



The Irish Osteoporosis Society's latest public awareness campaign, 'The Usual Suspects', seeks to dispel the myth that osteoporosis is only a disease of elderly women. The ad shows people of both sexes and all ages who are affected by osteoporosis: a young girl with osteopaenia, a postmenopausal women, a wheelchair-bound man, an athlete who over-trained, and a businessman who has not been watching his diet.

Osteoporosis Action

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**International
Osteoporosis
Foundation**

Diagnosis of osteoporosis without prevalent fractures: Are we missing our main target?

The successful prevention and treatment of osteoporosis in Europe is hampered by two major hurdles: Many patients and physicians are unaware of the condition, and the bone densitometers that are needed to detect weak bones are either unavailable or not covered by the health insurance organizations in many European countries¹. Bone densitometers measure bone mineral density, which, in combination with assessments of individual risk factors, is the current gold standard for diagnosing osteoporosis. However, it is unclear what percentage of the at-risk population actually benefits from bone densitometer scans prior to their first fracture. From a public policy and health planning perspective the lack of data is very troubling because prophylactic treatment could save many of these individuals from the trauma and complications that arise from a bone fracture. It could also save millions of euros for public health care systems.

An innovative study by our group recently addressed this issue. We found that

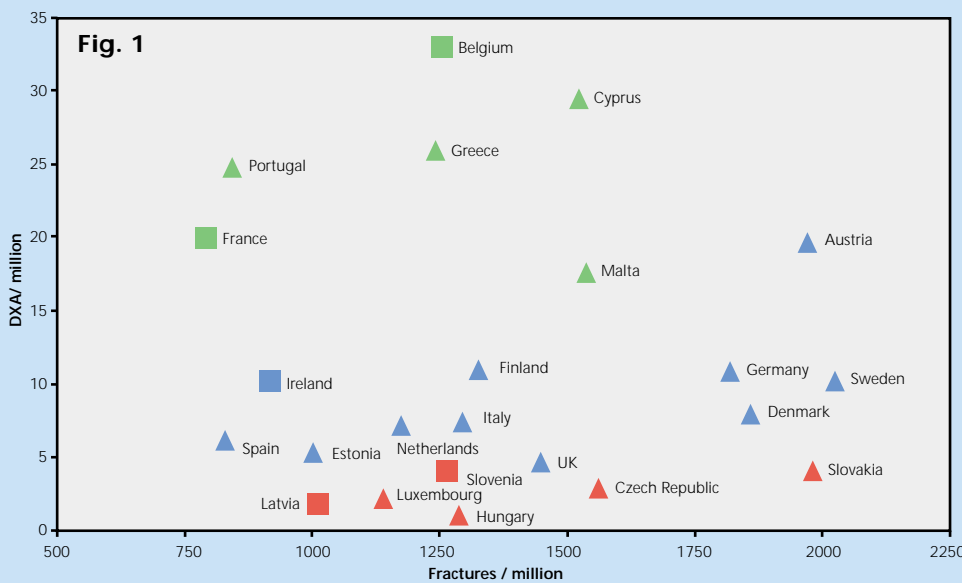
despite the highest availability of bone densitometers anywhere in the world (see Fig 1), Belgium has dramatically low rates of diagnosis for osteoporosis. We compared bone densitometry data (for hip, femur, and neck) obtained during an independent, free osteoporosis-screening campaign conducted in the Province of Liège² with known rates for diagnosed cases of osteoporosis in the community, as estimated from large population (2,726 individuals) of post-menopausal women canvassed during the Belgian Health Interview Survey³. We age-matched the records in a 4 to 1 fashion (4 diagnosed cases to data from 1 free screen).

Both sets of data show that the prevalence of osteoporosis increases exponentially with age. However, estimates from the free osteoporosis-screening campaign reveal that the percentage of people with osteoporosis, ranging from about 17% to just under 60% (blue bars in Fig 2a), is much higher than has been reported for the country as a whole (yellow bars in Fig 2a). The free campaign found

that almost 60% of those over 80 years had osteoporosis (see blue bars in Fig 2a), while national statistics for the same age group, based on the Belgian Health Interview Study, show that just over 20 % of people

have been diagnosed with the disease (yellow bars in Fig 2a). The same scenario is played out in all other age groups, showing that in the country as a whole, osteoporosis is dramatically under-estimated.

