



This photograph by Yuyung Abdi is the winner of an Indonesian national osteoporosis photo contest. The photo was provided by the IOF member societies in Indonesia, PEROSI and PERWATUSI, in support of IOF's World Osteoporosis Day campaign focused on the role of exercise in bone health.

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International  
**O**steoporosis  
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# Osteoporosis Action

# IOF embarks on intensive targeted support program in Asia

Three of Asia's largest, most economically-active countries are receiving intensive IOF support to promote changes in health care policy for the benefit of people with osteoporosis.

The IOF Targeted Support Program is aimed at the development of three-year programs in India, Indonesia and Vietnam, three Asian countries which are, respectively, the world's second, fourth and 14th most populous countries. Each of the countries is experiencing dramatic economic growth, and the expanding and ageing populations are putting extreme pressure on government health care systems.

Although it is projected that by the year 2050 more than 50% of all osteoporotic fractures will occur in Asia, there are many serious health issues in this region which will compete with osteoporosis for scarce health care resources.

## India: fundraising a main priority

IOF has assisted two Indian members of IOF's Committee of National Societies (CNS) – Arthritis Foundation of India (AFI) and Indian Society of Bone and Mineral Research (ISBMR) to develop a comprehensive three-year program. The program, which follows a similar structure to the IOF international program, includes projects on science, network development, policy change, outreach and education. AFI will take responsibility for the public awareness activities, while ISBMR will take responsibility for the science and physician education elements.

The most urgent policy issue in the program is to develop a "white paper" on the economic impact of osteoporosis. This report will help provide the data needed to convince policymakers that osteoporosis is a serious burden on the population and that it is worthwhile investing in prevention measures from a health economic standpoint.

A major fundraising presentation was held in Delhi on March 30, 2005 at which AFI and ISBMR presented their plans to potential sponsors. Participants included Ambrish Mithal (president of ISBMR) and Sushil Sharma (chairman of AFI), IOF Secretary General Jean Yves Reginster, IOF CEO Daniel Navid, and IOF Head of Communications Paul Sochaczewski.

Expert groups place the number of osteoporosis patients in India at approximately 26 million (2003 figures) with the numbers projected to increase to 36 million by 2013. In the face of these overwhelming statistics, it is no wonder that there is increasing high level support for the osteoporosis movement. The Chief Minister of Delhi, Mrs Sheila Dixit, was at the launch of the IOF Asian advertising campaign in Delhi last year. And, during the targeted support visits, IOF and the society representatives met with Ms. Dixit, with A. Ramadoss, union minister of health, a doctor with a special interest in gerontology, and with Renuka Chaudhary, the minister of tourism, a former minister of health and strong advocate of women's health issues. Both ministers pledged government support for the osteoporosis movement.

## Vietnam: Five key projects planned

Working with the Vietnam Rheumatology Association (VRA), IOF is developing a program of five projects that can be run over the next three years. The VRA already runs successful programs in physician education and has carried out public awareness activities and basic research on osteoporosis in the country. However there are major challenges facing the society. Many doctors lack awareness of osteoporosis and there is a scarcity of diagnostic tools, with just six ultrasound and nine DXA machines in the entire country of 70 million. Furthermore, while most approved drugs are available, they are too expensive for the vast

## EDITORIAL



Dear Readers

Most countries share a common goal – to improve the conditions of life for their people. In this issue of Osteoporosis Action you will see how the fight against osteoporosis is now uniting diverse medical societies, patient groups and policy makers within many countries and regions.

Thanks to their concerted efforts (and the research which underpins their cause) health authorities are beginning to sit up and pay attention to osteoporosis. They are beginning to realize that the goal of improving the conditions of life in their countries must include a strategy to stop the impending epidemic of osteoporotic fractures.

Yours

Helmut Minne

majority of the population – a problem common to the region as a whole.

The targeted support discussions have resulted in plans to further expand the physician awareness programs, establish a website and launch the IOF 'mannequin' advertising campaign. As in India, one of the priorities in Vietnam will be the development of a white paper, since there are few statistics about the extent of osteoporosis in the country.

