



penalties (although Mabotha conceded it might have cost the public hospitals, who pay their own way for such meetings). A standard letter, confirming the CSIR in Pretoria as 'a preferred venue', was sent to the provinces on 10 October, with the usual expectation that this would be relayed to the relevant hospital managers.

**Health Minister was 'unwell'**

He confirmed having said that the minister was 'not well' and in hospital the week before the conference (which she attended), but denied this was in

any way linked to the venue shift. His spin-doctor colleague in the health ministry, Sibane Mngadi, had earlier told *Izindaba* he was 'mystified' as to the reason for the venue change, which had nothing to do with his minister.

Mngadi said Tshabalala-Msimang would 'think nothing' of flying to another city to open any important health conference – and regularly did so. Mngadi said he had not called Mabotha to ask for an explanation after Mabotha had reportedly spoken so boldly on behalf of his minister.

Neither spokesman responded to queries as to what ailment put the health minister in hospital.

- In early December 2004 delegates to a 'National Health Summit' hosted at the Sandton Convention Centre by the national health department were informed just weeks in advance while the agenda was only finalised days before the meeting. Delegates complained that this made it difficult to decide whether to attend or to secure accommodation.

Chris Bateman

**SOUTH AFRICA UNDER-PRIORITISES OSTEOPOROSIS**

In spite of being listed among the World Health Organization's top 10 serious diseases, osteoporosis, which strikes 1 in 3 women over 50 (more than breast cancer) and 1 in 5 men (more than prostate cancer) remains a low priority in South Africa.

Removed last year by most medical aids from their prescribed minimum benefits (PMB) for chronic diseases list, only the most costly comprehensive medical aid plans will cover the condition. According to Tereza Hough, chief executive of the National Osteoporosis Foundation of South Africa (NOFSA), this is a 'short-sighted and costly approach'.

Speaking at the launch of the 'Friends of NOFSA' on World Osteoporosis Day (1 October), Hough said that potentially 6 million South Africans would develop osteoporosis. 'When you think about it, you pay about R3 000 a year on preventive medicine for this disease, yet hip replacement surgery will cost you between R40 000 (public hospital) and R100 000 (private hospital). The approach of the medical insurers seems self-defeating,' she said.

**By the skin of the shin**

Hough added that bone scans for pre-authorization of medication payments went only as far as two standard deviations from normal bone density, meaning that this kept patients 'just on the cusp of bone health'. NOFSA had been 'battling for 20 years' to get osteoporosis on the government's PMB list.

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They had recently formed an alliance with the Arthritis Foundation and joined the Consumer Health Advocacy Forum to deliver their own 'health charter' to the national health department 2 months ago. 'They were very sympathetic and we can only hope now', she said.

Friends of NOFSA aim to raise funds to broaden education campaigns and 'arrest

the misery of countless South Africans who needlessly suffer the debilitating and immobilising pain of brittle and broken bones, caused by a disease they don't know they have'.

Besides lobbying government, NOFSA plans to launch a 3-year lifestyle campaign to encourage people to exercise. It is called, 'Move it or Lose it!' and is based on a paper written by the International Osteoporosis Foundations' scientific advisory committee. 'We hope to encourage men and women of all races and classes to realise that they can take early-life responsibility for their bone health and not be unknowing victims of osteoporosis later on,' says Hough.

**South Africans too sedentary**

The increasingly sedentary lifestyle of South Africans put them at greater risk of osteoporosis, with research revealing that prevalence levels were increasing among younger people and that hip fractures now occurred equally among men and women.

More and more black women were falling victim to the disease, possibly as a result of lifestyle risk behaviour (drinking, smoking) and while their





Tereza Hough, chief executive of the National Osteoporosis Foundation of South Africa.

Picture: Chris Bateman

hips were stronger than those of their compatriots, their spines were worse, revealed Hough. She said most doctors tended to treat osteoporosis symptomatically and overlooked the risk factors.

While genetic factors predisposed people under the age of 40 to a higher risk of suffering from the disease, lifestyle behaviour from the age of 30 onwards was 'vital', especially exercise, a calcium-rich diet and reduced intake of alcohol and nicotine.

She said that within a year of a hip fracture 20% of sufferers died, 15 - 29% had to be institutionalised and more than half the remainder were unable to lead an independent life.

Highlights of the report 'Move it or Lose it!' on how exercise helps to build and maintain strong bones, prevents falls and speeds rehabilitation can be found at <http://www.osteofound.org>

Among the more fascinating research findings cited in the report is that

among women over 45, osteoporosis accounts for more days spent in hospital than diabetes, myocardial infarction and breast cancer, and that only 1 out of 3 vertebral fractures come to clinical attention. In girls, the bone tissue accumulated during the ages of 11 - 13 approximately equals the amount lost during the 30 years following menopause.

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### Exercise early girls!

Finnish research showed that the most physically active young girls gain about 40% more bone mass than the least active girls of the same age, contributing to peak bone mass and giving them an advantage in later life. Exercising your back during middle age can help

prevent your vertebrae from weakening or fracturing when you get older.

Exercise also helped balance and prevented falls – important because every year 2 out of 5 people over 65 would fall at least once. Falls are a leading cause of fracture.

Women who sit for more than 9 hours a day were more likely to have a hip fracture. Following fracture, exercise can help prevent further fractures, relieve pain and help maintain quality of life.

Volunteers, known as 'terranauts', who spent 3 months lying flat and doing no exercise, lost up to 15% of their bone mineral density. Postmenopausal women who took part in a 2-year back exercise regimen, were also half as likely to have wedged vertebrae as control patients.

Hough said that because bone was living tissue that renewed itself continuously, it required regular stimulation through physical activity. Weight-bearing and high-impact exercises (dancing, walking, jogging, sports, strength training) were required to stimulate bone formation.

### 'Take it to the Council'

Dr Maurice Goodman, head of clinical communication and marketing for Discovery Health, said osteoporosis had never been on their chronic drug list. 'I'm not sure if other schemes made changes in any way but there's no change in our approach, it's not funded on our entry level plans.'

He declined to get into the PMB debate, saying it had been a Council for Medical Schemes decision. 'We worked closely with NOFSA in coming up with clinical criteria and the drugs we fund,' he added.

Chris Bateman