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In the Name of God, the Compassionate, the Merciful

Address by

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to the

INTERNATIONAL SYMPOSIUM ON BONE AND JOINT SURGERY

IN THE CURRENT DECADE

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Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to participate in this International Symposium on Bone and Joint Surgery in the Current Decade. I would like to thank the Security Forces Hospital Program for inviting me to participate in, and for hosting, this important symposium.

The increased life expectancy recorded in recent decades, together with changes in lifestyle and diet, have led to a considerable rise in noncommunicable diseases in the developing countries. Noncommunicable diseases now cause nearly 40% of all deaths in developing countries, where they affect people younger in life than in industrialized countries. The epidemiological transition, with its double burden of infectious and

noncommunicable diseases, means that many developing countries now struggle with a range and volume of disease for which they are not prepared. As many as 64% of deaths due to circulatory diseases, 60% of cancer deaths and 67% of chronic respiratory diseases deaths now occur in developing countries, where the resources to treat and care for these patients are inadequate.

While the diseases which kill take much of the public attention, musculoskeletal or rheumatic diseases are the major cause of morbidity and disability throughout the world. These diseases have a substantial influence on health and quality of life, and they inflict an enormous cost on health systems.

Musculoskeletal disorders are the most common causes of severe long-term pain and physical disability, affecting hundreds of millions of people across the world. The magnitude of the problem is huge and its burden on patients and society is considerable: joint diseases account for half of all chronic conditions in persons aged 65 and over; back pain is the second leading cause of sick leave; and fractures related to osteoporosis have almost doubled in number in the last decade.

Rheumatic diseases include more than 150 different diseases and syndromes. The common denominators are pain and inflammation. Forty percent of people over 70 suffer from osteoarthritis of the knee. Eighty percent of patients with osteoarthritis have some degree of limitation of movement, and 25% cannot perform their major daily activities of life. Rheumatoid arthritis, within a decade after onset, leads, to work disability, defined as a total cessation of employment, in no less than 50% of patients.

In the United States of America alone, musculoskeletal conditions are a leading cause of disability, accounting for more than 131 million patient visits to healthcare providers annually. Joint diseases account for half of all chronic conditions in people aged 60 and over.

Epidemiological data from industrialized countries indicate that, by the age of 70, more than one in four women has sustained at least one osteoporotic fracture.

The available data indicate that osteoporosis is reaching huge proportions, and that it will become increasingly important in most countries due to a proportionate increase of the aged population, as well as a notable change in risk factors.

Low back pain has reached epidemic proportions, being reported by about 80% of people at some time in their life.

Surveys involving several developing countries, such as Brazil, Chile, China, Pakistan, the Philippines, India, Indonesia, Malaysia, Mexico and Thailand have provided valuable information on the magnitude of musculoskeletal disorders. They show that the burden of rheumatic diseases is practically equal to that in the industrialized world. Road traffic accidents are also increasing sharply in developing countries; it is estimated that 10 to 15 million people are injured or disabled every year from road accidents, many of whom are young people.

War, civil unrest and injuries due to mines, which affect many countries today, make a major contribution to the increasing burden of musculoskeletal disorders. The severe injuries caused by traffic accidents and war produce a tremendous demand for preventive and restorative help. It is anticipated that 25% of the health expenditure of developing countries will be spent on trauma-related care by the year 2010. Crippling diseases and deformities continue to deprive many children of normal development.

The costs of musculoskeletal disorders are huge in all communities. In Sweden health economists have calculated the society cost of illness for these disorders to be by far the highest even compared to brain and mental diseases added together. The number of individuals over the age of 50 is expected to double between 1990 and 2020. In Europe by 2010, for the first time, there will be more people over 60 years of age than people less than 20 years of age, resulting in a huge escalation of treatment costs.

One of WHO's greatest strengths in international work is its recognized role of independent arbiter in health matters. It is well supported by its "convening power", the constitutional mandate to call upon the best minds, knowledge and expertise from all over the world to benefit health development in Member States.

In 1989 the WHO Scientific Group on Rheumatic Diseases made a review of a very wide spectrum of conditions, from non-specific aches and pains in joints, to full-blown rheumatoid arthritis. There was ample evidence that rheumatic diseases cause more pain and disability than any other group of conditions in industrialized countries. The same pattern of morbidity is now being seen in the developing world.

The WHO has maintained a close working relationship with the International League of Associations for Rheumatology, with the two groups holding periodic joint task force meetings. The results of a 1991 meeting in Geneva included the development of guidelines for use of antirheumatic drugs as well as protocols for the testing of antirheumatic drugs. These drugs were subsequently reclassified based on symptom modification and disease control. Two years later, the two groups met again in Geneva to focus on disease controlling therapies and therapy assessment. Previous guidelines for drug usage were also revised. The most recent meeting of WHO and the League was held earlier this year, again in Geneva. This meeting was convened, in part, to review the work of others in developing outcome criteria used to evaluate phase 3 clinical studies, and to review criteria designed to classify rheumatic diseases.

