

# Musculoskeletal Conditions in France

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**ABSTRACT.** Musculoskeletal conditions (MSC) are among the most frequent in adults in France, with over 20% of the population experiencing bone, joint, and muscle disorders. MSC are an increasing health concern in France, growing in importance on the public health agenda. Some of the present governmental plans are connected with MSC (Pain, the Disabled, Nutrition, Geriatrics). An overview of the present situation in France is provided, regarding the burden, the present situation, and steps forward. Scientific societies and patient groups are actively involved in campaigning in several fields; 2 examples are described: osteoporosis and rheumatoid arthritis and spondyloarthropathies. The Bone and Joint Decade initiative, officially endorsed by the French Government on June 20, 2000, provides the opportunity to develop more coordinated actions through the national network and international partnership as well (including the European League Against Rheumatism) to finally improve the health-related quality of life for people with MSC. (J Rheumatol 2003;30 Suppl 67:42–44)

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## Musculoskeletal Conditions in France

Musculoskeletal conditions (MSC) are among the most frequent in adults in France (a country of 60 million inhabitants) with over 20% of the population experiencing bone, joint, and muscle disorders (54% of all chronic physical pain)<sup>1</sup>. This figure will increase with life expectancy, currently 78 years at birth in France (at age 65 years: 20 years for women, 16 years for men)<sup>2</sup>; by 2020, we anticipate that 10% of the population will be over the age of 75 years.

Rheumatoid arthritis (RA) affects about 200,000 to 400,000 people; we are awaiting the results of the EPIRHUM study, a French prevalence survey of RA and spondyloarthropathies (an excellent example of partnership between researchers and patient groups in evaluating the burden of MSC). Osteoarthritis (OA) affects over 6 million people; 80% of the population experience at least one episode of low back pain (becoming chronic in 5 to 10%). The burden of fibromyalgia and soft tissue rheumatism is not yet known. Regarding osteoporosis, over 50,000 femoral neck fractures occur every year, with an estimated increase to 100,000 by 2050; among French women, 31% will experience a vertebral or forearm fracture post-menopause, and 17–19% a femoral neck fracture<sup>3</sup>.

## What is the present situation?

The global budget for health care is about 10% of the gross domestic product. It was 140 billion euros in the year 2000. The exact proportion spent on MSC is not known.

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Current treatments are widely available, and access to specialists is not restricted. The level of social security benefits is relatively satisfactory, although French people inevitably request increases. The national health insurance system provides partial or total reimbursement of health costs. For the major longterm diseases (RA, spondyloarthropathies, etc.) there is no cost to the patient. In the year 2000, a new policy, the *couverture maladie universelle* (universal coverage for illness) was created in order to help the poorer segment of the population. Several benefits are available to support independence, accommodation, etc. Categorized among occupational diseases, chronic sciatica was recently included in relation to specific occupational situations. Policies regarding disabled people and environmental adaptation are continuously being improved, but more attention should be paid to MSC. Some of the recent government health plans relate to MSC, including: Pain (1998-2000, 2002-2005), Disabled People (2001-2003), Nutrition (2001-2005), and Geriatrics (2002-2006).

The Bone and Joint Decade (BJD) initiative is a good opportunity to develop coordinated action plans. The Decade was officially endorsed by the French Government on June 20, 2000. Coordinated by Liana Euller-Ziegler and Laurent Sedel, the BJD French national network includes scientific societies for rheumatology (Société française de Rhumatologie) orthopaedic surgery (Société française de Chirurgie orthopédique), rehabilitation (Société française de Médecine physique et Réadaptation), osteoporosis [Groupe de Recherche et d'Informations sur les Ostéoporoses (GRIO)], arthroscopy (Société française d'Arthroscopie), foot medicine and surgery (Société française de Médecine et Chirurgie du Pied), and the social league Association Française de Lutte Anti-Rhumatismale (AFLAR).

AFLAR, founded in 1928, is the sole association

acknowledged as having a “public utility” in the field of MSC. It aims at supporting and coordinating the struggle against rheumatism by gathering all people and groups involved, including affiliated patient organizations devoted to a single disease, each with its own activities. National and regional activities are targeted at improving the quality of life and services available for people with MSC (including continuing education for allied health professionals). AFLAR participates in the CNR (National Council for Rheumatology) and is in active partnership with the Ministry of Health and with national groups such as l’Agence Nationale d’Accréditation et d’Evaluation en Santé (ANAES) and the French committee for health education (Comité Français pour l’Education en Santé), among others.

Patient participation is increasing significantly in France. Patient involvement is both possible and necessary in all aspects of health care.

### Examples of Campaigning

Campaigning is very active in several fields. Recent developments have focussed notably on osteoporosis and RA.