But when we looked specifically in the Province of Liège, we found that rates of clinical diagnosis are almost twice as high as in the rest of the country. Just over 40% of those over 80 have been clinically diagnosed with osteoporosis, for example (red bars in Fig 2a) as compared to 20% nationally. We believe this is a direct result of the free osteoporosis-scanning campaign. The impact of the campaign is most obvious when one looks at the percentage of osteoporosis cases that go undiagnosed (see Fig 2b). Compared to national estimates, there are considerably fewer undiagnosed cases in Liège Province, where the free scanning has been available now for four years. The difference is most notable in the older age groups (75 and above), where undiagnosed cases in Liège are about half the national average.



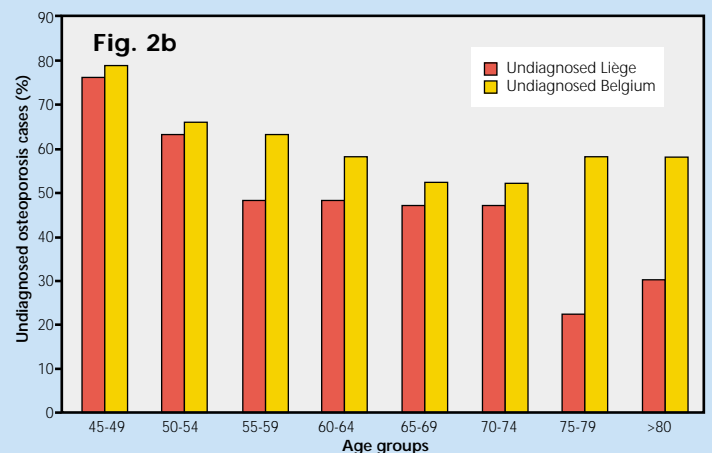
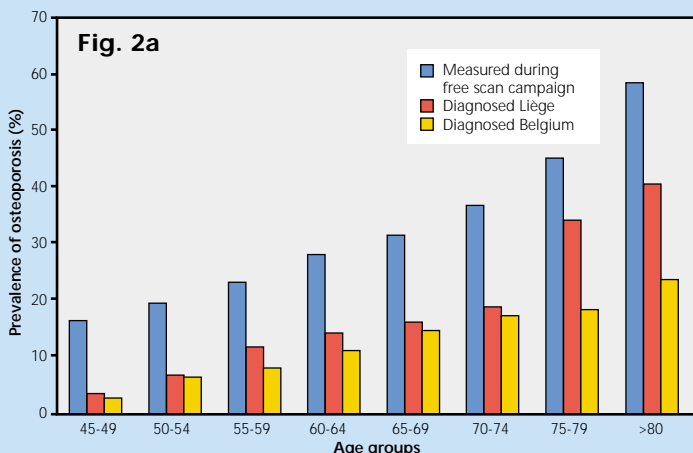
Fracture prevalence-related DXA availability among European countries in 2006

(based on Ref.1)

Legend

DXA /million	Number of densitometers adjusted on population size, per million people
Fractures / million	Yearly number of osteoporotic fractures, adjusted on population size, per million people
	Non-reimbursed exam
	Reimbursed exam
	Lowest quartile
	Median quartiles (25-75%)
	Highest quartile

Age-specific prevalence of total and diagnosed osteoporosis in Liège, and in Belgium



Because this study is one of the first to document this problem, there is very little other data available. However, these striking results may help to increase pressure on public health representatives to promote a better and more rational use of bone densitometry technology in Europe, as already outlined by several recent studies documenting the lack of diagnosis of osteoporosis among people with prevalent fractures. The IMPACT study, for example, revealed that under-diagnosis of vertebral fracture is a worldwide problem⁴. Others showed that among hospitalized women aged 60 or older with severe vertebral deformities, only 17% had documented fractures in their medical records or discharge summaries⁵. A study of women aged 55 years or more with wrist fractures in a managed-care setting reported that less than 3% had had a bone densitometry scan⁶, while other findings showed that among hospitalized patients with hip fractures, only 14% had densitometry scans. In this latter group only 13% received calcium and/or vitamin D, and only 18% received hormone replacement therapy, calcitonin, or bisphosphonates, whereby any of these treatments could help slow the loss of bone⁷. Other studies have

reported that only 5% of patients with recent hip fractures left hospital with a new medication prescribed for reducing the risk of subsequent fractures^{8,9}. Thus, despite both the magnitude of the problem and the introduction of osteoporosis treatment guidelines, most individuals with osteoporosis (over 50%) are still not identified, and thus not treated.