The IOF targeted support team includes Judy Stenmark (CEO of Osteoporosis Australia and vice chair of IOF Committee of National Societies) and IOF Head of Communications Paul Sochaczewski. The next step is to present the program to all the potential sponsors in the country in November 2005.

## Indonesia: Building on a sound foundation

IOF targeted support meetings were held with PEROSI (Indonesian Osteoporosis Society) and PERWATUSI (Indonesian Healthy Bone Foundation) in early 2005. A major presentation to potential funding partners is planned for July 2005, at which time the new three-year program for PEROSI and PERWATUSI will be unveiled.

The further development of these societies is based on a sound foundation. The well established scientific and patient society work closely together and already enjoy high profile political and celebrity support. For example, the Indonesian Ministry of Health recognizes an official National Osteoporosis Day – and the minister participated personally at the 2004 press conference. Currently, PERWATUSI has



From left: Ambrish Mithal, president of ISBMR; Jean-Yves Reginster, IOF secretary general; Daniel Navid, IOF CEO; Sushil Sharma, chairman of AFI.

five branches and more than 20 clubs throughout Indonesia. PEROSI is active in promoting physician awareness. Having just organized an osteoporosis seminar in East Java, PEROSI is planning the Second Indonesian Congress on Osteoporosis in November 2005.

The lack of osteoporosis statistics in this country of 240 million is partly due to the scarcity of DXA testing equipment. However, as more testing facilities become available in major centres throughout the country, including West Sumatra and East Java, it is expected that country-wide prevalence statistics will become available, hopefully as early as next year.

Plans for a program of approximately eight projects that can be run over the next three years have resulted from this first targeted support meetings. Here too, a white paper will be commissioned.

## UK government announces extra funding for DXA scanners

The National Osteoporosis Society (NOS) welcomed news of extra funding for bone density scanners, announced on April 4, 2005 by the Department of Health.

DXA scanners measure bone density and are the 'gold standard' for diagnosing osteoporosis. "The announcement on funding for bone density (DXA) scanners is excellent news because the NOS has long campaigned about the patchy access to such scanners in the UK. This money will ensure that areas that still need to purchase DXA scanners will now be able to do so," said NOS Chief Executive Terry Eccles. "The ongoing challenge for the NHS is to afford, recruit and

train staff to ensure that new and existing scanners are used to their optimum capacity. Better provision will shorten waiting times which can only be good for patients because this will speed up their access to diagnosis and treatment," added Mr. Eccles.

Given that this funding is only available for primary care trusts in England, the NOS remains committed to campaigning to ensure DXA provision is of an equal standard across the UK.

In the UK osteoporosis costs the government and NHS £1.7 billion annually, equivalent to £5 million per day.

## Further steps towards osteoporosis prevention in Europe

*European Parliament Osteoporosis Interest Group Meets in Brussels*

Péter Olajos MEP, co-vice chair of the European Parliament (EP) Osteoporosis Interest Group, hosted a meeting on June 1, 2005 for some 30 Interest Group members, invited representatives from the European Commission, health counsellors from Member State Permanent Representations to the EU and some members of the EU Osteoporosis Consultation Panel at the European Parliament. In his opening remarks, Mr. Olajos stated that over the past seven years work has been done at the European level to raise awareness about the serious social and economic consequences of osteoporosis and to stimulate much needed policy developments. "The good news is that with the support of committed individuals we are starting to see some significant progress," he said.

Speakers at the meeting included Milan Cabrnoc MEP, member of the EP Osteoporosis Interest Group, who outlined the launch of a multi-stakeholder awareness campaign in the Czech Republic (see p. 8) and An-

gela Jordan, policy manager, UK National Osteoporosis Society (NOS), who announced the UK government's recent pledge to improve diagnostic services in England (see above).

