



OSTEOS NEWSLETTER

ISSUE 2.2

Newsletter of the Lebanese Society for Osteoporosis and Metabolic Bone Disorders
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Welcome note

Dear colleagues,

OSTEOS offered its third ISCD Densitometry Certification Course in Beirut last month and we are glad to announce that our first scientific annual meeting will be held in October. This meeting will cover many interesting topics including the latest developments in basic research and in clinical aspects of diagnosis & management of osteoporosis.

The scientific program includes lectures by internationally recognized invited speakers, poster presentations selected from submitted abstracts, satellite symposium organized by pharmaceutical industries and a large commercial exhibition.

The conference is expected to be very successful in view of its rich scientific program and highly recognized invited speakers, but this success will not be accomplished without your participation. We invite you to come and share with us this great opportunity to hear and meet with the leading experts in the field.

See you in October!!!

MISSION OF OSTEOS

To enhance state-of-the-art knowledge and expert care for osteoporosis and other metabolic bone disorders in Lebanon through education, research and service.

READ IN THIS ISSUE

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- FRAX to select patients for osteoporosis therapy
- Activities of the ministry of Social Affairs to address falls and osteoporotic fractures prevention.
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FRACTURE RISK ASSESSMENT TOOLS TO SELECT PATIENTS FOR OSTEOPOROSIS THERAPY.

BY GHADA EL-HAJJ FULEIHAN, MD, MPH.

The management of osteoporosis relies on a preventive, healthy lifestyle, approach to all subjects, and reserves the use of pharmacologic intervention to high risk subjects only. Identification of high risk patients has been through the use of BMD and clinical risk factors¹. Several risk assessment scoring systems have been developed based on BMD and risk factors for fractures. These include the risk algorithms derived from the Study of Osteoporotic Fractures (SOF)², Osteoporosis Canada³, the Australian Study⁴, The Deutch tool⁵, and the WHO FRAX tool⁶.

The Canadian tool includes age, BMD, previous fracture history, and corticosteroid use > 7.5 mg for 3 months and derives a 10 yr fracture risk. The Australian tool uses age, BMD, prior fracture and falls. The risk tool from SOF used age and BMD and found similar risk estimates as derived from FRAX (see below). Most recently, a simple tool was developed in the elderly Deutch, using age, prior fracture after age 50, body weight < 64 kg, use of a walking aid, and current smoking.

The FRAX is a user friendly, on-line internet based, fracture risk calculator, that is based on 12 prospective study cohorts, with a follow-up of 250,000 patient years, of 60,000 men and women, during which 5,000 fractures were reported, and that has been validated in other cohorts. The risk factors used include, age, gender, BMI, BMD of the femoral neck, prior fracture history, current smoking, alcohol use, glucocorticoid use, secondary osteoporosis, rheumatoid arthritis, and parental history of hip fracture. If BMD information is not available, risk factors alone can be used. The output of FRAX is a 10 yr fracture risk for major osteoporotic fracture (spine, hip, forearm) and 10 year hip fracture risk. The FRAX calculator is a major advance in case finding of patients at high risk for fracture and who would benefit most from pharmacologic therapy. As available now, the FRAX tool can be applied to the following countries/populations: Austria, China, France, Germany, Italy, Japan, Spain, Sweden, Switzerland, Turkey, UK, and the US (Caucasian, Black, Hispanics, and Asians). In a collaborative effort with Professor Kanis, investigators from AUB-MC are working on developing the use of FRAX for the Lebanese, using national data provided from the Lebanese Ministry of Health, including hip fracture incidence, and mortality.

FRAX represents a significant advance in the assessment of patients at risk for osteoporosis and allows the tailoring of pharmacologic interventions to high risk subjects. Some drawbacks of FRAX include the fact that radiologic fractures, and the number of fractures are not included. In addition FRAX does not quantitate alcohol use, steroid intake, and it does not take into account vitamin D levels, weight loss, bone loss by DXA, all known risk factors for fractures. It may however be possible to enter these risk factors in the FRAX model, if global cohort data on these factors becomes available. FRAX does not define intervention thresholds, or the fracture probability at which treatment becomes cost effective, parameters that will depend on country specific cost-effectiveness analyses. In the US, at a cost-effective threshold of 60,000 \$/QALY, treatment would be indicated at a 10 yr fracture risk of 20% for major osteoporotic fracture and at a 10 yr hip fracture risk of 3%. Osteoporosis Canada suggest categorizing patients as high risk those with a 10 yr fracture risk > 20%, medium risk with a 10 yr risk of 10-20% and low risk those below 10%.

Risk assessment tools are a major improvement in osteoporosis care. To learn more about FRAX in general and FRAX Lebanon in particular, join us at the annual OSTEOS meeting October 30-31.

1. Silverman S. Selecting patients for osteoporosis therapy. *J Bone Miner Res* 2009; 24(5): 765-.
2. Ensrud et al. A comparison of prediction models for hip, osteoporotic fracture, and any clinical fracture in older women: is more better? *J Bone Miner Res* 2008;24:S18-
3. Leslie WD et al. Simplified system for absolute fracture risk assessment: clinical validation in Canadian women. *J Bone Miner Res* 2009;24: 353-
4. Nguyen ND et al. Development of prognostic normograms for individualizing five year and ten year fracture risks. *Osteoporos Int* 2008; 19:431-
5. Pluijm SMF, et al. A simple risk score for the assessment of absolute fracture risk in general practice based on two longitudinal studies. *J Bone Miner Res* 2009; 24:768-
6. (<http://www.shef.ac.uk/FRAX/tool.jsp?locationValue=12>).

