

BJD Network in Belgium

Partners: Professor Bijlsma, Professor Bulstra, Professor Dekker, Professor Verdonk and Professor Van Roermund

Ghent Osteoporosis Project

Two years ago with the support of Dr. Stefan Goemaere, The Ghent Osteoporosis Project was initiated, to bring together the major Ghent hospitals, each with its own responsible project leader. (4) The project is about collecting information on all fractures occurring in patients in the recognised osteoporosis age group. Patients are admitted to the hospital and taken care of by the orthopaedic department. The follow up is coordinated by the fracture liaison officer who connects with the osteoporosis department of the endocrinology department. Patients not admitted to the hospital but treated ambulatory are requested to contact their family doctor. The fracture liaison officer of the responsible hospital then connects with the family doctor so that both ambulatory care and hospital care of osteoporosis related patients are followed-up in respect with both their trauma and porosis treatment.

The administrative follow up is partly supported by industry and by the individual departments. There is no funding from the hospital nor for the paperwork nor for the personnel expenses. The Ghent Osteoporosis Project aims to improve osteoporosis-related fracture care for the patient and for our community.

BELGIUM and THE NETHERLANDS:

Bone and Joint Decade Osteoporosis Questionnaire

The Bone and Joint Decade Osteoporosis Questionnaire was translated into Dutch and made ready for use with the local Dutch-speaking community. This work was done in association with the Dutch BJD network, Professor Doctor P.M. Van Roermund.

Joint Arthrosis project BJD the Netherlands - BJD Belgium

The first meeting was organized by P.M. Van Roermund in December 2006 to discuss the increase in THA (total hip arthroplasty) and TKA (total knee arthroplasty), and their concern that the industry is supporting the increased use of joint replacement in younger patients, ensuing increased long term debilitating results.

Taking into consideration the usual 15 to 20 years lifespan in prosthesis implantation, the use in younger patients induces a shorter lifespan of implantation. Even though the short-term results are satisfying, which has its impact on the orthopaedic community, the long-term results remain potentially debilitating. The workgroup suggest to promote conservative treatment for younger age arthrosis patients in order to postpone surgical prosthetic treatment.

Approaches:

Rheumatologists follow the relatively strict guidelines from EULAR suggesting a more conservative approach to hip and knee arthritis. It is obvious these conservative treatment guidelines are not fully available to the orthopaedic community or family doctor.

The group suggests treatment protocols – care pathways in order to support physicians from family doctor on to orthopaedic surgeons and rheumatologists including physiotherapists to optimise patient care. The treatment should be approached not on a basis of corporatism but on evidence-based information and professional care. Third party payers should be included in the discussion in order to carry out their partnership in the optimal approach to patient

care. For more information about this campaign, please contact Prof Verdonk, email:
rene.verdonk@ugent.be