Angelika Niebler MEP, co-chair of the EP Osteoporosis Interest Group, listed a few of the recent steps forward at the EU level, stating that "these examples are just the beginning of a long process". Dr. Niebler reminded participants that it is extremely important to ensure that osteoporosis is part of the 7th Framework Programme, the EU's main instrument for funding scientific research over the period 2007 to 2013.

Hubert Hrabcik, director general of Public Health, Austrian Federal Ministry of Health and Women, presented a brief overview of the Austrian experience and confirmed that women's health would be among the main issues during the term of the Austrian presidency of the EU in the first half of 2006. In response to Dr. Hrabcik's presentation, Dr. Olli Simonen, Finnish member of the EU Osteoporosis Consultation Panel and government ministerial advisor, raised the all important issue of a Council Conclusion. "We need a Council Conclusion as a next step or we cannot do much more at the national level," stated Dr. Simonen. Dr. Hrabcik responded that he will be committed to raising the priority of osteoporosis during the Austrian presidency and hoped that "we can finish this at the end of our presidency".



### Personal Story

Anne Wong,  
Hong Kong

Anne Wong, 64, had suffered from chronic pain since her early sixties. She

recalls, "I was in so much pain. It interfered with my life and I was depressed. Soon I found that my back looked humped, but I thought that the back pain and bent back were common in older women, so I did not consult a doctor."

Three years ago, Anne slipped on the bathroom floor and suffered a severe compression fracture of the spine. After being hospitalized, a bone density test confirmed that she had osteoporosis. Her physical therapist taught her stretching and strengthening exercises, and explained that these activities could rebuild a weak skeletal frame, improve postural symmetry, and also help to reduce falls. Anne decided to incorporate what she had learned into a serious exercise regimen. Now, she does stretching and strengthening exercises for one hour twice a week. She also practices Tai Chi for half an hour each morning.

Anne's physician has found that she had no further reduction in height, and also had an increase in bone density with medication. Her back pain is gone. Her muscle strength has improved significantly and she has much better coordination. "I am aware of the importance of regular exercise," says Anne. "I feel much stronger and happier. Now I have confidence in fighting osteoporosis."

*The role of exercise in bone health and rehabilitation is the theme of IOF's World Osteoporosis Day activities in 2005. Visit the IOF website for further information.*



From left: Istvan Marton, general secretary and co-founder of the Hungarian Osteoporosis and Osteoarthritis Society; Péter Olajos MEP, co-vice chair of the EP Osteoporosis Interest Group; Mary Anderson, IOF board member; Milan Cabrnoc MEP.

# Osteoporosis in France

*New Law on Public Health aims to decrease number of falls and fractures*

Although critical issues of reimbursement are still to be resolved, the French health authorities are continuing to take important steps forward in improving the nationwide prevention, treatment and diagnosis of osteoporosis.

A significant step was making osteoporosis one of the national health priorities in the new Law on Public Health adopted on August 9, 2004 by the French Parliament. The goals are ambitious: A 10% decrease of femoral neck fractures by 2008 and a decrease of falls in the elderly (65 years and older) by 25% as well. These are specific targets within the broader goals of a general improvement of the levels of physical activity and nutritional status of the French population, including calcium and vitamin D intake.

One of the main goals of the national program – Nutrition for Health (PNNS), running from 2001 to 2005, and administered by the Ministry of Health, is to increase calcium intake. The program aims to reduce by 25% the number of people with insufficient calcium and vitamin D intake and to increase calcium and vitamin D status in children, teenagers and older people. A booklet, “Prevention of osteoporosis-related fractures: role of calcium, vitamin D and proteins” was launched in 2001 and widely disseminated, organized through a partnership by the French Health Ministry and AFLAR, the Association Française de Lutte Anti-Rhumatismale. It is the first publication of the PNNS, but other data information booklets on healthy nutrition, are being widely disseminated. A national campaign on the benefits of physical ac-

tivity, “bouger, c’est la santé” (“moving is health”) was recently launched. The campaign underlines that lack of physical activity is detrimental to good bone health.