It must be kept in mind that preventative treatments and pharmacologic interventions may be more effective when administered before the first fracture occurs. Prevention is, therefore, a prerequisite for the optimal management of osteoporosis. Given the enormous burden of the disease, more comprehensive diagnosis would prevent a significant number of fractures (around 50%) and deliver substantial savings for health insurance systems. These savings would also legitimize claims for a better reimbursement for bone densitometers in some European countries. Understanding worldwide diagnostic rates, as a prerequisite for better access to, and reimbursement for, bone densitometry scans, is, therefore, a fundamental contribution in the fight against osteoporotic fractures.

Contributed by Florent Richy(1) and Jean-Yves Reginster(2)

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New initiative for bone health launched in Vienna

An exciting new initiative 'Lebensbassknocken' (Bones: The Basis of Life) was presented to the public on January 31 at a press conference held in Vienna. High-ranking experts together with the Austrian Minister for Health and Women, Maria Rauch-Kallat, highlighted the vital role that bone health plays at all ages.

Austria has a very high incidence of bone diseases and diseases of the skeleton. With over 7,7 million days of sick leave, patients suffering from musculoskeletal disorders by far outnumber patients suffering from coronary heart disease, one of the country's most widespread illnesses. Often patients feeling pain fail to react in time because they consider these complaints to be unavoidable. "For us, the increase in bone diseases and the lack of awareness among the population have been the main reasons to launch the initiative. With this platform, we want to promote and focus on bone health. It concerns both young and old, from infancy to old age. An important issue is to pursue the idea of prevention from early infancy and to support awareness education for bone health. Measures to build up bone in young people are the basis for the prevention of bone diseases and osteoporosis in older people," states Prof. Dr. Heinrich Resch, the initiator of the initiative and head of department at the Krankenhaus der Barmherzigen Schwestern Wien. He also

called for interdisciplinary cooperation, as often patients are forced to consult various specialists to find a diagnosis and years may pass before the patient finally receives

efficient treatment. To improve this situation, there should be increasing cooperation among the different medical branches so that the patient is rapidly referred to the right doctor, optimally an osteologist – the "general practitioner for bones".

Also during this year's EU presidency (held by Austria), osteoporosis is a subject of main interest. "Osteoporosis figures among the most serious and costly chronic diseases in Europe. Thus, annual costs resulting from osteoporotic fractures are estimated at 30 billion euros in Europe, and they are expected to double within the next ten years. Within the framework of the EU presidency, it is our aim to make an essential contribution to create popular awareness for osteoporosis prevention at the European level. First and foremost, a healthy lifestyle with a balanced diet rich in calcium and a lot of

exercise leads to marked improvements," said Federal Minister for Health and Women Maria Rauch-Kallat.

The initiators of 'Bones: The Basis of Life' include the non profit Association "Altern mit Zukunft" (Ageing with a Future) with its president Univ.-Prof. Dr. Anita Rieder and the Viennese osteologist Prof. Dr. Heinrich Resch as project manager. The initiative is supported by the Austrian Association for Bone Research and Mineral metabolism (ÖGEKM), the German Association for Osteology (DGO) and the International Osteoporosis Foundation (IOF).

The primary aim of 'Bones: The Basis of Life' is to actively generate greater public awareness. However it is also a scientific platform for all medical disciplines involved. To this end a diverse medical board has been assembled. The initiative aims above all to contribute to further education and science and therefore will continually provide information on current events and new scientific findings. Two publications were released in January 2006 – a memorandum and an expert paper – on the importance of calcium and vitamin D in strengthening bone structure.

For further information visit www.gesunder-knochen.at.



From left to right: Prof. Dr. Heinrich Resch, BM Maria Rauch-Kallat, Dr. Ingrid Kiefer, Prof. Dr. Hans Bröll, Prof. Dr. Klaus Klaushofer

GUEST EDITORIAL

Gülseren Akyüz
Executive Member of Osteoporosis
Patient Society of Turkey



A physician asks: Are we where we should be in terms of diagnosis and treatment of osteoporosis?

Mrs P. is in the kitchen fixing herself a meal. She is uneasy because after years of back pain, her doctor has told her she has, in fact, got osteoporosis. She had hoped he would explain everything, put her mind at rest and reassure her, but all she really got was a prescription. The little she knows about osteoporosis comes from chats with friends and she thinks that hip and spine fractures may be involved. Mrs A., her neighbor, has osteoporosis and broke her hip after slipping over. What if that happened to her? What is she supposed to do?

