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Opening Lecture

Resch H

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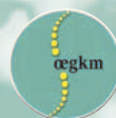
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Dann sind Sie hier richtig



H. Resch

OPENING LECTURE

It is a great honour and privilege for me to be able to welcome and introduce our Minister of Health and Women, under her EU presidency osteoporosis has become a separate main topic. And I may now kindly request her to welcome the delegates and open the conference.

The Federal Ministry asked us to organize a Summit Conference, intentionally at the end of the Austrian EU presidency, to continue efforts to improve European OPO management and continuously pass on the results of a certainly long working process regarding a disease of great importance to national economy and health policy. If possible, we would like to make sure that efforts in this field will be taken up during the next EU

presidency of Finland. The aim and vision of all of us should be a uniform EU standard in OPO management. But is this feasible at all in such a large union of states?



H. Resch

In the diagram (Fig. 1) depicting the distribution of hip fractures within EU countries, we see relatively low figures in some countries and high figures in others. How can something like this be possible? Does this really depend on the density of densitometers only, or do we have to regard the problem in a more differentiated manner? Until now, we know various separate risk factors (such as age, sex, BMI, nicotine, fractures, cortisone, genetics) implying an increase in fracture risk, independently of bone density.

If we consider the life expectancy of men and women in the different EU countries (Fig. 2), you find differences of up to 5 or 6 years between individual states. Or, even more dramatically, take into account the differences in the gross national product of the countries, and then think about the term "cost efficiency" which we so frequently use (Fig. 3). What does this mean? It means: When is it justified from the standpoint of national economy to treat a disease. In particular, in terms of the 10-year fracture risk, a great difference will be found whether we can generously administer preventive medication very early because it is available for everyone, or not. Thus, in a country where life expectancy is high, money spent on prevention will be used efficiently since fractures avoided will result in a total reduction of health costs, that means, preventive therapy has been highly

Figure 1: Life expectancy in EU

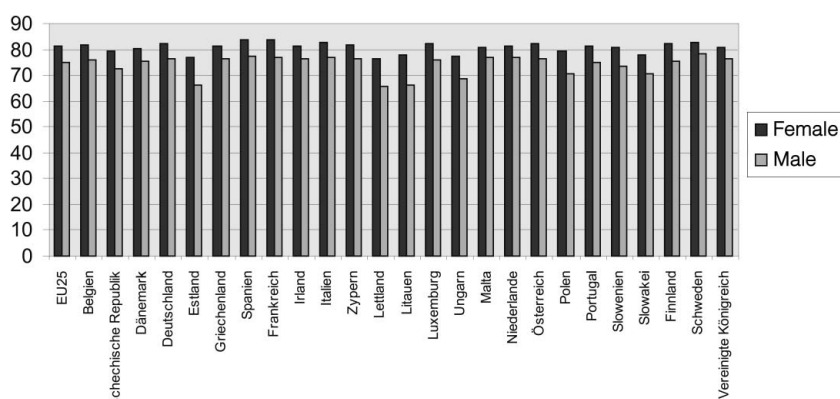


Figure 2: Number of hip fractures per year per 10'000 population

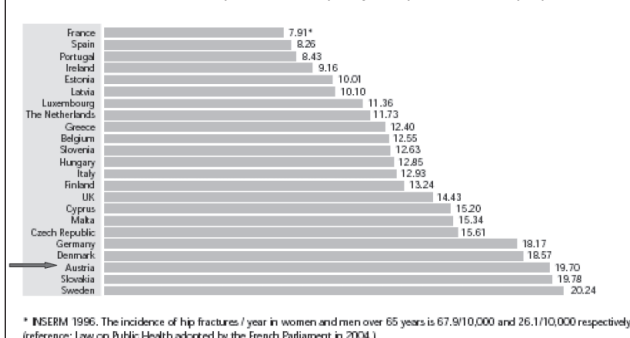
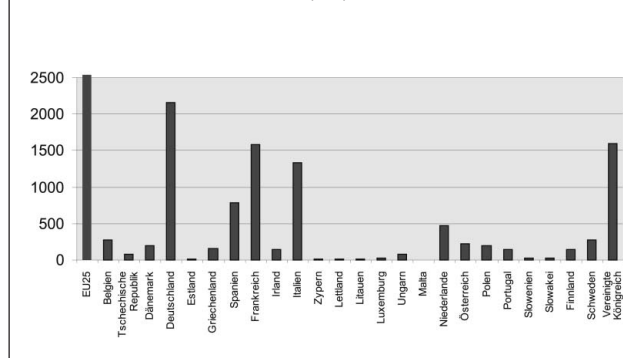


Figure 3: BIP in Million Euro (EU)



efficient. If the same amount of money is spent in a country where life expectancy is substantially lower, it is possible that it is not spent efficiently since the decrease in the fracture rate is not observed in full due to total low life expectancy. Thus, the same therapy is not efficient from the standpoint of both cost and benefit. For such a country it would be better to invest at first in measures to increase life expectancy.

In this respect, I consider it more realistic to develop standardized case finding strategies rather than focussing on perfect comprehensive gross screening.

All of these considerations are intended to give a fresh impetus to our meeting and discussion within the next 2 days, resulting in a conclusion at the end which will be presented. We have tried to create a link between topics which are most impor-

However, at the beginning of our conference, let me commemorate a man who was actually supposed to be among us today but was called home by God unexpectedly. A man and a scientist whom I had the honour to know for too short a time. Still one week before his sudden death, within the framework of the last EU consultation panel in Brussels, Prof. Johnell spontaneously agreed to participate. Still in October of last year, I had the opportunity to spend some time with this great man alone on the occasion of a vitamin D meeting when we went jogging together one early morning in the dunes of Zandvort. Please join me in observing a moment of silence for him.



tant and those which are discussed most frequently. I am also very pleased that we were able to find experts presenting to us theoretical knowledge combined with personal experience. If we focus on the individual questions with our utmost concentration, we will finally be in the position to draw up recommendations, resulting in another great

step being taken toward the establishment of a European standard.

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