Bone and Joint Disease Around the World: The Indonesian Perspective

More and more Indonesians are suffering from rheumatic diseases due to increasing life expectancy. This results in more pain, physical deformity and disability, and morbidity. Many people blame this on the increased pollution in the environment, a stressful life, and increasingly Western food habits and lifestyle.

Although access to treatment is crucial, many Indonesian patients with rheumatic disease have to face the following challenges and overwhelming problems:

- A shortage of rheumatologists in Indonesia has led to incorrect diagnosis and wrong or inadequate treatment. This situation has resulted in a more advanced disease state and irreversible physical deformities and disability.
- The relatively high costs of physician services and medicines force patients to seek self-medication, alternative treatment, and herbal medicines. Self-medication usually means buying prednisone and/or nonsteroidal antiinflammatory drugs (NSAID) without a prescription. Alternative treatment by a "shaman" does not cure the disease; it gives only a temporary placebo effect. Alternative medicine, in the form of herbal concoctions, usually laced with prednisone and/or NSAID, has been taken widely to alleviate musculoskeletal pain. Ironically, these uncontrolled broadly used medicines have led to cases of renal failure, liver damage, and unnecessary early mortality due to adverse effects of longterm NSAID and daily high dose prednisone.
- Having no access to medical treatment, some patients endure chronic pain and disability and remain dependent on their families. In this country, those who can afford medical treatment and medicines are from the middle and higher social class. Indonesian health insurance is poorly managed, and many people cannot afford to buy premiums. Moreover, health insurance usually does not cover expensive treatment and medication such as those needed by rheumatic patients.

In patients with a more advanced disease state, some rheumatic diseases, for example, rheumatoid arthritis, lupus, etc., are very costly and many facets negatively affect the lives of patients and families:

- On the economic side, patients are usually facing: (1) the enormous costs of medical treatment and medication; (2) loss of employment, productivity, and a promising career due to absenteeism or physical disability; (3) the necessity of changing occupation because of limitations in functional capability, which means relearning the activities of daily living to adjust to the limitations of physical deformity/functional capacity; (4) dependence on family support. When self-care and hygiene become impossible due to physical disability, patients have to depend on their families and extended families for care. This puts a heavy strain and financial burden on families.

From psychological and the social perspectives, patients are facing: (1) emotional suffering from having to cope with disability and dependence on others; (2) emotional burden on the immediate family taking care of the patient; (3) disability and pain and their effect on activities of daily living, including self-care, hygiene, lifestyle, and social/community life; (4) loss of self-esteem or development of an inferiority complex due to adverse effects of drugs and disease such as skin disorders, moon face, loss of hair, and osteoporosis, which change appearance and affect how a patient feels about him/herself; (5) an uneducated society that lacks understanding of the disease and tends to be unsympathetic towards pain and disability, which worsens the plight of patients.

The rheumatic diseases have major effects on health, productivity, and quality of life; they also pose an enormous financial burden on patients and their families. Unfortunately, these musculoskeletal disorders still have a low priority for the Indonesian government and little attention has been paid to these diseases due to inadequate resources to treat and care for the patients. What is worse, in Indonesia, the current system does not take disability into consideration; for example, most facilities in Indonesia are not designed for easy access for the disabled. This condition is again due to inadequate resources.

The current outlook for rheumatic patients in Indonesia is still dubious. Although the Indonesian Rheumatic Foundation and Lupus Society was founded over a decade ago in the capital, Jakarta, its chapters and activities still need to be established in the provincial and regional capitals to serve the rural population of 210 million.

So much needs to be done: We need to raise public awareness about these diseases through education, information, and support from rheumatology organizations. The public needs to be made aware that rheumatic diseases are not trivial. Recognizing symptoms and getting correct diagnoses and treatment early can prevent physical deformity and disability, morbidity, and unnecessary early mortality in lupus and rheumatoid arthritis. We also need to increase

national awareness about the importance of rheumatic diseases among the public and the government to obtain greater support for prevention and treatment of the rheumatic diseases in Indonesia.

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