Well, Mrs P. is not the only one who doesn't know what to do. Today, many people face a diagnosis of osteoporosis but have no idea what the disease is or think that only post-menopausal women are at risk. As physicians, it is important we are serious about our responsibility to give patients adequate information, dispel their doubts and let them know what the dangers are and what they can do to minimize them.

A changing environment

With the growing population and the fact that it is aging, the social and economic aspects of osteoporosis are gaining in importance with high mortality fractures, significant functional limitation and a decrease in quality of life from chronic pain, abdominal distention, muscle cramps at night and loss of height, among others. If all the additional problems associated with osteoporosis are taken into consideration, only then do the true costs of osteoporosis begin to become apparent.

Studies are increasingly being carried out that focus on quality of life as well as clinical findings and the interest of physicians is slowly turning from the disease to the

patient. This should result in new concepts for treatment that associate quality of life with patient adaptation, making use of follow-up criteria like bone turnover markers, increase in bone mineral densitometry and a corresponding decrease in fracture risk.

If diagnostic technologies were better developed, it would be possible to treat osteoporosis more effectively before it caused fractures. Currently, studies are showing us that detection and prevention of bone loss is woefully inadequate and there is little progress in diagnostic tools. Although there is increased awareness of osteoporosis, one in three post-menopausal women believes that osteoporosis will not affect them. Only a tiny percentage of the millions of individuals with osteoporosis will be diagnosed and treated and many of those are unaware of their personal responsibility in minimizing bone damage after being treated. Despite women's general emancipation, they still do not see themselves as being natural members of this group of potential osteoporosis sufferers and tend to neglect their individual responsibility.

Diagnosis is difficult because ...

Lack of patient awareness is clearly one of the reasons for the poor rate of diagnosis. But another reason is that many physicians do not give osteoporosis the same priority they give to other chronic diseases in older people such as chronic lung disease or diabetes. Osteoporosis doesn't attract the same degree of interest and some doctors think of osteoporosis as a natural outcome of aging. An insufficient number of bone mineral densitometry measurement devices, even in highly industrialized countries, also plays a role. Particularly so in countries where the government is not willing to cover the costs and reimbursement schemes do not

have enough money to fund them. The high cost of regular bone mineral density and bone turnover markers also represents a significant financial burden for the patient.

Treatment is difficult because ...

Non-compliance is one of the greatest challenges to treatment and the greatest obstacle to compliance is a patient-physician relationship without enough trust. Limited time on the part of the physician can lead to patients not feeling convinced enough of the necessity to continue with treatment in terms of both medication and exercise. Cost is also a problem for some patients although the right diet and exercise are equally important.

The most serious obstacle to treatment is lack of awareness at the political level. Many countries are working at changing this. The IOF's efforts to reach the European Parliament in 2001 are just now beginning to pay off. The fact is that not enough epidemiological studies are being done, because the normal bone mineral density values will naturally be different from country to country due to ethnicity, gender, age, climate etc. This means that governments are not being given the evidence they need to justify a change of policy. Since osteoporosis tends not to qualify for special government research funds, grants or facilities, it is left to an increasing number of private organizations and foundations to do the research. Yet rarely do policy makers consult us with regard to the right approaches to the diagnosis and treatment of osteoporosis, or involve us in planning revisions in the reimbursement system of anti-osteoporosis medications. Clearly, we need to learn how to work together if progress is to be made.

We are at the beginning of a journey that promises to be long. We must maintain a steady effort to increase solidarity between national patient societies and to assess osteoporosis from a human and social standpoint. We must also work with empathy and try to appreciate the patient's point of view. After all, who knows, maybe one day we will find ourselves in their position.

IOF targeted support in Turkey

Five of IOF's member societies in Turkey joined to present a comprehensive three-year program to potential corporate partners.

The launch, held in Istanbul in February 2006, introduced the IOF-endorsed "Three Year Osteoporosis Awareness, Training and Lobbying Program in Turkey." The program includes projects aimed at training health care professionals, developing in-school bone health

curriculum, lobbying government officials and promoting public awareness, including World Osteoporosis Day.

The program marked the first time that such a comprehensive program has been developed. It also marked the first time that five IOF members in Turkey participated in a joint program. The societies are the Turkish Osteoporosis Society; Osteoporosis Patient Society; The Society of Life with Osteoporosis; Turkish Joint Diseases Foundation; and the Society of Endocrinology and Metabolism of Turkey.