Osteoporosis is a major area of public health concern. In 1994, WHO published a report of a study group to increase understanding of the factors underlying the metabolic changes and to consider possible ways to prevent and improve treatment of this disease. The study group developed a comprehensive WHO technical report covering osteoporosis screening and assessment of fracture risk.

Following the recommendations of this study group, the World Health Organization has established a task force charged with the mission of developing a WHO

strategy for osteoporosis management and prevention. This International Osteoporosis Education Project aims to improve the diagnosis and care of osteoporotic patients throughout the world with special emphasis on developing countries. The cornerstone of the project is the development of a master document on osteoporosis management and prevention. From the master document, a series of guidelines will be developed, translated and adapted for clinical use in various cultures.

WHO has also shown a special interest in low back pain, due to its extremely high prevalence. Four informal consultations between 1993 and 1997 brought together a core group of experts to address what is likely the major cause of disability and absenteeism from workplace, both in industrialized and developing regions.

As a result of the WHO Initiative on Low Back Pain, a core set of outcome measures was identified to be used in subsequent clinical studies. Research projects commenced worldwide in various healthcare disciplines including medicine, physical therapy, spa therapy and chiropractic care. The results of the multidisciplinary effort were printed in the WHO publication *Low back pain initiative*.

One of the strategies of WHO is to support community health through increased collaborative efforts with governmental and nongovernmental organizations. The objective is to increase the capacity to run effective community control programmes. These programmes should include the whole range of measures from professional training, patient and family education, and community and patient participation, to enhancement of early detection and effective treatment and rehabilitation.

The impact from such bone and joint disorders on the individual and on society, health care and social systems led to the establishment of a new initiative on these disorders.

The initiative was instigated by a group of healthcare professionals who felt that the significant impact from bone and joint disorders on society, the healthcare system and the individual needed to be addressed on an international level, with particular focus on the use of resources. An inaugural consensus meeting was held in Sweden in April 1998, which culminated in a proposal for the Decade of the Bone and Joint from 2000 to 2010 as well as the formation of the International Steering Group, consensus document and a plan of continued work. The International Steering Group agreed on a simple coordinating structure, to ensure that it provides support to local initiatives and is fully representative of different geographic regions and disciplines.

The Bone and Joint Decade basically aims to raise awareness of the suffering and cost to society associated with musculoskeletal disorders such as joint diseases, osteoporosis, spinal disorders, severe trauma to the extremities and crippling diseases and deformities in children. It also aims to promote cost-effective prevention and treatment for common musculoskeletal disorders, empower patients to participate in their own care, and advance understanding of these disorders through research to improve prevention and treatment.

It is hoped that the Decade will have a contribution in identifying more precisely the current and projected magnitude and burden of musculoskeletal disorders by undertaking a review and compilation of existing data. A working group from the International Bone and Joint Decade Steering Committee is collaborating with the World Health Organization in reviewing and collating data on the burden of musculoskeletal conditions globally. The group will also address the present provision of musculoskeletal care, the ideal provision of care, and the costs and priorities for change in the care of patients with musculoskeletal conditions.

The Bone and Joint Decade is a multidisciplinary initiative involving those concerned with care including communities, patients, healthcare providers and researchers. The campaign is global with particular support for activities in developing countries. Partnerships are encouraged, particularly with appropriate patient, professional and scientific organizations; research bodies; scientific journals; healthcare providers; governments and nongovernmental organizations.

It has been reported that so far 83 countries have established national coordinators, and that the Decade has been endorsed by governments of more than 26 countries in addition to the United Nations and WHO. WHO supports this initiative and collaborates with other stakeholders in intensifying its activities on the prevention and control of common musculoskeletal disorders.

It is becoming increasingly clear that programmes for the prevention and control of musculoskeletal disorders should also become an integral part of health services including existing primary health care systems. An association between chronic diseases, such as osteoarthritis, low back pain, osteoporosis and gout, and such risk factors as obesity, physical inactivity, stress and smoking, gives opportunities to prevent these diseases through changes in lifestyle. In this respect, the strategic directions included in the Global Strategy for the Prevention and Control of Noncommunicable Diseases which has been approved by the World Health Assembly in May 2000 provide a practical and comprehensive approach to not only the major noncommunicable diseases like cardiovascular diseases, diabetes and cancer but also to major musculoskeletal disorders that share the same risk factors. We can prevent chronic musculoskeletal diseases by including these diseases in a more comprehensive noncommunicable diseases risk factor reduction programme. The potential in such an approach is great.

Dear Colleagues,

I wish you success. I hope you will achieve what you set out to achieve, and that you will draw up a clear methodology to reduce morbidity and disability, to improve the quality of life of people and lighten their burden and that of the health systems of their countries. “Do and your deeds will be seen”.