DISPATCH

From the Pacific Basin

Peter Brooks

February in Sydney is always a humid month, but it was particularly so this year. Tropical rains deluged the east coast of Australia and spread across the mountains into the great plains. Although unpleasant for some, it was a time of great rejoicing for the farmers as much of the country has been in the grip of a drought. Weather forecasters tell us that the drought is now over and that El Nino, the cyclical wind which causes severe drought in this part of the world every decade, has been well and truly crushed.

There has been a great deal of activity in the Asia/Pacific area this year, in particular as the Asia/Pacific League Against Rheumatism (APLAR) meeting was held in Bali in September. An excellent interactive programme was put together by the organising committee and it gave an opportunity to hear good science in a very pleasant environment.

The first department of rheumatology and clinical immunology has been established in Singapore at the Tan Tock Seng Hospital with Professor Feng Pao Hsui as its head. A 'one stop' arthritic centre and clinical research laboratory are planned for the hospital, which will enhance research and health care delivery for patients with arthritis. The Singapore Society for Immunology, Allergy and Rheumatology held a successful weekend meeting in November 1991. This was targeted at local doctors and rheumatology trainees and had several overseas speakers. Another meeting of the Society was held on 19 and 20 September 1992, immediately following the APLAR meeting in Bali.

Japanese rheumatologists have had a busy year, with the first international symposium organised under the auspices of the Japanese Rheumatism Foundation with the theme of recent advances in the treatment of rheumatic diseases, held on 7 March 1992 in Tokyo. The 36th annual scientific meeting of the Japanese Rheumatism Association was held in Tokyo from 26 to 28 May 1992. Also in May over 1000 patients with rheumatoid arthritis attended the annual meeting of the Japanese Rheumatoid Arthritis Patients Association held in the spa

city of Beppu on Kyushu. In this venue they enjoyed the hot spring bathing as well as an exchange of experiences on self care.

A major epidemiological survey on the prevalence of upper gastrointestinal mucosal lesions associated with the use of non-steroidal anti-inflammatory drugs (NSAIDs) was carried out during 1991 under the supervision of the Japanese Rheumatism Foundation. Eighty four institutions across Japan took part in the survey, which showed an incidence of gastric ulcers in 15.5% of patients receiving NSAIDs, whereas duodenal ulcers were detected in 1.9% (not different from the general population). This has led to a multicentre trial of misoprostol conducted in 62 of these institutions, which showed that misoprostol is useful in the prophylaxis and treatment of gastric and duodenal ulcers associated with the use of NSAIDs.

Dr Bob Grigor from Auckland paid a visit on behalf of APLAR to the south west Pacific island nations of Tonga, Western Samoa, and the Cook Islands. These islands have a combined population of nearly 300 000, predominantly of Polynesian origin. Dr Grigor found that rheumatic diseases were common on these islands with a high incidence of non-specific low back pain (particularly among agricultural workers), neck pain, paraesthesia in the hands (especially of women), arthritis of the knees and ankles, and acute and chronic gout. Major inflammatory forms of arthritis such as rheumatoid arthritis, septic arthritis and systemic lupus erythematosus (SLE) were relatively unusual. Gout was particularly prevalent through the communities with a high incidence of tophi. Patients seemed to present later in their disease than in more developed countries and many musculoskeletal disorders seemed to be amenable to secondary prevention or self care management practices. Treatment included the use of analgesics and NSAIDs, together with treatment for hyperuricaemia. Physiotherapy, patient education, and promotion of self management practices were almost non-existent. Orthopaedic services tend to be mainly associated with trauma, though a limited number of joint replacements are being performed in Western Samoa and Tonga. Dr Grigor commented that there seemed to be a relative lack of awareness of rheumatic diseases, particularly in the extent of morbidity produced. He felt that it was important to train a young doctor from this area so that this person could establish a focus for the management of musculoskeletal disease in the area. Rheumatology in this region will be strengthened by the appointment of Dr Ian Ferguson, a rheumatologist from Brisbane, to the senior

staff of the Fiji School of Medicine and by the Inaugural APLAR Epidemiology Fellowship to Dr Betty Tawake of Fiji. Dr Tawake will be studying for one year at the Newcastle (Australia) University School of Medicine and will have support for two years of research when she returns to Suva in 1993.

