

European Musculoskeletal Health Days: Turning the spotlight on rheumatic and musculoskeletal disorders

The objective of the first European Musculoskeletal Health Days in Brussels in October was to draw public and political attention to musculoskeletal disorders. This information and awareness campaign was staged by the Musculoskeletal Health Alliance, a joint initiative of EFORT and EULAR. Professor Wolfhart Puhl, Chairman, EFORT External Affairs and Liaison Committee, explains: "The purpose of this concerted action was to call on the public and the highest level of policy-makers to show appreciation for musculoskeletal diseases and to make these diseases a priority on the European policy agenda. This series of events was an excellent opportunity to deepen the contacts and the basis of discussion in European orthopaedics and rheumatology with decision makers in the European Commission and in the European Parliament. It also heightened their awareness of the social significance of musculoskeletal diseases. This large group of diseases comprising acute and chronic conditions has enormous significance for health policy and the economy. We appeal to all those in charge to acknowledge this fact and to respond accordingly." The expert added that this was necessary because there was still a lack of awareness about this issue. "The course of musculoskeletal disorders is less dramatic than other

diseases. The mortality rate is not as high as with cardiovascular diseases or cancer. However, the dimensions of the problem should not be underestimated." Rheumatic and musculoskeletal diseases (RMDs) affect more than 120 million people in the EU, making them the leading cause of disability, work loss and early retirement. They place an annual economic burden of over EUR 240 billion on EU member states.

High level conference on prevention

As part of the awareness days, a high level conference entitled "Preventing Chronic Disease for a Healthier Europe: the Case for Rheumatic and Musculoskeletal Diseases" was held with policy makers, patients, health care professionals and other key stakeholders to assess and discuss how existing prevention strategies affect RMDs.

"The fact that EFORT and EULAR are combining forces here and acting in concert opens up many synergy effects for us and strengthens our visibility on the European level," Professor Puhl points out. "As far as prevention in the field of RMDs is concerned, research and innovation have been vital for improvements, but there are still many unmet needs which we have identified during this conference."

Priority for research efforts

A workshop was also organised in Brussels as part of the awareness days to discuss research priorities in the field of RMDs for the next decade; it was entitled "Tackling the Burden of RMDs through Research: Towards a European Roadmap." Scientists, innovators and policy makers laid the groundwork for the development of a road map for research and innovation in RMDs.

"There was a clear consensus among all stakeholders that we need more research in this area. But research also requires that the appropriate groundwork be laid," Professor Puhl emphasises. "Horizon 2020, the next EU Framework Programme for Research and Innovation, begins in 2014. We believe it is crucial that the priorities of this new framework programme also include RMDs to an extent that reflects their social significance. A European roadmap for research and innovation in RMDs will be an important step and will positively address some of the key challenges affecting scientific activities in this field, such as a necessary consensus on research priorities, coordination of national research efforts, cooperation between the scientific community and the industry, as well as a lack of funding."

Fit for work

In the context of the European Musculoskeletal Health Days, the European Musculoskeletal Health Alliance also contributed to the Fit for Work Summit held at the European Parliament. "We were able to stress, inter alia, the importance of ensuring healthy and safe workplaces for people with RMDs in order to keep them in the workforce," Professor Puhl notes. "It became quite clear in the course of this summit just how meaningful our joint initiative is. Policymakers and decisionmakers explicitly referenced data and concepts we had presented over the previous days."

Professor Puhl says he was convinced that the intensive preparations for the Musculoskeletal Health Days had been well worth the effort: "With this successful presence in Brussels, we have taken yet another important step to represent the interests of our patients and our members effectively and to turn the spotlight on their concerns."

author

Prof Dr Wolfhart Puhl, EFORT Past President, Chairman European Liaison & Lobbying Committee

Complex primary hip and knee arthroplasty



Total knee or hip arthroplasty is a procedure which requires the highest technical skills to be performed successfully. Professor Yves Catonné, Chairman of the EFORT Instructional Course (IC) to be held in Paris, France, on the 24th and 25th of January 2013, says this IC will focus on difficult primary THA and TKA, where technical challenges may be related to a severe congenital or secondary deformity, stiffness, an ankylosis, or associated diseases such as obesity or bone pathologies. Numerous clinical cases will be presented by experienced surgeons at the IC. They will also discuss pre-operative planning.

Professor Catonné, in cases of severe deformity where total knee or hip replacement is indicated, how important is pre-surgery planning for a successful outcome?

Pre-operative planning is crucial before performing a THA or a TKA, especially in the case of a severe deformity, in order to achieve accurate anatomical reconstruction and to restore normal function. Planning needs to encompass the surgical approach, the surgical technique and the most appropriate implants.

Could you please outline some of the issues presented by hip operations, and then the knee, that will be dealt with at the IC?

For the hip, the restoration of the femoral offset, the length, the centre of rotation and the anteversion angles must be accurate. Three dimensional planning allows the surgeon to determine the neck osteotomy level and the position of the acetabular reaming, and also to anticipate with high accuracy the final sizes and position of the implants. Any surgical difficulties likely to be encountered can also be detected with the help of 3D planning, especially when restoring 3D anatomy. Correctly anticipating difficulties allows a better choice of implants to solve problems and achieve an optimal outcome. In the case of the knee, planning allows an accurate analysis of the degree of deformity, whether as a result of wear, ligament laxity or bone deformity. Planning has direct consequences for the surgical technique - associated osteotomy or release - and for the choice of the prosthetic components - a long stem or a wedge may be required.

How well can the technical difficulties likely to arise during surgery be anticipated?

Accurate planning before surgery can certainly anticipate the technical difficulties likely to be encountered, as well as optimising choices in the surgical approach and the implants best suited to restoring the anatomy. Three dimensional planning is much more accurate than 2D templating and it helps ensure a safer procedure especially in difficult cases.

What are the key factors when choosing the most appropriate implants, and how much, if any, progress has been made recently in the improvement of available implants, either regarding prosthesis design or the range of choices?

The choice of components depends on many factors, such as the type of deformity (intra or extra articular), the ligament efficiency (degree of constraint) or the age of the patient. The custom cutting blocks made available recently should allow more accurate positioning of implants especially in cases of severe deformity. For THA, the use of modular components allows adaptation to the patient's anatomy but may generate specific complications. The custom stems may be required in some outliers in order to simplify the surgical procedure, to avoid postoperative complications and to improve functional outcomes.

In very severe cases of deformity, how realistic is it to hope to restore normal anatomy?

For some severe deformities, the goal is to restore an anatomy as close as possible to the normal in order to achieve good functional outcomes.

At the upcoming IC, how much attention will be paid to complications likely to occur in highly obese patients?

Severe obesity may lead to technical difficulties and definitely to some postoperative complications. It may require modifying the surgical approach and the choice of components. This will certainly be dealt with.

How much emphasis will the IC place on post-surgical rehabilitation?

The postoperative rehabilitation program will be detailed in each talk, including adaptations appropriate to the materials used and the surgical technique.

How might IC participants plan to enjoy Paris in mid-winter once the course is over?

Paris is a very charming city in mid-January and participants should make the most of its attractions: the historical sites, the museums, the shows. The programme includes a dinner on Thursday evening in the historic Procope restaurant which dates from the 17th century.

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Interview with Prof Dr Yves Catonné, Chairman of the EFORT IC Paris

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Advanced Training Programme

EFORT IC Paris, 24 – 25 January 2013 Complex primary hip and knee arthroplasty



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SAVE THE DATE 14th EFORT Congress Istanbul – Early registration deadline: 31 January 2013