In addition the Governmental Program for Old People (2002-2006) is still running. It is devoted to improving the organisation of care and the prevention of diseases associated with old age. The prevention of falls has been highlighted through a public national campaign, including TV broadcasts and information booklets. The national program “Bien Vieillir” (“Healthy Ageing”) of 2003-2005 is promoting healthy nutrition and activity; and osteoporosis and osteoarthritis are the two musculoskeletal disorders that are highlighted, with reference to the Bone and Joint Decade.

In October 2004 the AFSSAPS (French agency for sanitary safety of health products) published updated recommendations for the treatment of postmenopausal osteoporosis. These guidelines are providing strategies based notably on the existence (or not) of a fracture, on age, results of bone densitometry (the indications of which are clearly stated), and number of associated risk factors of fracture, including the risk of falls; guidelines regarding follow-up are also provided. AFSSAPS will update them again in 2005.

The other published French guidelines are: “expertise collective: osteoporosis – strategies for prevention and treatment” (INSERM, National Inst. for Health and Medical Research, 1996) and guidelines on diagnosis, including bone densitometry (ANAES, National Agency

for Accreditation and Evaluation, 2001).

Research into osteoporosis is being carried out at different levels. INSERM recently decided to fund research in the field of bone and joint disorders.

## Where does progress need to be made?

DXA scanning systems are widely available in France with 20 DXA (hip) scanners per million population. However, DXA is not yet reimbursed by the public health care system. In 2002 the “Commission de la Nomenclature” officially agreed to include DXA scans in the list of reimbursements in the public health system for individuals at high risk. The implementation of this decision is eagerly awaited.

Bisphosphonates and SERMs are approved for the treatment of postmenopausal osteoporosis, but currently reimbursed only after fracture. Treatment by teriparatide is now available under precise conditions. Strontium ranelate has also recently been approved for the treatment of postmenopausal osteoporosis and it is expected to be available in France later in 2005.

Reimbursement before the first fracture for individuals at high risk is still under discussion.

It is expected that progress in regard to these and other issues, including preventive strategies and the collection of national fragility fracture statistics, will be made in the near future, following the adoption of the Law on Public Health.

*Contributed by Prof. Liana Euler-Ziegler, Member of the International Steering Committee of the Bone & Joint Decade, Présidente de l’AFLAR, Association Française de Lutte Anti-Rhumatismale, reconnue d’utilité publique, Department of Rheumatology, University Hospital of Nice*

## The adherence gap

**A new IOF survey shows that women across Europe stop treatment too early to get full benefit**

IOF has commissioned a pan-European survey which found that one-in-three women taking bisphosphonates for osteoporosis don't know the benefits of their medication or think there are no benefits at all. The findings also showed that half of all patients said they had not been told for how long they should continue their medication. The survey, of 500 physicians and 500 osteoporosis patients in five major European countries, found that 85% of doctors reported that patients stop treatment too early to get full benefit.

The research also found some major communication gaps between doctors and patients. Sixty percent of patients felt that focusing on the positive outcomes of treatment – such as knowing they were doing something to help themselves – provided the greatest motivation for continuing their therapy.

However, 41% of physicians focused on negative motivators such as fear, believing the best way to motivate patients to continue on treatment was to remind them about the risks and complications of fracture if they stopped treatment. Additionally, while 82% of doctors said they told patients to stay on therapy for a minimum of 1-2 years, 51% of patients could not recall being told how long they should continue their medication.

In a statement given at the launch of the report in Vienna on June 8, 2005, IOF CEO Daniel Navid said: “This report highlights some clear areas for improvement in osteoporosis management. Doctors need to better understand the concerns and motivations of their patients to improve dialogue and the quality of the consultation. We encourage physicians and patients to communicate more effectively to ensure that treatment is as effective as possible.”

