVOS/EPOS and LAVOS,” says Dr. José Zanchetta, of the Instituto de Investigaciones Metabólicas in Buenos Aires and IOF Board member from Argentina.

# Far-reaching osteoporosis strategy announced in Ontario

*Could this set an example for other Canadian provinces?*

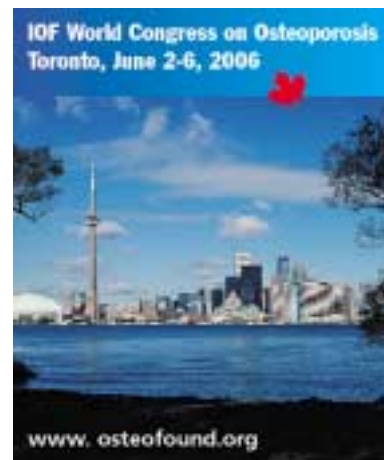
At a February 22, 2005 breakfast event attended by MPPs, health care professionals, osteoporosis patients and civil servants, Ontario Minister of Health and Long-Term Care George Smitherman announced a provincial Osteoporosis Strategy supported by a \$5 million ongoing annual investment.

“It’s a great day for the more than half a million Ontarians with osteoporosis and for those at risk, who have been ignored for far too long,” said Karen Ormerod, president and CEO of the Osteoporosis Society of Canada.

## The Strategy has five components:

- Helping prevent the onset of osteoporosis by educating seniors and school children about bone health
- Improving early diagnosis by ensuring the appropriate use of bone density testing
- Integrating services to provide enhanced treatment, including creation of a province-wide fracture clinic program to improve diagnosis and prevention of future fractures
- Tools to help practitioners use clinical practice guidelines
- More research to increase knowledge about osteoporosis

The Ontario Osteoporosis Strategy puts the province at the forefront of osteoporosis care and prevention – and perhaps will set an example for other provincial governments across the country.



The Osteoporosis Society of Canada will co-host the upcoming IOF World Congress on Osteoporosis to be held in Toronto, Ontario.

# 'Drink Milk. Grow to be Great'

## A Polish social campaign increases milk consumption

Since early in 2003 a nationwide campaign supporting osteoporosis awareness has been running in Poland with the slogan: "Drink milk. Grow to be great". This campaign is organized and managed by the International Advertising Association of Poland (IAA, PI). Higher milk consumption among children has already been observed as a result of the far-reaching campaign. This is particularly important at a time when millions of Poles are at severe risk of osteoporosis. As milk is high in calcium, promoting milk consumption among children and young people will translate directly into a healthier society. In line with these objectives, all the individuals and organizations taking part in the campaign donated their services free of charge.

The "Drink milk. Grow to be great" campaign has proved that applying the creative potential of marketing to social campaigns can yield attractive results and is an efficient way of promoting positive models of behavior.

### Strong media participation

The campaign was a success thanks to strong media participation from around 100 media partners. The major TV stations that helped publicize the campaign included: Telewizja Polska S.A. (public TV), TVN, TVN 7, Polsat, Canal+, Cartoon Networks, Discovery, Fox Kids, Minimax, MTV Polska. Print media included: Blizej przedszkola, Claudia, Cogito, Forum, Gala, Metropol, Superexpress, Naj, Polityka, Przegląd, Rzeczpospolita, Tele Tydzien, Wprost and many others, including the best known Polish dailies and influential weeklies as well as the trade press. Web portals also joined in the campaign.

Two thousand posters appeared on billboards across the country and more than 600 vehicles displaying "Drink milk. Grow to be great!" stickers cruised around the streets of the largest Polish cities.

Some 1.4 million theatergoers enjoyed the movie spot in 24 cinemas and children were treated to a number of events that were organized as part of the campaign. The slogan: "Drink milk. Grow to be great!" reached schools and centers in small towns and villages, where parties and concerts were arranged. These were co-organized with local public and educational authorities as well as private institutions and local media.

### Surveying the campaign results

The nationwide campaign was preceded by a pilot phase in Silesia in September 2002. The TV commercials were first broadcast country-wide in January 2003.

In April 2004 the SMG/KRC survey institute polled the public on the "Drink milk. Grow to be great" advertising campaign\*. As many as 68% of respondents were familiar with the campaign (showing a 9% increase over results from a similar survey in April 2003). 88% of those questioned were able to quote the slogan: "Drink milk. Grow to be great" (76% in the previous year). There is no doubt that the slogan has lodged itself in the public memory. Recognition of the media stars appearing in the TV commercials is also very high (85% of all replies were correct).