A major activity of APLAR continues to be the community oriented programme for the control of rheumatic diseases (COPCORD). This programme, which was initially begun in the Philippines, has now spread to a number of countries throughout the region. Data from the Philippines, Indonesia, Malaysia, and Australia were reported at the COPCORD workshop held late in 1991. An international panel of rheumatologists continually reviews the project and updates the questionnaires and it is becoming a major educational exercise in the Asia/Pacific area.

The Third Asian Congress of Rheumatology was held in November 1991. Visiting speakers included Ralph Schumacher, Barbara Ansell, Peter Hollingsworth, and Anders Bjelle. There were also contributions from New Zealand, Japan, Thailand, and Vietnam. Interesting presentations on rheumatological disorders associated with HIV infection in Thailand were presented and there was a report of a recent epidemic of polyarthritis in Jakarta (Indonesia), which was thought to be due to chikungunya.

Professor Zhang reports from Beijing that the Chinese Rheumatology Association has also had an active year. Two major scientific meetings were held during 1991—a training course at Tai Yuan to assist in the establishment of the Shan Xi Provincial Medical University rheumatology unit. Professor Zhang points out that there are still many provincial universities in China that do not have well established rheumatology units and one of the major exercises of the Chinese Rheumatology Association is to assist in their establishment. The major international seminar was held in Beijing with visitors such as Dr David Horwitz, Professors Dan McCarty, Paul Dieppe, and Ken Muir. In 1992 rheumatology will be included in a major Sino/Japanese medical exchange organised to celebrate the twentieth anniversary of establishment of diplomatic relations between China and Japan. This will be followed by a three day local rheumatology meeting which is hoped to bring together over 300 participants from all provinces in the Fourth National Rheumatology Congress of China. Many provinces in China are now establishing rheumatology units and this will give a tremendous impetus to Chinese rheumatology over the next decade.

An excellent scientific meeting was held in Perth, Australia just before Christmas 1991. It was conducted in association with the Australian Society for Immunology and the Australian Society for Clinical and Experimental Pharmacologists and Toxicologists. The four major themes of the meeting—a clinical symposium on shoulder disorders, a symposium on cartilage biology, a combined symposium on inflammation, and a session on antirheumatic drug treatment emphasising immunotherapy—were all well attended. International speakers included Anders Bjelle, Tim Hardingham, Stefan Lohmander, Roy Altman, Ralph Schumacher, Dan Furst, Gabriel Panayi, and Mark Feldman. It was good to know that, even with this amount of brain power concentrated in Perth, there are still problems to be solved with respect to the aetiopathogenesis and management of rheumatic diseases. Over 80 clinical and research presentations were made to the meeting covering a wide range of topics. These included reports on the effects of calcitriol and Sandocal (calcium gluconate) with nasal calcitonin reducing corticosteroid bone loss in patients with rheumatoid arthritis, the molecular biology of various antinuclear antibodies, and the metabolism of cartilage.

The current crisis in health care funding in association with the general downturn in the economy is leading to re-evaluation of health care delivery in Australia. There is increasing emphasis on privatisation of health care services, which brings special challenges for rheumatology, particularly as many of our patients are elderly and not able to afford expensive private health insurance. The National Health Survey (1989–90) released just before Christmas 1991, however, showed that nearly 30% of the population had one or more musculoskeletal disorders and that nearly 10% of Australians had a back problem. These figures emphasise the effect of musculoskeletal conditions in the community and show that the problem will increase with our aging population.

These dispatches emphasise the larger family to which we all belong. We, in this part of the world, certainly hope to see many colleagues from Europe and around the world at the variety of meetings that the Asia/Pacific region will host during the next year. Rheumatology in this part of the world still has particular and peculiar problems which would benefit from exchange and training programmes.

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