The full survey report is available on the IOF website [www.osteofound.org](http://www.osteofound.org)

# National Initiative Against Osteoporosis launched in Germany

*Initiative unites diverse osteoporosis organizations and gains political support from an all-party interest group*

The National Initiative Against Osteoporosis is an alliance against osteoporosis which was founded by the DVO (the umbrella organization of German scientific osteology-related societies), the DOP (the umbrella organization of osteoporosis self-help groups and patient societies), and the Bone and Joint Decade. By joining forces, the NIO initiators hope to raise awareness of the osteoporosis treatment deficit in the country. Up to six million people in Germany are suffering from osteoporosis, making it the most common chronic disease in the country. Yet fewer than 25% of people with osteoporosis receive adequate treatment.

The initiative, supported by IOF within its Invest in Your Bones Campaign, is now receiving support through an all-party interest group formed in April 2005 by prominent politicians. Members include Professor Rita Süßmuth, former president of the Bundestag (German Parliament) and patron of the initiative, parliamentarians Dr. Erika Ober (SPD), Detlef Parr (FDP), Horst Seehofer

(CSU, former minister of health) and Annette Widmann-Mauz (CDU), patient representative of the German government, Helga Kühn-Mengel (SPD), vice president of the German Trade Unions (DGB) Dr. Ursula Engelen-Kefer, and Dr. Angelika Niebler (CSU) MEP and co-chair of the European Parliament Osteoporosis Interest Group.

The goals of the initiative, based on the evidence-based guidelines on osteoporosis issued by the DVO, are to improve recognition that osteoporosis is one of the most common chronic diseases; ensure that diagnostic and treatment options for patients at risk of osteoporosis are available before the first fracture; improve quality of care of osteoporosis patients in order to help prevent osteoporotic fractures; strengthen patient self-help and to establish adequate preventive measures for those groups within the population at high risk of osteoporosis.

Further information is available on [www.n-i-o.org](http://www.n-i-o.org)

## Time to take action: Run against osteoporosis

The 6th Berlin Bundestagslauf on May 11, 2005, held under the motto 'Run against Osteoporosis' was supported by the National Initiative Against Osteoporosis.

Parliamentarians, members of cabinet, representatives and employees of government ministries and embassies as well as sport celebrities like legendary alpine skiers Rosi Mittermaier and Christian Neureuther, participated in the 3.6 / 7.2 km run. The event has helped to raise awareness of osteoporosis among political representatives and received significant media coverage.



# In Switzerland non-governmental organizations fill the gaps

A roundtable discussion organized by the Osteoporosis Council of Switzerland revealed that the country is failing to address the growing epidemic of osteoporotic fractures. Although Switzerland has an otherwise excellent health care system, there is no nation-wide public policy or program which targets the prevention of osteoporosis and related fractures. The main problem seems to be the country's decentralized and largely privatized health care system which generally focuses on treating disease rather than primary prevention.

An example: In 2004 the Swiss Federal Office of Public Health (SFOPH) issued a report on osteoporosis and falls in the elderly. The report clearly states that osteoporosis and falls prevention will become increasingly important as the population ages. Statistics show that by 2020 some 20% of Switzerland's population will be over 65 years of age (as compared to 15.4% in 2000). Yet while it makes recommendations, the government body behind the report fails to take responsibility for implementation of the recommendations.

It may be left to non-governmental organizations like the Osteoporosis Council of

Switzerland and its member societies to fill the gaps in public policy.

The Council was founded in February 2004 by the patient society *donna mobile* and the Swiss Association Against Osteoporosis and is supported by the General Practitioners' Association and five industry partners. The Council is initiating training workshops for doctors to improve their knowledge of osteoporosis and its prevention, diagnosis and treatment. Public awareness campaigns will also be initiated to raise awareness of osteoporosis and falls prevention among the general population.

Nongovernmental initiatives are already very successful in sensitizing the public to osteoporosis. An advertising campaign carried out by *donna mobile* in summer 2004 has had great impact. The ad, aimed at postmenopausal women, was placed in the print media, including the widely read supermarket chain bulletins which are mailed free of charge to most households. It is estimated to have reached 92% of the women over the age of 50 in the country. As a result the bilingual helpline received some 1820 calls (averaging

10 minutes each) and mailed over 1500 information packets to callers. This reflects the great need for information within the population. Statistics from 2000 suggest that some 300-350,000 people are directly affected by osteoporosis (total population 7.3 million) and it is expected that this number will rise to over 400,000 by 2020. Currently, osteoporotic fractures in women account for 300,000 hospital days per year as compared to 130,000 for cardiovascular disease.