The number of children of adult respondents who watched the spots and liked them remains at a permanently high level (89%). Last year 36% of parents questioned noticed that their children were drinking milk more willingly. One of the aims of the advertisements and commercials was to make drinking milk trendy and to discredit the idea that milk does not taste good. In comparison to the previous year's result the number of people who enjoy the taste of milk has increased by 4%.

Those questioned appreciated the information that came as part of the campaign. According to their answers, the most important message of the campaign involves the health

benefits of milk and how important it is for children while they are growing. The survey results show that 62% of parents encourage their children to drink milk as they are aware it is an important source of calcium (77%).

### Celebrities lend their support to the campaign

Milk consumption is already being endorsed by Polish celebrities: Kayah (one of Poland's best known pop singers), Boguslaw Linda (one of Poland's best known actors), Jagna Marczulajtis (former European snowboard champion) and Krzysztof Holowczyc (former European rally champion). A famous new face - Shrek! - joined the campaign in its latest phase, launched in January 2005. Permission from DreamWorks and Universal Pictures to use the image of such a popular star to endorse the milk campaign is an unprecedented move. Special thanks are extended to Marek Kosciakiewicz, composer of the advertising spot soundtrack; Zbigniew Zama-chowski, the Polish voice of Shrek; and Universal Pictures Poland for their assistance in the implementation of the campaign. The campaign has been assigned a minimum life of five years.

For more information, contact the IAA Poland Chapter's office: [biuro@iaa.org.pl](mailto:biuro@iaa.org.pl) or [b.pawlowicz@iaa.org.pl](mailto:b.pawlowicz@iaa.org.pl) (general director)

\* The survey was carried out using the "face-to-face" method in the CAPIBUS survey of an all-Polish random sample of 1000 respondents who care for children of 5-13 years of age.

## Promoting bone health

Milk is high in calcium, which is important for bone health - particularly in young people who are still in the process of building their peak bone mass. The Polish campaign shows how a social and media campaign can help promote positive lifestyle choices (in this case increased calcium intake) in the general population. Bone healthy lifestyle will be the focus of IOF's upcoming World Osteoporosis Day campaigns, with exercise as the theme in 2005 and nutrition the theme of the 2006 campaign.



## 'Trust us – we're patients'

*IAPO holds first Global Patients Congress*

The International Alliance of Patients' Organizations (IAPO), of which IOF is a founding member, is a global alliance comprising more than 150 patients' organizations from over 35 countries. IAPO's vision, to place patients worldwide at the center of healthcare, was reflected in the theme of this first Global Patients Congress, held from February 25-27, 2005.

At the congress, over 70 patient leaders from a diverse range of disease areas exchanged valuable skills and experiences, working together to develop strategies to bring patients to the center of health care systems. On the second day of the symposium the EU Commissioner for Health and Consumer Protection, Markos Kyprianou, headed a

high-level international panel of policy makers, patient representatives, providers and industry representatives that considered the benefits and challenges of patient involvement in healthcare policy, systems and delivery.

Speaking at the opening of the meeting on behalf of the Rt. Hon. Dr. John Reid M.P. Secretary of State for Health, UK, speaker Harry Clayton of the UK Department of Health made a significant statement which reflects the mission of IAPO and its members, saying that, "Active patient organizations are vital partners for governments, health professionals and health care providers in improving health and increasing choice for all".



As part of its work to define patient-centred health care, in 2005 the International Alliance of Patients' Organizations will be working with patients' organizations worldwide on a Manifesto to facilitate collaboration and promote patients' views. For further information visit the IAPO website: [www.patientsorganizations.org](http://www.patientsorganizations.org)

## 'Osteoporosis: A Photographic Vision' opens in Scandinavia

'Osteoporosis: A Photographic Vision', which was shown with great success in Norway last year, continues to have impact in Scandinavia, one of the regions of Europe with the highest rates of osteoporosis fracture. The exhibition appeared in Stockholm from February 21-27, 2005, in Helsinki from March 8-18, 2005, and will be shown in Copenhagen starting on April 4, 2005.

'Osteoporosis: A Photographic Vision', is a dramatic three-part exhibition which 'uncovers' osteoporosis, drawing attention to the human face of the disease. The exhibition opens by exposing the burden of osteoporosis with facts about osteoporosis, moves to monumental three-metre tall photographs of patients and ends with a 'Video of Hope'. The photographs, taken by world famous photographer Oliviero Toscani, portray the patients without clothes, both men and women of all ages, from 15 countries. Toscani, who has donated his work and has supported the exhibit by speaking at many of the openings, has praised the patients saying, "The people who agreed to be photographed have shown a large amount of generosity by revealing their physical situation in this way. Through the visual effects of the exhibition they will help other people to find out if they are also exposed to the risk."

