

The Bone and Joint Decade, Osteoscience and QOL Supporters

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The Bone and Joint Decade, 2000-2010, was proposed by Prof. Lars Lidgren, MD, Chairman of the Department of Orthopedics at the University of Lund. and was formally launched at the headquarters of the World Health Organization and then endorsed by the United Nations. UN Secretary General, Kofi Annan said, "There are effective ways to prevent and treat these disabling disorders, but we must act now. Joint diseases, back complaints, osteoporosis and limb trauma resulting from accidents have an enormous impact on individuals and societies, and on healthcare services and economies."¹⁾ The campaign has successfully expanded all over the world, is currently in 90 countries and includes more than 750 organizations. A Japanese steering committee of BJD was formed in 1999 and 56 organizations are participating in the campaign. Both the Japanese Societies of Physiotherapists and Occupational Therapists joined in 2003. In Japan, governmental endorsement was finally obtained in the fall of 2004.

The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with musculoskeletal disorders throughout the world. These disorders are the most notorious and common causes of severe long-term pain and physical disability, affecting hundreds of millions of people, particularly the elderly, across the world. The Decade aims to raise awareness and promote positive activity to combat the suffering and costs to society associated with musculoskeletal disorders, i.e., joint diseases such as osteoarthritis and rheumatoid arthritis, osteoporosis, spinal disorders, severe trauma to the extremities and crippling diseases and deformities in children.

The goal¹⁾ will achieved by:

1. Raising awareness of the growing burden of musculoskeletal disorders on society
2. Empowering patients to participate in their own care
3. Promoting cost-effective prevention and treatment
4. Advancing understanding of musculoskeletal disorders through research to improve prevention and treatment

No one single organization alone can accomplish the desired benefits for the patient or his or her family. The Decade is a multi-disciplinary, global campaign that will implement and promote initiatives in all parts of the world. These will be developed in partnership with appropriate patient, professional and scientific organizations, companies, healthcare providers, government and non-governmental organizations in consultation with global and regional stakeholders.

People living in the same era, that means the end of 20th century and the early 21st century, may reach the same conclusions. In 1997, as the congress president of an Orthopaedic Research Meeting of the Japanese Orthopaedic Association, I made a proposal which is as follows: in our society, we should definitely strive to establish the new paradigm, "quality of Life"(QOL). We have to consider to what extent we can make a contribution to improving QOL of patients and clients. One might designate all the sciences that concern the musculoskeletal system, "*osteoscience*". All those engaged in studies of the musculoskeletal system, including medical, dental, engineering, agricultural, social, space, and other related sciences, can make a great and indispensable contribution to make QOL higher.

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We should certainly join together to advocate the importance of research of the musculoskeletal system.²⁾

Shortly after, in April 1998, the Bone and Joint Decade began, as mentioned above, with an inaugural consensus meeting in Lund, Sweden. At that time, its goal and objectives were agreed upon. An international steering committee of fifteen experts from various geographical regions and disciplines guide the Bone and Joint Decade. And this campaign has been successfully accepted through the world.

The Niigata University of Health and Welfare was founded in the spring of 2001 and will educate students to support and enhance the quality of life (QOL) of the handicapped, the elderly, and patients in hospitals and clients in welfare facilities, by training students in the field to be health and welfare specialists in medical care, welfare and health promotion. We may call them “QOL supporters”.³⁾

By the middle of the decade, I plan to make the following proposals:

1. Development of “soft power”, that is, more participation of citizens in their own care is anticipated. “Empowering patients to participate in their own care” was one of the proposed goals at the start of the campaign. For established osteoporosis, for example, we now have many types of drugs for treatment to reduce a risk of fracture. However, it is more necessary to prevent occurrence of the disease, through muscle exercise to maintain bone mass, and sufficient calcium intake, especially in Japan, where calcium intake has always been lower than that required. Exercise and nutrition is always important, from infancy to old age, to avoid obesity, and malnutrition in the older generation. We started “Niigata Bone Health Club” in 2003 and meetings have been held once or twice yearly, a lecture, demonstration and participation in exercises have taken place as well as the publication of a newsletter. Besides in Niigata,

this type of the group has been formed in Tokyo, Osaka and Nagoya

2. Participation of more people of various disciplines is required in research and development of treatment. All those related to *osteoscience* should be invited to participate in research and development in the prevention and treatment of musculoskeletal diseases. Not only in the medical disciplines, but also dental, veterinary, agricultural and pharmaceutical researchers, may be called *osteoscientists*, and are certainly to be included in the research of bone and joint diseases of human and animal models.

3. More QOL supporters are needed. Therefore, education to be “QOL supporters” is certainly required for those who support and enhance QOL of the handicapped, the elderly, patients in hospitals and clients in welfare facilities. The campaign should expand not only to medical doctors, orthopedists and rheumatologists, but to more active participation of rehabilitation specialists such as physiotherapists, occupational therapists and sports leaders to improve QOL of patients and clients.

In the first decade of the 21st century, we are entering a society with an increasing number of the aged. We, a team from various disciplines and of specialists, should strive to improve the quality of life of the elder generation in the campaign of the Bone and Joint Decade.

References

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3. Takahashi HE: Establishment of Niigata University of Health and Welfare. *Niigata J Health Welfare* (2001) 1:2-5