Report

9th EU Osteoporosis Consultation Panel Meeting

Tuesday, 12 October 2010
Representation of the Free State of Bavaria to the European Union, Brussels

The EU Osteoporosis consultation Panel meets annually to get an overview of the work carried out by IOF at the EU, review progresses and challenges in the EU countries and share ideas on how to raise the profile of osteoporosis and bone health in the 27 EU countries and at the level of the EU institutions. The ninth annual meeting took place in the afternoon of 12 October 2010, following the WOD EU media launch.

About 80 invitees (including 7 journalists) attended the press event chaired by Prof. Karsten Dreinhöfer, orthopaedic surgeon and health economist at the Charité Universitätsmedizin, Berlin, Germany.

Prof. Jean-Yves Reginster, from the University of Liège, chaired the ninth EU Osteoporosis Consultation Panel meeting. He started by conveying Prof. Juliet Compston’s apologies, chair of the EU Osteoporosis Consultation Panel, for not being present.

After a warm welcome and introduction by Patrice McKenney, IOF CEO, Victoria Monti, IOF Policy Officer gave an update on IOF policy activities in the EU. She informed the group that a luncheon meeting took place in the EU Parliament on 16 March and a breakfast meeting on 15 September, hosted by A. Weisberger and M. Honeyball, co-chairs of the Interest Group. The Interest Group now counts 29 members, including six new ones since March 2010.

M. Honeyball and A. Wesigerber submitted to the EC a written question on osteoporosis in July 2010. The Commission replied without making any commitment, illustrating its reluctance to support disease-specific programmes. It emphasises the need to coordinated approach to chronic diseases prevention and management.
Osteoporosis was however mentioned in the report *The Role of Women in an Ageing Society*, to be voted on by the FEMM committee (Committee for Women's Rights and Gender Equality). All documents on can be found on: [http://www.europarl.europa.eu/](http://www.europarl.europa.eu/)

At the level of the European Commission, V. Monti pointed out that since the nomination of a new Commissioner for Health (J. Dalli, Malta), contacts were less fruitful than with Commissioner Vassiliou. Effort should be made to renew these contacts. In line with the EC current strategy, IOF should make efforts towards creating synergies with other disease groups, to define a common approach to chronic disease prevention and management.

In addition, V. Monti informed the audience of important achievements made at the level of the Presidency of the Council of the European Union, held this semester by Belgium, as IOF President Prof. J. Kanis would speak at the Ministerial Conference on Innovative approaches for chronic illnesses in public health and healthcare systems (20 October 2010). Conclusions should be presented to the Council of the Ministers (Dec. 2010).

In the forthcoming year, IOF Policy programme will focus on the following activities:

- Create synergies with other disease groups and join forces to maximize impact
- Learn from successful campaigns led by other disease areas (cancer, etc.)
- Promote policy focusing on a chronic disease approach
- Promote research that generates Quality of Life and health economics data
- Advocate through the EP Osteoporosis Interest Group & other EU bodies
- Support policy change in Eastern European countries with a new Regional Audit Report.

The Conference continued with Judy Stenmark, IOF COO, presenting key findings and recommendations of the Eastern European and Central Asian Regional Audit Report. Twenty-one countries were involved in this landmark report, including nine EU countries. J. Stenmark gave striking figures, showing the magnitude of the problem and the poor management patients often receive. J. Stenmark outlined the following challenges:

- Only two countries (Bulgaria and Belarus) consider osteoporosis as a health priority
- Lack of government-sponsored awareness programmes and scientific research in the field of osteoporosis
- No official government approved national guidelines on osteoporosis diagnosis and treatment in many countries
- Lack of epidemiological data on fractures
- No standards of care of patients after hip fracture in many countries
- No formal fragility fracture registries in many countries
- Vertebral fractures under-diagnosed
- The average daily calcium intake far below the WHO recommendations
  - DXA technology only accessible in main cities and not reimbursed

On the theme: “Promoting Policy Change in EU countries- utilising the Audit & building on successful initiatives ”, Prof. Roman Lorenc from Poland showed how the 2008 EU Audit report on Osteoporosis could be used to strengthen policy successes in his country. He also showed how regional cooperation was key to better recognition of osteoporosis. After Vienna, Warsaw and Budapest, the fourth Summit Conference on Prevention and Treatment of Osteoporosis should take place in Prague in December 2010. Conclusions of the past summits can be found in *Archives of Osteoporosis*. 
Prof. Lorenc concluded his intervention by saying that:

1. There was a need for uniform, simple and practical diagnostic and treatment recommendations.
2. Treatment thresholds were influenced by the level of governmental and personal resources.
3. Treatment thresholds of member states were influenced by nation-specific fracture rates.
4. With limited resources, the use of diagnostic tools should be rationalized through standard educational and prevention programmes on nutrition, exercises and fall prevention.

Prof. Karsten Dreinhöfer from the Charité Universitätsmedizin in Berlin gave an overview of the burden of vertebral fractures in the EU and on their primary and secondary prevention. He listed the main clinical signs of spinal fractures and reminded the audience that the problem was largely under-recognized and under-diagnosed, in spite of the enormous social and financial burden imposed on the EU population and health care services. Prof. Dreinhöfer therefore called for:
   - Better identification and diagnosis
   - Timely treatment
   - Preventive measures

Panel Discussion
Dr Dorina Farcas from Romania and Dr Istvan Marton from Hungary gave an update of their activities and recent conferences. The Panel then discussed the issue of vitamin D deficiency and food supplementation in their respective countries. It emerged that although the issue was tackled at the level of the EU and by various European and International Scientific associations, no common regulations existed.

Giving the view of a politician and policy maker, Mary Honeyball, MEP, talked about the prevention of chronic diseases as an ethical approach to healthy ageing. She reminded the audience that chronic disease was the leading cause of death and disability worldwide, accounting for more than 60% of deaths each year, inflicting widespread suffering, imposing unsustainable burdens on healthcare systems and hindering economic development. In view of the ageing of the population, M. Honeyball warned that if action was not taken quickly this figure would rise by 17% over the next decade. She added that although the main causes of chronic diseases could be prevented, 97% of health expenditure currently was spent on treatment and only 3% on prevention. Prevention recommendations should become a key message to the EU population and policy makers. Many politicians at the EU and Member States level showed interest in osteoporosis, but experts should provide them with information and facts.

Governments should:
   - Raise the political priority attached to osteoporosis.
   - Promote healthy lifestyle and dietary choices through effective education and public engagement.
   - Move health professional training and practice towards prevention.
   - Produce compelling and accurate information to foster widespread and sustained media coverage and thereby improve awareness of economic, social and public health impacts.

Concluding remarks and closure
Thanking all participants for the fruitful discussion, Prof. J.-Y. Reginster summarized the meeting with the following key messages:

*Eastern Europe and Central Asia regional Audit*
Predictions show an important increase (up to 56%) in the percentage of people aged 50 years or older. High fracture rates already exist throughout the region and major increases are predicted by 2050.

There is only limited access to diagnostic tools and anti-osteoporosis medications.

Many of the national osteoporosis societies are severely limited by a lack of government recognition and funding.

Each national society is encouraged to use the Audit to generate media interest and support the call for improved fracture prevention and management across the region and locally.

Spinal Fractures

Spinal fractures are the most common osteoporotic fracture, yet they remain largely under-diagnosed and under-treated all around the world.

Spinal fractures cause severe pain, leading to disability and reduced quality of life. Clinical consequences include chronic back pain, spinal deformity, immobility, increased number of bed days, reduced pulmonary function, gastrointestinal problems, and increased mortality.

Both the public and health professionals need to be aware of possible signs of spinal fractures:

Health professionals should refer these patients, especially those over 50, for further testing.

Policy in the EU

Disease groups – especially those concerned with chronic diseases - need to bring forces together to:

- Define a common approach to chronic disease management: one powerful voice to approach EU Institutions and Member States
- Advocate for stronger prevention programmes with EU funding
- Empower patients to place them at the centre of their care
- Involve all stakeholders

IOF will keep the EU Osteoporosis Consultation Panel fully informed of the outcomes of the Belgian Presidency Ministerial Conference and will suggest ways to build upon its conclusions both at the EU and Member States levels.

Dr. Anja Weisgerber and Ann Vannerem Crosbie