Dr. Christian Ruetz, editor of the *donna mobile* newsletter, notes that "prevention and information campaigns are more necessary now than ever before. By taking early preventive measures now we can help reduce the impact of the disease and rising health care costs in the long term."



## Osteoporosis societies score a victory in Latvia

Patients in Latvia will finally benefit from at least partial reimbursement of osteoporosis medication. As of July 1, 2005, patients who have sustained an osteoporotic fracture will receive 75% reimbursement for medication. In addition, the government has made a firm promise to offer 50% reimbursement for people with osteoporosis prior to fracture, to be implemented by the end of the year. The announcement of the new reimbursement policy followed the May launch of official osteoporosis guidelines by the Latvian Osteoporosis Society in conjunction with other specialists.

Inese Ergle, osteoporosis patient and president of the Latvia Osteoporosis Patient and Invalid Association, said, "I could jump for joy! This is a great victory in the fight against

osteoporosis and against the indifference in our country. I do hope this good news will encourage other patient organizations to continue their struggle for reimbursement." Like thousands of other patients in Latvia and in countries around the world, Inese has been struggling to pay for much needed medication for years. "We could not have accomplished this without the support from IOF and the many good people working with IOF all around the world," she said.

More good news: as a result of the new policy, pharmaceutical companies agreed to reduce costs by about 30%. In Latvia, as in many other countries without reimbursement, most patients cannot afford the high cost of medication. For example, the average monthly government-



Although relatively new societies, the Latvia Osteoporosis Patient and Invalid Association and the Latvian Osteoporosis Society have engaged in a wide spectrum of public awareness, professional education and advocacy-related activities. Above, a roundtable discussion on osteoporosis held in January 2004 with the participation of former US Secretary of State Madeline Albright (with Inese Ergle left)

retirement benefits in Latvia are only ca. 100 euros. With the monthly cost of the most common osteoporosis medication formerly at ca. 55 euros, treatment was inaccessible to the majority of pensioners. Now, with reduced prices and partial reimbursement, more people with osteoporosis will have access to much needed treatment. Although diagnostic testing remains non-reimbursed (and DXA equipment is in the private sector), the significant discounts offered by the clinics ensure that testing itself is less of a financial burden for patients.

There are still considerable challenges ahead for the prevention of osteoporotic fractures in the country. As a recent survey showed, patients and doctors need to be better informed about osteoporosis and its impact. "Our work is not done yet," said Inese Ergle. "The GPs in Latvia do not consider osteoporosis a serious illness, only as something trivial. They do not see the connection between osteoporosis and fractures."



The OSTEO RUN "You Can Be Faster than Osteoporosis" was held as part of the 15th International Riga Marathon on May 21, 2005. The distance was 2 km and while some people ran and some walked – everyone enjoyed it.

## Osteoporosis on New Zealand's health agenda in election year

At the 2005 National Osteoporosis Meeting in Wellington, New Zealand in May 2005, osteoporosis experts and health officials were joined by politicians from five political parties, including a cabinet minister. The lively debate centered on improving access to both diagnosis and management of osteoporosis.

Julia Gallagher, executive manager of Osteoporosis New Zealand, criticized government's inadequate measures to address the serious injury and suffering caused by osteoporosis. She said that while there is no coordinated national policy on availability of bone density scans and no requirement of District Health Boards (DHBs) to provide bone density scans for the 380,000 people in New Zealand with osteoporosis, the older population are at serious risk of bone fractures. Many DHBs have to purchase bone density scans on an 'as required' basis from the private sector as

they do not have bone density machines. Furthermore, one of the most common medications is only available to people who have broken a bone and have a T-score lower than -3.0, diagnosed with a DXA scan. To get the publicly funded drug individuals must first pay for DXA scanning from the private sector.

