



The Bone & Joint Decade 2000-2010 PRESS RELEASE

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Overcoming Rheumatism: French Chef Takes a Bite out of The Big Apple

1 November 2009 | New York City – For French Chef Christian Plumail the New York City Marathon means far more than running the world’s most famous foot race – it means carrying himself with fist-pumping enthusiasm for 42 kilometres from a past of infernal pain and disability to a stable future of mobility and physical triumph.

On November 1, 2009, the celebrity chef will not only rejoice his accomplishment in completing the prestigious 26 miles through the Big Apple – romantic only in its title, fiercely competitive and gruelling in its reality – but he will mark the anniversary of his diagnosis with severe active Ankylosing Spondylitis (AS), a chronic, disabling rheumatic condition characterised by spine pain which rendered him nearly immobile for four years.

In December three years ago, after months of intolerable pain and disability and numerous investigations, Christian was referred to the Rheumatology Department in the University Hospital of Nice, his home-town and the location of his Michelin-starred restaurant, l'Univers de Christian Plumail. The diagnosis of severe active AS was made and treatment was initiated right away. To Christian's benefit, intervention in the form of anti-TNF alpha administration rapidly and effectively halted the disease manifestation and allowed him to return to normal - or perhaps more-determined-than-normal - activity in both his professional and personal life.

For this reason, as he crosses the finish line in Central Park Christian will sport a Bone and Joint Decade/University of Nice t-shirt, which reads: "J'ai un rhumatisme sévère et une vie formidable" ("I have a severe rheumatism and yet a wonderful life").

Prof Liana Euller-Ziegler, Head of the Rheumatology Department in Nice, and Bone and Joint Decade International Steering Committee Member, said: "Early diagnosis of Ankylosing Spondylitis and other musculoskeletal conditions is absolutely crucial because new treatments available are extremely effective at stopping disease manifestations and possibly progression, and thus improving quality of life. We need to change the negative mindset surrounding these conditions, such as "rheumatism is an unavoidable part of aging and there is nothing we can do about it", because in many cases a lot can be done, and research in rheumatology is pushing this forward with each passing year."

In working with his rheumatologist to control his condition and overcome the resulting disability, Christian has demonstrated the power of an unbreakable spirit: "My life has once again returned to how it was – no, even better. During the course of my treatment I encountered so many negative people, I want to encourage them, and this year I signed myself up for the NYC Marathon for the second time – not to perform to the race's high standard, but to prove to myself and to others like me that I could overcome this condition and live my life its fullest" he said.

To this effect, the Bone and Joint Decade, a worldwide movement to highlight the importance of musculoskeletal health and advance the science, aims to improve the quality of life of people with musculoskeletal disorders. Through Christian's story, we hope you will be inspired to explore the promise of the Bone and Joint Decade Mission. Please see www.bjdonline.org

The Bone and Joint Decade

The Bone and Joint Decade was launched in Geneva in January 2000 during a World Health Organization conference on "The Burden of Musculoskeletal Conditions at the Start of the New Millennium." Kofi Annan, secretary general of the United Nations, endorsed the Bone and Joint Decade on behalf of the United Nations. The driving force behind this initiative was the recognition among healthcare professionals and patient advocates of the significant impact and the growing burden of bone and joint disorders on society, healthcare systems and individuals, and that no single organisation alone could accomplish the desired benefits.

Professor Lars Lidgren, chairman of the Bone and Joint Decade, and head of the Department of Orthopaedics at the University of Lund in Sweden, said: "Musculoskeletal disorders are the leading cause of disability around the world, affecting one out of every four adults and accounting for 25% of the total cost of illness. Our vision is a society where prevention, treatment and care of people with musculoskeletal disorders are of high standard and accessible around the world – our work is focused to this end. The commitment, support and action by the French Network as demonstrated here has made a significant contribution towards the mission of the Bone and Joint Decade globally as well as locally for the benefit of the French society and those affected by musculoskeletal disorders and their families."

The Decade aims to build awareness of the burden of musculoskeletal conditions by educating the public and driving research and legislation, which will lead to the improvement of care. The Bone and Joint Decade is a global initiative with localised national strategies and actions. Please see www.bjdonline.org

For more information or to arrange interviews, please contact:

The Bone and Joint Decade

Ms Sara Martin

BJD Communications Manager

tel: +32 476 274 325

Email: smartin@skynet.be

www.bjdonline.org

Ankylosing Spondylitis

Ankylosing spondylitis (AS) is a chronic, disabling rheumatic disease characterized by inflammatory back pain (*), restricted spinal mobility, and frequently sacro-iliitis (sacro-iliac joint involvement), enthesitis, peripheral arthritis and possible acute anterior uveitis. Blood tests usually show inflammation (elevated ESR); HLA B27 positivity is frequently associated with AS. Imaging is useful for diagnosis, notably for early identification of sacro-iliitis. Symptoms of AS commonly begin in late adolescence and early adulthood, thus at a normally productive time of life. AS belongs to a larger, more encompassing group of related diseases termed spondyloarthropathies (SpA). The estimated prevalence of AS in European Caucasian populations is 0.2-1.2%, a significant health burden. If AS is undiagnosed or inadequately untreated, consequences are continuous pain, stiffness, and fatigue, and a potentially progressive loss of spinal mobility and function as well, resulting in a reduction in the quality of life.

In the context of all the inflammatory rheumatic diseases, there is a too long delay between first symptoms and diagnosis for AS (there is still an average 5-7 years long delay). An early diagnosis of AS is crucial because effective treatments are available for active disease. The treatment options include notably NSAIDs, conventional disease-modifying anti-rheumatic drugs and treatments such as anti-TNF alpha drugs.

Anti-TNF alpha agents offer an exciting new possibility for effective treatment and the possibility of stopping the disease progression. It has been shown that the anti-TNF alpha agents have a prompt effect on the different aspects of active disease – most notably pain and fatigue, but also function, spinal mobility, enthesitis, peripheral arthritis, bone density, and acute inflammation as reflected by acute phase reactants and magnetic resonance imaging (MRI). AS patients with

shorter disease duration (time since onset) are more likely to respond to anti—TNF agents than patients with longstanding (progressed) disease.

(*) The clinical symptom of inflammatory back pain has been recognized as a cardinal symptom for AS for years: awakening because of back pain during the second half of the night, morning stiffness > 30 minutes, improvement in back pain with exercise but not with rest, and alternating buttock pain. When identifying such symptoms, primary care physicians should suspect AS and refer the patient to the Rheumatologist.

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