Addendum

The ties of ILAR and WHO

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The International League of Associations for Rheumatology (ILAR), was founded in 1927 and consists of four regional leagues and more than 70 national societies. The regions are Africa (AFLAR), North- and South America (PANLAR), Asia and Australia (APLAR) and Europe (EULAR).

Direct links were established 1950 with the World Health Organisation (WHO), when ILAR was recognized as the official adviser to WHO on rheumatology problems.

The WHO/ILAR "community oriented programme for the control of rheumatic diseases," (COPCORD) has played a crucial role in collecting data on rheumatic complaints and disability. Nine countries have now been targeted with more than 10,000 subjects surveyed.[1-9] COPCORD has investigated important questions of who treats rheumatic complaints in developing countries and whether it is effective.[10-13]

A WHO/ILAR subcommittee has produced an internal Classification of Diseases for Rheumatology and Orthopaedics. This will give new opportunities for international registers and epidemiological studies. With some modification it will be used as the basis for Chapter 13 of the Tenth International Classification of Diseases (ICD).

ILAR took the initiative for the so called OMERACT (Outcome Measures in RA Clinical Trials) conferences, endorsed by WHO, held in Maastricht in 1992, in Edmonton in 1994, in Cairns in 1996 and in Cancun in 1998.[14-15]

ILAR's involvement and experience with epidemiological studies in various developing countries, including China, underscores the importance of primary health care.[9] To train young rheumatologists of developing countries and in the techniques of epidemiology, ILAR fellowships have been set up in several countries including Canada, UK and Australia.

Teaching students early, to open their eyes for bone and joint disorders

Musculoskeletal diseases are among the most prevalent chronic conditions in developed and developing countries, and the prevalence will increase in the future, because of aging. In addition they are among the leading causes of disability with severe socioeconomic consequences.[16] If diagnosed early and treated properly, many patients could have had a better quality of life, less invalidity with less expenses for the society.

Education is often underrepresentated in the curricula of medical schools as well as of schools for other health professionals. Also the skill of musculoskeletal system examination is often not or insufficiently educated.[17]

A trend in the curricula reforms is to teach basic medical science, skills, knowledge and problem solving in modules, based on body systems. A locomotor bone and joints module is an integrated teaching programme, organized and run by a multidisciplinary team, including anatomists, physiologists, biochemists, immunologists, and clinicians.

To make students aware of the importance of rheumatic diseases, it is essential that rheumatologists, in close collaboration with orthopedists and general practitioners, are involved in these changes of the curricula. Students and even community nurses should be able to distinguish abnormal from normal in the musculoskeletal system.

A good example is the development of simple examination techniques as the GALS (gait, arm, leg, spine examination) proposal.[18]

Core knowledge is required from soft tissue rheumatism up to osteoarthritis and autoimmune disorders as well as the skill to clinically assess a patient in terms of his or her disability, to provide support and, guidance for a patient with a chronic disabling disease.

ILAR-UMER-2000 project

Because the high prevalence and impact of musculoskeletal diseases is not reflected in medical curricula, ILAR has developed an Undergraduate Medical Education in Rheumatology (UMER)-2000 project. The overall goal of this ILAR project is to ensure that

undergraduate education programmes in rheumatology are an integrated part of the medical and health professional curriculum.

The project embodies three fundamental concepts:

1. To convince medical faculties and schools for health professionals all over the world that skills in examination, knowledge and management of musculoskeletal diseases and attitude to disability are the basis of good medical practice.
2. That rheumatology has a lot to offer in teaching problem solving, clinical reasoning and understanding the basis genetic, immunological and biochemical mechanisms as illustrated by rheumatic diseases.
3. To orient these programmes to the needs of individual patients in the context of the population at large, knowing that about 20% of all primary care consultations involve musculoskeletal diseases.

Five Star Doctor WHO Project and rheumatology

The UMER-2000 project is very much in line with the education programme of the WHO division Human Resources for Health (HRH) as expressed in the WHO resolution WHA 48.8 (1995) Doctors for Health.

A close cooperation between the rheumatologists, orthopedists, the primary care physicians and other primary health care providers, will reduce the burden of those threatened by musculoskeletal diseases.

ILAR and the bone and joint decade 2000–2010

It is clear that the changes in knowledge and treatments should not be restricted to the developed countries. To meet these and other new challenges, increased collaborative efforts at a global, regional as well as national level are essential.

ILAR's involvement and experience among others with epidemiological studies, outcome measures, patient education, patient partner programmes, guarantees that the needs of primary health care and multidisciplinary involvement will not be neglected.

A better undergraduate education of musculoskeletal diseases will lead to more efficient use of the restricted resources, and reduce the (economic) burden of society, health care system and of the many affected individuals and their families. Changing of medical curricula may seem difficult but the answer is "just do it."[19]

ILAR fully supports the declaration of a bone and joint decade 2000–2010.

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