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The bone and joint decade 2000-2010.

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Published in:
Bulletin of the World Health Organization

2003

[Link to publication](#)

Citation for published version (APA):
Lidgren, L. (2003). The bone and joint decade 2000-2010. *Bulletin of the World Health Organization*, 81(9), 629-629.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=14710501&dopt=Abstract

Total number of authors:
1

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The Bone and Joint Decade 2000–2010

Lars Lidgren¹

Musculoskeletal disorders are the most common cause of severe long-term pain and physical disability affecting hundreds of millions of people around the world. Joint diseases, for example, account for more than half of all chronic conditions in persons aged 60 years and over; and back pain is the second leading cause of sick leave. Despite their enormous impact worldwide they do not receive the attention they deserve and are inadequately funded (1–3). This lack of attention by the medical profession, policy-makers and the media is due to the perception that musculoskeletal diseases are less serious, because, unlike cardiovascular disease, AIDS and cancer, they are largely chronic, non-fatal conditions and tend to be seen as an inevitable consequence of ageing. For example, at the US National Institutes of Health in 1999, a disproportionate share of research funds was spent on cancer (US\$ 3.4 billion) compared to US\$ 237 million on arthritis and US\$ 137 million on osteoporosis (4). As the world's population ages, the extent of the problem will increase, placing huge burdens on societies and health care systems.

To help redress the balance on an international level, a group of health professionals, inspired by the success of the Decade of the Brain (5), decided to start a global campaign, declaring the first 10 years of the 21st century the "Bone and Joint Decade" (BJD). The purpose of the Decade is to improve the health-related quality of life of people with bone and joint diseases and injuries worldwide by raising awareness and understanding of the importance of these severe conditions and increasing the amount of research funding.

There are more than 150 different musculoskeletal disorders, all of which share symptoms of pain and/or inflammation and can involve limitation of motion, disability and even death. We decided to focus initially on some of the most prevalent conditions, namely

joint diseases including osteoarthritis and rheumatoid arthritis, osteoporosis, low back pain, spinal disorders, severe trauma to the extremities, and disabling conditions in children.

The BJD aims to help keep people moving by promoting the prevention and treatment of musculoskeletal disorders. To achieve this, the following goals have been determined: to raise awareness and understanding of the growing burden of musculoskeletal disorders on society; to empower patients to participate actively in their own care; to promote cost-effective prevention and treatment; and to advance understanding of musculoskeletal disorders through research on improving prevention and treatment.

Initiated in Sweden in 1998, the BJD was formally launched in Geneva in January 2000 by WHO's then Director-General, Gro Harlem Brundtland, with a workshop on the global burden of musculoskeletal diseases hosted by WHO. The BJD has gained the support of more than 750 national and international patient and scientific organizations, and related journals. The campaign is being coordinated by an international steering committee consisting of both professional and patient representatives. The initiative is supported by WHO, the World Bank and the United Nations, and has been endorsed by 48 national governments. So far, 88 countries have established BJD national coordinators. In 51 countries BJD national and regional action networks are setting their own goals and agendas with participants from various professional and patients' musculoskeletal organizations.

Measuring the size and severity of the global burden of musculoskeletal conditions is vital to determine the strategies and priorities of the BJD. For this purpose, a global health needs assessment study for musculoskeletal diseases entitled "The Bone

and Joint Decade Monitor Project" has been started, which, in coordination with WHO, collects and reviews data that will help establish a baseline against which the outcome of BJD's efforts will be measured.

In collaboration with the World Bank and WHO, the BJD is developing an international network of expertise on road safety, which is working to control the spreading incidence of road accidents in developing countries. Road traffic accidents are the most frequent cause of significant musculoskeletal injuries and deaths, with 75% of the fatalities and injuries occurring in developing countries (6, 7). A task force has been set up to prepare activities for World Health Day 2004 (7 April), whose theme will be global road safety.

Other activities include increased publication of articles and participation in conferences, the development of a new medical curriculum to give more adequate attention to bone and joint issues, increased priority for these issues in research budgets, and the introduction of an annual BJD Action Week with days devoted to arthritis (12 October), the spine (16 October), trauma (17 October), and osteoporosis (20 October). ■

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