This type of targeted support, in which IOF helps member societies develop a three-year program and then supports the presentation of



the program to potential partners, was started in India, and subsequently in Indonesia. Similar programs are being developed in Vietnam and Brazil.

The role of nurses in osteoporosis



There is an increased awareness that osteoporosis is an international health care concern that affects millions of individuals worldwide. Injuries, and the resulting potential disabilities related to osteoporosis, admissions to hospitals, nursing homes and long-term care facilities are burdening the health care systems of nations due to the significant costs associated with care and treatment.

By the very nature and scope of the profession, nursing plays a significant role in the prevention and detection of osteoporosis, as well as in the management of this condition. The skills of critical thinking, effective communication and interacting with other members of the interdisciplinary team enable nurses to understand the needs of the patients and the goals of osteoporosis management.

In order to enable nurses to assume these key roles, enhanced knowledge of osteoporosis within the curriculum of nursing programs and ongoing professional development opportunities are essential. Osteoporosis has to assume its prominent place along with other key chronic illnesses, such as cardiovascular disease, diabetes, and others.

Various nursing roles avail themselves to the prevention of osteoporosis through the education of groups of individuals regarding bone health. In community settings and

schools, depending upon the resources available, and the priorities of individual healthcare systems, nurses can play a key role in the education of children, youth and parents regarding healthy lifestyles to promote bone health for the future. A renewed emphasis on physical activity and calcium intake is important, as youth become more sedentary and dietary preferences tend to exclude sufficient amounts of calcium need to achieve optimal bone health.

In specialized roles, nurses have the opportunity to provide outreach education to various community and professional groups regarding bone health. These can include healthcare providers, employee health and wellness initiatives, community health forums, seniors', women's and cancer survivor groups, to name a few.

Nurses play an integral role in facilitating the detection of osteoporosis, through their involvement in the assessment of patients at various points of contact within the health care system – primary care settings, emergency departments, fracture clinics, and the admission of individuals to various levels of healthcare (acute, chronic, long-term care, community home care). Incorporating simple questions into standard patient assessments or admission processes can facilitate the earlier detection of potential osteoporosis, by including, for example, a history of height loss or a fragility fracture (a broken bone that occurs as a result of minimal trauma, such as a fall from a standing height or less), and other common risk factors for the development of osteoporosis.

Following the diagnosis of osteoporosis, nurses play a significant role in supporting individuals in the treatment and management of this condition through ongoing assessment, teaching and counseling. Where resources exist, an interdisciplinary approach to providing care is optimal, and may include a nurse, physical therapist (exercise), occupational therapist (fall and fracture prevention), dietitian (calcium and

Personal Story



Jouko Numminen, Finland

"I am 57 years old and I was diagnosed with severe osteoporosis only after decades of painful fractures.

I began to suffer fractures in my thirties and forties. Although at the time I questioned whether so many broken bones were normal, the doctor just reassured me that slalom is a rather dangerous sport and anyone with slippery shoes can fall on an icy street. The doctor also attributed my severe back pain to 'common' degenerative arthritis. And so my quest for an explanation began. I visited various doctors, had X-rays and physiotherapy, and even spent a whole year working only 2 days a week to see whether my health would improve. This turned out to have no effect – in the end it was always painkillers and 'on with life' regardless of the pain.

Finally, five years ago, I made an appointment for a DXA at a private clinic. The result of the DXA clearly showed that I had very serious osteoporosis. Fortunately, I received treatment and also participate in a self help group course organised by the Finnish Osteoporosis society. There I have learned about osteoporosis and met with people who are in the same position as I am. This has helped me cope and move forward with my life.

Now I am retired. My back is fragile and I can't lift over 5 kg. How I wish that I could lift our sweet little grandchild on to my lap! Shopping bags quickly become too heavy for me to lift safely. Sitting long periods is very difficult – walking at times very painful.

The good news is that my recent DXA test has shown that my bones are in far better shape than they used to be. During the last five years I have taken medicine for my osteoporosis, calcium and vitamin-D-tablets. Exercise is now a routine part of my everyday life. To maximize my safety in case of a fall, I wear hip protectors every day and in winter I wear spike-soled shoes when I go out.

So now I'm not afraid of aging. I know that by taking charge of my lifestyle, I can positively influence my health – and my bones will continue to carry me into the future."