However, all political parties recognized that osteoporosis is a major health issue. Mrs Gallagher commented, "The level of support shown by the political parties is encouraging. However, when only 15-20% of people with osteoporosis are actually able to access bone scans, it is action, not words that makes the difference. We want every political party to commit to making bone scans free to every one over 65 years with risk factors."

The restrictive policies of the Pharmaceutical Management Agency of New Zealand (Pharmac) on access to osteoporosis medica-

tions came under attack. It has not acted on the 2003 recommendations by the Pharmacology and Therapeutics Advisory Committee on improvements to access to medication. Dr Peter Moodie, Medical Director of Pharmac, attended the conference, and stated that Pharmac is currently reviewing access to the bisphosphonates.

Osteoporosis New Zealand welcomes this review and strongly supports the view that people with a bone density T-score lower than -2.5 should have access to the medication most suited to their needs.

### IOF-Servier Young Investigator Research Award

This bi-annual award of 40,000 euros, 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 Toronto, June 2-6, 2006.

Application forms are available on the IOF website [www.osteofound.org](http://www.osteofound.org)  
**Deadline: December 1, 2005.**



# “Osteoporosis: Don't let it break your life”

*Spanish ad campaign targets women's concern of body image*

One of the few visible symptoms of osteoporosis is the gradual loss of height which occurs as a result of vertebral compression fractures. Yet the findings of an international IOF and EIWH survey revealed that in Spain, as in other countries, few women notice loss of height or have their height checked by a doctor during a physical examination. In Spain only 3.8% of women noticed a decrease in height. In contrast, 58% were aware that their back is increasingly 'hunched over' and a full 63% reported back pain. And, while only

12% of Spanish women considered strong bones essential to keeping their bodies looking strong and fit, 39% deemed 'a hunched over' back the most worrying change in their appearance – more so than wrinkles or other physical signs of ageing.

A new Spanish ad campaign spearheaded by the FHOEMO is now targeting this concern in order to sensitize women to the need for early diagnosis. The ad, to appear in journals and posters across the country, features Mayra Gómez Kemp, a respected celebrity,



pictured next to a bent tree to symbolize the problem of kyphosis (dowager's hump) due to osteoporosis.

## AROUND THE WORLD

### International symposia in China

Some 500 people from 21 countries around the world attended the IOF supported 3rd Int. Conference on Bone and Mineral Research and 5th Int. Osteoporosis Symposium from May 23-27, 2005 in Xi'an, China. The conference committee included Prof. Jean Yves Reginster, chair of the Scientific Committee, Prof. H. Minne, co-chair of Scientific Committee and Prof. Zhonghou Liu, executive president of the Local Organizing Committee, all of whom delivered speeches at the opening ceremony.



Jean Yves Reginster and Helmut Minne presented an Osteoporosis Special Contribution Award to Liping Zhang, former vice minister of health of the general logistics department of the People's Liberation Army, and to Dezhang Geng, former director of the Central Healthcare Bureau, in honor of their contribution to the fight against osteoporosis in China.

### Promoting higher calcium intake in South Africa

The National Osteoporosis Foundation of South Africa (NOFSA) announced plans to launch a patented licensing program in the form of a NOFSA certification mark on calcium supplements, dairy products and other products and services which play a role in osteoporosis prevention. The certification mark is reserved for products which have passed rigorous testing. "Consumers are urged to keep a look-out for the various products that are better for their health," stated NOFSA CEO Tereza Hough. "An adequate calcium intake is one of the important lifestyle factors

that helps with the prevention and treatment of osteoporosis".

### Romanian TV spot to raise awareness and donations

The 'Mannequin' TV spot, created by IOF and McCann for the IOF membership, will be broadcast on five national TV channels. The campaign is well timed as it follows a recent government decision to allow people to direct up to 1% of their annual income taxes to the accredited NGO of their choice. In addition to raising awareness of osteoporosis risk, it will also help raise much-needed funds for the work of the Association for Prevention of Osteoporosis in Romania.