الحملة الوطنية حول الوقاية من الكسور لدى كبار السن

تقرير في 23 آذار 2009

مقدمة:

لما كانت الكسور لدى المسنين تشكل مشكلة صحية عامة وفقاً للإحصاءات و الدراسات التي أجراها أطباء باحثون في الجمعية اللبنانية لترقق العظام وأمراض العظام الاستقلابية تُما التوافق بين فئات الشؤون الاجتماعية بالتعاون مع الجمعية اللبنانية لترقق العظام وأمراض العظام الاستقلابية على اقيام بحملة نوعية حول المعطيات الوبائية بشأن الكسور و ترقق العظام لدى كبار السن بهدف وضع أسس لبرامج وقائية.

نفذت وزارة الشؤون الاجتماعية بالتعاون مع الجمعية اللبنانية لترقق العظام وأمراض العظام الاستقلابية عشر ندوات حول موضوع "الكسور لدى كبار السن ، دور الطبيب والعامل الصحي الاجتماعي". شملت هذه الندوات كافة مراكز الخدمات الانمائية التابعة لوزارة الشؤون الاجتماعية بالإضافة الى الجمعيات الأهلية المعنية بالموضوع المنتشرة على كافة الأراضي اللبنانية.

الأهداف:

- تعزيز معرفة الطبيب والعامل الصحي الاجتماعي في مراكز الخدمات الإنمائية و الجمعيات الأهلية المعنية بموضوع كبار السن في لبنان ، حول الوقاية من الكسور وترقق العظام لدى كبار السن.
- التوعية على أهمية العمل ضمن فريق عمل متعدد الاختصاصات لإرشاد كبير السن وأسرتة حول سبل الوقاية من الهبوط
- التوعية على أهمية قياس الكثافة العظمية لدى كبار السن بعد حصول الكسور للوقاية من كسور لاحقة.
- استخلاص توصيات لبرامج حول الوقاية من الهبوط و اكتشاف عن ترقق العظام لدى كبار السن في لبنان

ملاحظات

- ❖ عززت ندوة "الكسور لدى كبار السن ، دور الطبيب والعامل الصحي الاجتماعي" معارف العاملين الصحيين و الاجتماعيين والأطباء على الموضوع وشكلت حافزاً لهم لمواصلة ومتابعة العمل مع كبار السن بمقاربة جديدة.
- ❖ ان مشاركة القطاع الأهلي مع القطاع الرسمي أدت الى تبادل الخبرات وأكدت على أهمية التواصل و التعاون بين القطاعين.
- ❖ إن المشاركة من مختلف الخبرات من أطباء و ممرضات و عاملين اجتماعيين أُنعت النقاش وأسست لانشاء فريق عمل متعدد الاختصاصات حول الموضوع.

مقترحات:

- إجراء دراسة ميدانية لتحديد أوضاع كبار السن الذين هم ضمن النوادي الإجتماعية
- إقامة يوم وطني لفحص قياس الكثافة العظمية
- العمل على تأمين الفيتامين د في كافة مراكز وزارة الشؤون الإجتماعية

د. رفيق بدوره

رئيس قسم أمراض العظام و المفاصل
مستشفى أوتيل دبو

ماري الياس

مساعدة إجتماعية في مصلحة الشؤون الأسرية
وزارة الشؤون الاجتماعية

DENSITOMETRY CORNER

OSTEOS, offered its third [ISCD Densitometry-Certification Course](#) in Beirut, May 9-11, 2009.

The course was supported by the LOP, the MOH, and the WHO-Lebanon office. There were 57 registrants for the clinician & technologist courses and 15 registrants for the VFA course. Attendees were awarded 12 CME credits for the densitometry course and 2 CME for the VFA course.

The faculty for the clinician and VFA courses were Sandford Baim, Didier Hans and Ghada El-Hajj Fuleihan, and for the technologist course Asma Arabi and Mark Antoine Krieg. Ms Rola El-Rassi, Ms Tala Ghalayini, and Ms Lina El-Onsi, from the Calcium Metabolism and Osteoporosis Program at AUB-MC, graciously ensured that the course went smoothly and that everybody was happy.

The course received financial support from MESCO/Hologic, MSD, Servier, Novartis Pharmaceuticals & Eli Lilly.



Pictures courtesy of Mr. Hasan Nisr.

MARK YOUR CALENDAR

Date	Event	Location
September 11-15, 2009	31 st annual meeting of the American Society for Bone and Mineral Research	Colorado Convention Center, Denver, Co
October 30-31, 2009	1 st Annual Meeting of OSTEOS	Beirut-Lebanon

1ST ANNUAL SCIENTIFIC MEETING OF OSTEOS

Topics

- The Bone Fat connection
- Bone quality and new imaging techniques
- Vertebroplasty/ kyphoplasty
- Fetal and Pediatric origins of OP
- OP in children
- OP in premenopausal women
- OP in men
- GIOP
- Hypovitaminosis D in Middle East
- Hypovitaminosis D Pleotropic manifestations
- Osteoporosis and diabetes
- FRAX Worldwide and FRAX Lebanon:
- Bone physiology, current, and future therapies
- The Art and Science of managing the osteoporotic patient
- Management of hip fracture the orthopedist perspective
- Hormone therapy-induced bone loss and fractures in breast and prostate cancer patients
- HRT use in postmenopausal women in 2009: ideal drug

Speakers

- Kristina Akesson
- Rafic Baddoura
- Maria Luisa Brandi
- Juliet Compston
- Ghada El-Hajj Fuleihan
- Georges Halaby
- John Kanis
- Moustapha Kassem
- M McClung
- Cliff Rosen
- Muhieddine Seoud

Deadline for abstract submission – August 30, 2009

For information on registration and abstract submission please visit our website on www.osteos.org.lb