IOF World Congress on Osteoporosis Toronto, June 2-6, 2006

For the first time, The IOF World Congress on Osteoporosis will include a session for allied health professionals. Special registration rates for this one-day symposium on Sunday June 4, 2006 are available. For further information about the Congress and online registration visit www.osteofound.org





vitamin D intake) and pharmacist (medication), working with the physician. Where these other resources are not readily available, it is within the scope of practice for the nurse to initiate counseling and teaching regarding these issues and

lifestyle factors, and to coordinate and refer to other healthcare providers and community services, as available.

Nurses are instrumental in providing psychosocial support for individuals with osteoporosis. For many, this is yet another chronic condition that they are faced with, leading to anxiety regarding the diagnosis, treatment and prognosis. Nursing assessment and support assists individuals in maintaining their commitment and compli-

ance to lifestyle modifications and treatment over the course of their lives, and in the modification of approaches as other conditions emerge. Nurses play a role in enabling individuals to cope with chronic illness through the development of coping strategies and, as required, pain management. With the bone health of individuals being monitored over a longer period of time, as compared with other chronic illnesses, nurses often provide ongoing remote telephone counseling and support, which poses its own unique set of opportunities and challenges.

The interplay between various health conditions requires a coordinated approach to optimize the health and wellness of individuals. The above examples have highlighted some of the nursing roles in the clinical specialty of osteoporosis; however, the opportunities for new innovations are endless.

Contributed by Ina Radziunas RN, Clinical Nurse Specialist Multidisciplinary Osteoporosis Program, Women's College Ambulatory Care Centre Sunnybrook & Women's College Health Sciences Centre, Toronto, Canada

Older women least likely to get bone density screening

A study published in the USA (J. of the American Geriatric Society) determined that older women, who have the greatest risk of getting hip fractures, are the least likely to get bone density screening. Researchers from the Medical College of Wisconsin analyzed the Medicare records of 44,000 women between 65 and 90 years old. The analysis showed that slightly more than 25 percent of those aged 65 to 75 underwent tests to determine if they had osteoporosis, while only 10 percent of those older than 75 had testing. Yet in the USA about one-fifth of women aged 65-74, one-third of those aged 75-84 and half of women older than 85 have osteoporosis. This shows that there is an urgent need for greater patient and physician education so that older women are tested and treated for osteoporosis to reduce the risk of fractures - particularly hip fractures, which have a devastating impact on mobility and quality of life as well as a significant mortality rate.

AROUND THE WORLD

400,000 risk tests distributed in Beijing and Shanghai

For World Osteoporosis Day 2005 the Chinese Osteoporosis Foundation, with support from industry, initiated a campaign to raise public awareness of osteoporosis. The campaign offered risk assessment and free diagnostic services in 37 large hospitals in Beijing and Shanghai. Some 400,000 risk tests were distributed from October to November 2005.

According to the fifth national census in 2000, about 88,260,000 people in China suffer from primary osteoporosis, making it the country with the highest number of osteoporosis patients in the world. The annual medical cost for people affected by the disease is estimated to be about 15 billion yuan (US\$4 billion), thereby posing a major burden on the national healthcare program. "In the past, we did not give too much attention to osteoporosis. But more and more clinical experiences are proving that osteoporosis-related bone fractures are much harder for us to fix," said Dang Gengting, director of the Orthopaedics Department of the Third Hospital of the Peking University.

In Shanghai, three-fourths of the osteoporosis patients never visit a doctor, and only 2 per cent of the patients undertake treatment, according to Zhu Hanmin, director of the Osteoporosis Prevention and Treatment Centre in Huadong Hospital in Shanghai. There are only about 400 bone

mineral density test machines around the country, so a "One Minute Risk Test" can be an effective tool to evaluate which people should be referred for BMD testing.

Public awareness campaigns in Ireland

The Irish Osteoporosis Society (IOS) has announced details on its latest campaign, The Usual Suspects, which represents the first in a series of four quarterly public awareness campaigns. The Usual Suspects campaign recreates the famous police line-up from the original movie, in which suspects are lined up in an identification parade.

Prof. Moira O'Brien, Chairperson of the IOS, explains the rationale behind the campaign message: "In our identity parade, which we have recreated for the purposes of TV and other cross media, we have the least likely group of suspects that the public would associate with having osteoporosis. Among those represented are a beautiful young girl who developed osteopaenia, an athlete who overtrained, a businessman who didn't watch his diet, and a wheelchair-bound member of the Gardaí whose bones have responded positively to osteoporosis treatment."

