Project title

**EFORT/EULAR recommendations for prevention and management of osteoporotic fractures**

**Project ID** CLI034

**Project leader:**
Proposal from Tore K Kvien
The convenors will be professor Willem Lems, Amsterdam and a convenor appointed by EFORT.

**Objectives**
To elaborate evidence based recommendations for prevention and management of osteoporotic fractures
To further enhance collaboration between orthopedic surgeons and rheumatologists in Europe, in particular on an organisational level (EFORT and EULAR)

**Envisioned benefit/impact**
We assume that orthopaedic surgeons and rheumatologists are managing patients with osteoporotic fractures differently. The patients will benefit from standardized recommendations which are being used by both orthopaedic surgeons and rheumatologists throughout Europe.

**Final outcome of the project by when** (e.g. publication in ARD in 2009)
Publication of recommendations in ARD
The elaboration will be followed by a new task force of dissemination and implementation.

**Milestones of the project**
October 2008: Identification of convenors, fellow and epidemiologist
October 2008: Identification of 10 rheumatology experts from at least 8 different countries (EULAR) and 10 orthopedic surgery experts (EFORT).
November/December 08: 1st meeting in EULAR house (questions for literature research)
December 08-March 09: Fellow and epidemiologist – literature search based on the questions from the meeting. The search will focus on previously published recommendations and guidelines and a specified search for topics which are not adequately covered by previous guidelines.
April 09: Second meeting in EULAR house – consensus meeting with elaboration of recommendations.
Elaborate proposal for dissemination and implementation projects.
June 09: Presentation EFFORT congress in Vienna
June 09: Presentation at EULAR congress in Copenhagen.

**Relevance for the field**
Osteoporotic fractures is an important area. Patients have major burdens of their disease and reduced life expectancy. Harmonization of management and prevention may be expected to be important and provide health benefit.
Further, the project is “politically” important by the enhanced collaboration between two specialities which have overlapping (but often competing) interest in management of several diseases.
Project mainly supports which of the 8 EULAR 2012 objectives\(^1\) (please select ONLY one)?

8

Project supports Strategic Area goal(s): (strategic area = CLI, SCI, EPI, etc.)

CLI and EPI

Project budget (€) and payment schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget (€)</th>
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<tbody>
<tr>
<td>2008</td>
<td>10 000</td>
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<td>2009</td>
<td>20 000</td>
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<tr>
<td>2010</td>
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EFFORT is expected to provide a similar amount.

Milestones for release of payments:

1. 1st meeting 10 000 euro
2. 2nd meeting 10 000 euro
3. Fellow (Jan-April 2009) 10 000 euro

Implementation and update

A subsequent project on dissemination and implementation will be proposed.

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1. By 2012, EULAR will have strengthened activities in areas that are currently less prioritized, such as non-inflammatory and orphan diseases.
2. By 2012, musculoskeletal diseases will be recognized as a priority and "major disease" area (reflected for example by research policy, disability legislation, access to care).
3. By 2012, all EULAR stakeholders (people with arthritis, health professionals, practising clinicians, basic and clinical scientists, industry, etc) will have further strengthened their partnership.
4. By 2012, EULAR will have increased its international partnerships (such as with ACR, AFLAR, EMEA, WHO, BJD, EU granting, etc).
5. By 2012, EULAR will be the leading source for evidence-based expertise and opinion, and will have further fostered global thought leadership, throughout the spectrum of musculoskeletal conditions.
6. By 2012, rheumatology will be among the most attractive specialties in medicine for young physicians and health professionals.
7. By 2012, EULAR will have brought on board high quality, young generation contributors in all EULAR activities.
8. By 2012, EULAR will have provided standards of care and foster access to optimal care of people with musculoskeletal conditions in Europe.