Since its initial showing in 2001, the exhibition has travelled to nine European cities, including three major Spanish cities.

The initiator of the exhibition, Barbara von Stackelberg of the German Green Cross, has recently published an exhibition catalogue

which beautifully reflects the scope and spirit of the project\*. Writing in support of the exhibition (which will appear in Berlin from May 14 to June 6, 2005), German Health Minister Ulla Schmidt wrote, "Thanks to the exhibition ... a whole new and interesting path is followed to draw people's attention to this illness. Oliviero Toscani's impressive photographs show how people are affected by osteoporosis. His purpose is to inform and motivate the viewer to take preventive measures against this severe disease."

In Stockholm, Sweden the exhibition was hosted by the Swedish Osteoporosis Patient Society (ROP) in cooperation with IOF, the German Green Cross, and the Bone and Joint Decade (BJD). The opening of the exhibition at the City Conference Centre included a pan-



Oliviero Toscani autographs the exhibition catalogue in Helsinki. Toscani has shown great personal dedication to the exhibition, having spoken at several opening events throughout Europe.

el presentation featuring both patients and osteoporosis experts. As it did in previous showings throughout Europe, the exhibition resulted in widespread national media coverage about osteoporosis and drew several thousand visitors.

Two opening events were held in Helsinki at the Alaston Totuus, an historic exhibition site. The openings were hosted by Vesa Lepola, president, and Maria Valkama, chief executive of the Finnish Osteoporosis Association. Oliviero Toscani spoke about his personal motivation in creating the exhibition and three osteoporosis patients were interviewed. IOF head of communications, Paul Sochaczewski and Elisabeth Rehn, patron of the exhibition (former minister of defense, currently special advisor to Kofi Annan on international peacekeeping issues) later spoke about osteoporosis and efforts to improve its prevention, diagnosis and treatment in Europe and Finland. Four Finnish TV channels covered the opening events.

The Copenhagen exhibition, to be held at the Kunstakademiets Arkitektskole, Meldahls Smedie from April 4-10, 2005, will be opened at a special press conference on April 4th by the Mayor of Health in Copenhagen, Mrs. Inger-Marie Bruun Vierø, Chair of the Danish Osteoporosis Society, Mrs. Ulla Knappe and Mr. Oliviero Toscani. Two national experts on osteoporosis, Dr. Peter Schwarz and Dr. Bente Langdahl, will also be available for interviews.

The exhibitions in Scandinavia, all shown free of charge to the public, were made possible thanks to unrestricted support from MSD. It is expected that the media impact will translate into wider public awareness of osteoporosis throughout the region.

\* 2005 Verlag im Kilian, Marburg, ISBN: 3-932091-91-4

# Move it or lose it

*Exercise focus of World Osteoporosis Day 2005*

Exercise plays a significant role in building peak bone mass, in maintaining bone health and, for people with osteoporosis, has an important role in the prevention of falls and in rehabilitation after fracture. This message is reflected in IOF's 2005 World Osteoporosis Day (WOD) campaign which will take place on and around October 20th.

Prior to WOD, IOF will publish a popular report, edited by IOF Board Member Helmut Minne, called 'Move it or lose it: How exercise helps to build and maintain strong bones, prevent falls and fractures, and speed rehabilitation'. The artwork for the report as well as for WOD posters will be made freely available to IOF members.

As a positive health message with a preventative focus, the exercise theme opens new opportunities for collaboration at many levels. IOF and its members are encouraged to seek partnerships with non-governmental organizations in other disease areas (like obesity and cardiovascular disease) or sports, educational and government organizations inter-

ested in encouraging exercise in the general population. New opportunities for financial sponsorship outside the osteoporosis-related industries are now possible – makers of sports equipment and fitness centers, for example, could be attracted to help support a WOD campaign. Their support could open up exciting new possibilities in staging marathons, walking events or cooperative campaigns with national basketball or soccer associations (all of which have worked successfully in past WOD campaigns around the world).

Sport celebrities are also a powerful means to help spread the 'Move it or lose it' message. Several IOF member societies have already benefited from the wide media coverage resulting from sport celebrity support, with renowned athletes such as Paolo Rossi in Italy, Peter Snell in New Zealand or Mal Maninga in Australia lending their voices to WOD campaigns in the past.

Further information about the campaign will be available on the IOF website in summer 2005.



Awareness campaigns to encourage bone-healthy lifestyles are important elements in a long term strategy to prevent osteoporotic fractures.



International Osteoporosis Foundation



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**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 168 member societies in 84 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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