This 12-month public campaign (see cover image) will raise many significant issues and bring several key messages to the fore, as Galway GP Dr Bairbre O'Byrne points out: "It's time to finally dispel the myth that osteoporosis is a condition which only affects frail and elderly women over 65.

One-in-five men will get osteoporosis and one-in-three women. This condition can affect any individual at any time of their lives, regardless of gender or age."

Reimbursement now available for the privately insured in Palestine

A significant advance for many osteoporosis patients has been achieved in Palestine. Private medical insurance companies agreed to include bone density testing and the treatment of osteoporosis in their reimbursement policy starting in 2006. The reimbursement rate will range between 80%-100% depending on the type of the insurance and, so far, no special restrictions apply. The Palestinian Osteoporosis Prevention Society has played an important role in this achievement, through direct contacts and lobbying of insurance company managers. Despite this positive step, the majority of osteoporosis sufferers (those without private health insurance) will remain undiagnosed and untreated, as there is no DXA in the public health care system.

Indonesian societies promote osteoporosis awareness

The Indonesian Osteoporosis Association (PEROSI) and the Indonesian Healthy Bone Foundation (PERWATUSI) have been working together closely on various campaigns throughout 2005 and into 2006. These are making a real difference in osteoporosis awareness among the public, health professionals and policy makers in Indonesia. In terms of policy work, the societies have developed an informative document about their three-year program to invite sponsors to aid the fight against osteoporosis. Additionally,

PERWATUSI created a Women Leaders Roundtable which includes nine prominent women from various fields. This group will work towards encouraging the government to consider osteoporosis as a top health priority. In regard to education, PERWATUSI's outreach program in 2005 consisted of three well-attended training sessions designed to educate health professionals on osteoporosis and related issues. A significant level of public outreach has taken place. In September 2005, leading up to World Osteoporosis Day, the societies organized the Bone Fair in a busy plaza in the center of Jakarta, led by the Minister of Health Dr. Siti Fadilla Supari. A 'Strong Bone Festival' which was held for the public included an exhibition about osteoporosis. Altogether, there has been a high level of VIP and government support: several activities were conducted in cooperation with the Ministry of Health, and the peak celebration on October 20th took place at the State Palace with the President and the First Lady. Media outreach has also been prominent on the agenda, with TV and talk shows, writing and photo contests and a TV spot in planning.



Above: Opening Bone Fair on September 22, 2005 in Jakarta: From left, Prof. Rachman, Mrs. Soeparjo Rustam, Health Minister Dr. Siti Fadillah Supari, Mrs. Nani Wijaya, Mrs. Minati A. Below: Osteobus in Chile



Bone densitometry campaign carried out in Chile

The Fundacion Chilena de Osteoporosis organized a campaign of risk factor assessment and free bone mineral density testing across four of the most populous regions of Chile. The aim was to gather epidemiologic data and, at the same time, to educate the public about osteoporosis and to stimulate health authorities to take up the fight against the disease. The public was invited to participate through radio, TV and newspaper advertisements. By December

2005, a total of 30,797 women aged 20 to 92, and 6840 men aged 20 to 93, had been assessed at Red Cross offices or in the Osteobus which traveled the regions. The participants answered a risk factor questionnaire and had their BMD measured at the heel using quantitative ultrasound.

The results of the campaign, ending in December 2005, revealed that age, history of fracture and use of glucocorticosteroids were significantly associated with low BMD, as defined by WHO criteria. In the population with a history of fracture there was a higher (50.9%) prevalence of low BMD (T-score < -1) compared to those without fracture, where only 35.5% had low BMD. 40.4% of the women assessed had osteopenia and 4.7% osteoporosis. Of the men assessed, 38% had osteopenia and 2.3% had osteoporosis.

Australian Vitamin D and Calcium Forum

The Vitamin D and Calcium Forum, an initiative of Osteoporosis Australia in partnership with the Australian and New Zealand Bone and Mineral Society, was held in Melbourne in July 2005. The forum brought together key stakeholder groups and experts, with funding support provided by the Australian government. The aim was to develop recommendations regarding optimal vitamin D and calcium nutrition, both important for the maintenance of musculoskeletal health. It was recognized that vitamin D deficiency is an emerging public health problem which is surprisingly common (even in a sunny country like Australia) and that average dietary calcium intake is below the recommended daily amount and needs to be increased, particularly among young women. The recommendations resulting from the forum are available on the Osteoporosis Australia website www.osteoporosis.org.au