### First Jordanian National Osteoporosis Record (FiJoNOR)

The results of the First Jordanian National Osteoporosis Record (FiJoNOR), were announced at a one-day conference on May 30, 2005 organized by the Jordanian Osteoporosis Prevention Society (JOPS) in Amman and held under the patronage of Her Majesty Queen Rania al-Abdullah, IOF patron. FiJoNOR is a scientific epidemiological survey carried out by JOPS using criteria prepared by the Jordanian Department of Statistics, with the collaboration of IOF President P. D. Delmas and his team at INSERM in Lyon, France. The purpose of the survey was to establish the normal values of BMD and clinical osteoporotic risk factors in Jordanian females as well as determine the prevalence of osteoporosis among the postmenopausal popula-

tion in Jordan. Currently, the values used to determine normal BMD are based on studies on white women from the USA and Europe. FIJoNOR will help establish data which can be useful for both Jordan and other Arab Middle Eastern countries.

### First IOF Middle East Training Course on Osteoporosis (METCOP)

Some 150 participants attended the first IOF-METCOP held in the mountain resort of Brumana, Lebanon, from May 27 to 29, 2005. The intention is to make this an annual training course for participants from the Middle East and North Africa, offering 20 CME credits awarded by Balamand University, Lebanon. Ghassan Maalouf, IOF board member and organizer of the course, said, "I would like you to consider this as a family gathering". Although



Prominent international and regional speakers at METCOP

inspired by the annual IOF Advanced Training Course on Osteoporosis in Lyon and featuring international speakers, the course offered data of particular significance to the region. Prof. Maalouf stressed the vital need to set up fracture data banks in every country of the region and also recommended that more studies be carried out regarding vitamin D deficiency, a subject of particular relevance to the region.



From left to right : Basel Masri (JOPS President) , HE Jean-Michel Casa (French ambassador in Amman), Mr. Said Darawazeh (Jordanian Minister of Health), Pierre Delmas (IOF President) and Efteem Azar (JOPS Coordinator)

**Launch of Czech National Osteoporosis Forum**

The Czech National Osteoporosis Forum, a new multi-stakeholder awareness campaign, was officially launched on June 3, 2005 in Prague. As an umbrella network organization, the Forum brings together osteoporosis patient societies, medical associations, health policy officials and ministry representatives, health insurance companies and industry representatives. Its goals are to further awareness and knowledge of the prevention, diagnosis

and treatment of osteoporosis among the public and health professionals as well as to encourage mutual cooperation among the stakeholders. The founding meeting and press conference drew 36 journalists who covered the event in the national media.



From left: Prof. Jaroslav Jenicek, manager of the Czech National Osteoporosis Forum, Dr. Milan Cabrnoc MEP, member of European Parliament's Osteoporosis Interest Group, Mary Anderson, IOF board member, Prof. Milan Bayer, scientific secretary Czech Society for Metabolic Skeletal Diseases

**IOF Latin American Regional Conference on Osteoporosis**

This successful IOF regional conference, held in association with the Asociación Mexicana de Metabolismo Óseo y Mineral A.C., drew some 340 participants to Cancún, Mexico from April 2-7, 2005. Speakers included 36 national and 17 internationally respected speakers.



**Reimbursement for primary prevention in Italy**

The Italian government has passed legislation which will allow for the full reimbursement by the National Health Service of alendronate

and risedronate for men and women over age fifty who have been treated for more than three months with corticosteroids at a dose equal or greater than 7.5 mg prednisone equivalent. This is the first time that reimbursement has been provided for primary prevention of osteoporosis in Italy. The announcement is welcomed by Italy's osteoporosis patient and scientific societies which have been working intensively to raise awareness of osteoporosis among policy makers.



**International Osteoporosis Foundation**



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IOF membership is composed of three separate committees. To contact an osteoporosis society in your country visit the IOF website: [www.osteofound.org](http://www.osteofound.org)

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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 170 member societies in 85 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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