Leaders

The first annual EULAR Congress

The June 2000 congress in Nice is the first annual Congress of the European League against Rheumatism (EULAR). Until now congresses have been organised once every four years, with smaller sized symposia in between. Another change this year concerns the journal of EULAR. In January 2000 the Annals of the Rheumatic Diseases became the official journal of the organisation. For many of the congress delegates, the Annals is well known and a good old companion, being the oldest independent international rheumatology journal. For some of the readership it will be a new experience. As from now on all delegates of the annual congresses will receive the Annals the readership will automatically be considerably increased. The editorial team is well aware of this new situation and responsibility. We will continue our efforts to guarantee a journal of the highest educational and scientific standards. In addition, we will keep you informed about what is happening in EULAR. To this end a special section, “EULAR news”, will be included and focused editorials will be written when appropriate.

In this June issue of the Annals we make a start with the “Series on education”, which is introduced by Anthony Woolf and Michael Doherty (see following editorial). In subsequent issues a number of specialists in the field will discuss various aspects of education and training in rheumatology. Hopefully, this will encourage a lively debate on these important themes. Last but not least the executive committee of EULAR and the editorial team of the Annals of the Rheumatic Diseases wish you a fruitful and, above all, enjoyable stay at the first annual EULAR Congress in Nice.

LEO BA VAN DE PUTTE
Editor of Annals of the Rheumatic Diseases

THOMAS L VISCHER
President EULAR

Education to improve the health of the nation: Who should we educate?

The overall purpose of health care is to maintain health—to prevent and to treat disorders effectively to secure the greatest possible gain in health. Education is an important means of achieving this. In this issue of the Annals is the first of a series of articles on education, each focusing on different aspects that will result in the improvement of outcome of those with musculoskeletal conditions.

Any strategy that is aimed at influencing health must be based on evidence of clinical and cost effectiveness, but also it must be effectively implemented. Implementation requires compliance by the public and patients, in addition to priority and funding. Patients must have faith and confidence based on knowledge. This is especially important with chronic disorders that cannot be cured, are often progressive and, at most points of their natural history, have an effect on a person’s quality of life. The enormous expenditure on alternative and complementary treatments testifies to our inability to meet the expectations of the public and to what lengths they will go to try to achieve their desired goals. This gap between what is desired to be achieved and what can be achieved needs to be closed by better treatments developed by research. However, the gap can more rapidly be narrowed by the better application of existing treatments and by more realistic expectations by patients and public. The more the public drives the provision of care, the more it chases the ideal and not the realistic. Public pressure is important to prevent complacency, but it must be balanced against the harmful effects of creating unfulfilled expectation. Education of patients about what can be achieved and how to gain self management skills, such as developed by Lorig et al1 and promoted in the United Kingdom by Arthritis Care, can result in greater fulfilment.

There are now effective interventions for many musculoskeletal conditions. For example, pain can be effectively relieved, though not always eliminated, by a variety of pharmacological and non-pharmacological approaches; rheumatoid arthritis in many cases can be controlled by an increasing number of therapeutic agents; osteoporotic fractures can be reduced by bisphosphonates; and osteoarthritic joints can be replaced with restoration of mobility and independence. Clearly there is a need for further advances, but much more can be achieved by optimising the application of our existing management options. Much of the current suboptimal application is due to ignorance—not recognising the clinical need, not knowing sufficiently the role of modern interventions, and still retaining a mistaken negative attitude to conditions that are viewed as chronic, incurable, and often the inevitable consequences of age. As a result the patients’ problems are not properly