Bone Health Awareness Camps in India

From November 2005 to March 2006, the Arthritis Foundation of India (AFI) organized 100 Bone Health Awareness Camps in Kolkata and Chennai – two major metropolitan areas of India which together have a population of about 20 million. The Camps were held in busy public places like shopping malls and food bazaars and attracted thousands of people. The camps, which offered free educational material and BMD testing, were widely publicized in local as well as national media. This activity follows the release of the Indian version of 'Move it or Lose it' for World Osteoporosis Day 2005. The report was launched on November 30, 2005

by Mr. Bishen Singh Bedi (former captain, Indian Cricket Team) with the attendance of other young sports personalities. Following the report's release a gallery of about 50 exhibits on osteoporosis was inaugurated by IOF CEO Daniel Navid. Dr Sushil Sharma, Chairman of Arthritis Foundation of India confirmed that the Foundation plans to take the exhibition to various parts of India by the end of the year.

New society in Lebanon

A new Lebanese multidisciplinary medical society was created in 2005 and affiliated with the Lebanese Order of Physicians. The society has been given the name of OSTEOS. Founding members have already worked on a published document on guidelines for osteoporosis assessment management accounting for locally generated epidemiological evidence on osteoporosis and fragility fractures. Plans for 2006 include revision of the guidelines using the fracture risk assessment paradigm and the dissemination of the revised guidelines in collaboration with WHO-Lebanon and WHO-EMRO.

Creative partnership with supermarket chain in Italy

An example of a creative partnership with industry was set in Tuscany where Prof. Maria Luisa Brandi of the University of Florence has collaborated with 'ESSELUNGA', a major supermarket chain. The dual aim is to increase awareness of osteoporosis and to raise funds for osteoporosis research. By accumulating 500 points on their supermarket cards between October 2005 and April 2006, customers are eligible to receive a free brochure on osteoporosis and a decorative mug. At the same time the supermarket donates 10 euros towards osteoporosis research on the customer's behalf. The campaign also includes the distribution of thousands of 'one minute risk tests' which will be collected and analyzed.

Patient survey in Portugal

A patient survey was carried out at the end of 2005 by the Portuguese Society of Osteoporosis. The results, which will be published in 2006, relate to the awareness of the diagnosis of osteoporosis and its risk factors in a group of Portuguese post-menopausal women, representative of the Portuguese population. The Society is also preparing for the "Fifth Portuguese Congress of Osteoporosis" to be held on October 20-21, 2006.

IAPO launches declaration on patient-centred healthcare

How can an organization develop a distinctive brand? Are you really branding your society or your disease? IOF Head of Communications Paul Sochaczewski ran a workshop "Branding your organization and your cause" for participants at the second Global Patients Congress, organized by the International Alliance of Patients' Organizations (IAPO). IOF is a founding member of IAPO and one of several international health NGOs in the movement.

The Congress was held in Barcelona, Spain from 22-24 February 2006. It brought together over 120 patient leaders



from more than 25 countries, alongside healthcare representatives including the global health professionals associations and the WHO, to work together to develop strategies to bring patients to the centre of healthcare systems.

One of the key events of the week was the launch of IAPO's Declaration on Patient-Centred Healthcare. It is the first globally accepted definition of patient-centred healthcare developed by and representing the global patients' movement.

The Declaration contains five principles which, if followed, will result in patient-centred healthcare: Respect; Choice and Empowerment; Patient Involvement in Health Policy; Access and Support; and Information. IAPO is calling for the support of policy-makers, health professionals, service providers, and health-related industries to endorse and commit to these Five Principles and make them the core of their policies and practice.

New IOF members

At the IOF business meetings in November 2005, IOF's Committee of National Societies elected five new members. These included Women for Ever (France); French Society of Orthopaedic and Trauma Surgery (France); Japan Osteoporosis Society (Japan); Sociedad Iberoamericana de Osteología y Metabolismo Mineral (Spain); and the Syrian National Osteoporosis Society (Syria), which in December 2005 gained formal approval by the Syrian Ministry of Social Affairs to act as an independent society.



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

IOF Committee of Scientific Advisors (CSA)
Chair: R. Rizzoli, 76 members

IOF Committee of National Societies (CNS)
Chair: H. Minne, 172 members in 85 counties, territories and regions

IOF Committee of Corporate Advisors (CCA)
Chair: Y. Tsouderos, 34 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 172 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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