Osteoporosis should be considered as a public health priority. The medical costs for osteoporotic fractures are estimated at 0.7 to 1.07 billion euros per year in France. Bone densitometry is available but not reimbursed; nor are different preventive treatments. Several projects are under way. A scientific committee for osteoporosis run by the Ministry of Health has been established to work on an action plan. A booklet, “Prevention of Osteoporotic Fractures,” was launched in 2001 as a result of a partnership between the Ministry of Health and AFLAR, as a first volume of the National Program, Nutrition for Health data.

On Osteoporosis Day, awareness and public education are actively promoted. Politicians are paying more attention to the patient’s perspective: osteoporosis was highlighted in a national meeting on how to simultaneously manage the financial burden of health care and include the patient’s perspective.

After publication of the report “Expertise collective INSERM”<sup>4</sup>, guidelines are being published particularly regarding diagnosis and bone densitometry (ANAES)<sup>5</sup> and treatment of osteoporosis (Agence française de Sécurité sanitaire des Produits de santé). Partnership is active and involves the SFR, GRIO, CNR, and AFLAR, among other societies. Hopefully, the situation with respect to reimbursement will improve in the near future.

RA is also a very active field, especially since the “Etats Généraux” of RA, national meetings held 10 years ago, involving all the French RA patient groups, with over 2000 participants.

A “French-style” patient-partner program was developed under the aegis of AFLAR, in which selected volunteer patients are involved in medical student education; they

bring the daily life of people with RA into focus, stressing the importance of dialogue between doctor and patient.

The burden of RA in France was evaluated through a recent national survey conducted by the SFR, the PRACTIS study. The study investigated 1109 patients; functional status was severe or very severe in 53%, 47% had had surgery, and 35.2% were on sick leave. Mean total costs were estimated as 6750 euros per patient per year, and over 10,000 euros for severe RA.

Although current treatments are not restricted, there were great concerns regarding anti-tumor necrosis factor (TNF) treatments (etanercept being supported by the National Health Budget, and infliximab by the hospital, with inadequate funding). An open letter to the French health minister was drawn up in November 2000 by the RA patient group Association de Défense contre l’Arthrite rhumatoïde (ANDAR-AFLAR).

A partnership was established between rheumatologists and people with RA, leading to a working party, very active in campaigning, with positive results (CNR, SFR, AFP, ANDAR). In March 2001, the Ministry of Health announced a national program to support “expensive innovative treatments.” Then a medico-economic evaluation was proposed, to be conducted by SFR, regarding the use of infliximab. In October a national budget was announced, to be given to academic and community hospitals, linked with the medico-economic study. Negotiations are being conducted to secure a budget high enough to allow equal access to treatment for patients who need it. Other challenges include improving early referral to specialized care, having anti-TNF treatment available for other diseases (spondyloarthropathies, etc.), and preparing a global health care program for arthritis, run by the Department of Chronic Diseases of the Ministry of Health. The working party is still campaigning with support from the French BJD network.

### Steps Forward

During a very positive meeting with the health minister on November 30, 2001, under the BJD banner, we had the opportunity to review the Executive Summary of the WHO/BJD Technical Report “The Global Economic and Healthcare Burden of Musculoskeletal Disease” and present the French national network. An agreement was forged regarding major points to put on the national health care agenda, including: sufficient and equal access to effective care, policies regarding patient information and education, pain, prevention and care of disability; awareness raising; and the possibility of establishing them as a national priority.

We are optimistic that these goals can be achieved. Through our synergy and partnership we can draft recommendations based on evidence (evidence-based medicine and patient-based evidence) and then implement them successfully.

An important event was the adoption by Parliament, on March 4, 2002, of a new law devoted to patients' rights and the quality of the health care system, which introduces significant changes, including a role for patients and patient groups.

France is also actively committed to international cooperation, notably through the BJD initiative. Important data are expected to emerge from European projects (Bone and Joint Health Strategies Project and the Health Indicator Project). International partnerships that include the fields of rheumatology, orthopedic surgery, and rehabilitation, as well as patient organizations, are invaluable.

The European League Against Rheumatism (EULAR) includes more than 40 national organizations, including scientific members (SFR) and social members (AFLAR) with high level activities (annual congresses, EULAR courses, awards, publication of the *Annals of the Rheumatic Diseases*, etc.); EULAR is responsible for guidelines (management of knee OA, use of biotherapies in RA, etc.). The EULAR social leagues are very active, with a shared goal of improving quality of life and services for people with rheumatism; the European Manifesto was developed by the EULAR social leagues together with representatives from Arthritis and Rheumatism International and International Organization of Youth with Rheumatism; this declaration of rights for people with MSC, establishing 10

“calls for action” to meet the growing challenges presented by MSC, is available in French<sup>6</sup>.

In conclusion, bone and joint diseases are an emerging health concern in France that will become increasingly important in terms of the public health agenda. People with arthritis and rheumatism have an increasing role, which is integral to the BJD initiative mission to improve the health-related quality of life for people with musculoskeletal conditions. The way forward will be through national partnership and further international cooperation.

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