

# Affordable and Accessible Healthcare Services for China – The next roundtable

China's move towards a more market-oriented economy, in league with its rapid socio-economic development, is focusing the attention of the Chinese government on public access to affordable and high quality healthcare. As a result of recent meetings with China's Ministry of Health (MOH), the theme for the next health policy roundtable to be run by The George Institute in May 2006 will be 'Affordable and Accessible Health Care Services in China'. The two-day meeting will provide an opportunity for the Ministry to draw together senior Chinese government officials to participate with local and international leaders in intensive discussion.

The roundtable discussions will be structured to reflect the areas where policy changes addressing affordability of the medical services are likely to be successful. These are:

1. The role of government in the financing and provision of services, as well as in the regulation of the health sector.

2. The role of insurance. The models of insurance are: basic medical coverage by the Government; social health insurance; and private insurance. In considering any combination of these forms, thought needs to be given to how key players (such as the insurance industry) can be engaged.

3. Options for managing pharmaceutical expenditure. Issues here include reforming the incentives faced by healthcare providers and the effective regulation of this sector.

4. Creating and nurturing a health sector environment that will accommodate reform, including an examination of how well established the connections are between various levels of health services and the public and private sector; reforming the way in which the governance and administration functions within the health sector are carried out; and enabling better monitoring and evaluation via the information systems used in the health sector.

Overseas expertise for the roundtable meetings is provided by an International Reference Group, consisting of leading world experts in health policy. In terms of participants from China, delegates at previous roundtables were selected by China's MOH and were representative of many regions in China. In addition, China's top three health officials have confirmed their attendance in 2006.

The roundtable will consist of a series of sessions based on the topic areas identified as a priority during consultation with China's Ministry. Each session has a Chinese or International chair, a



For more information on the roundtable see page 4

keynote speaker and discussants. Discussion between the participants (i.e. the Directors-General from national and regional health authorities) and the international panel is crucial to achieving successful outcomes from the roundtable. Participants can debate ideas for health reform with each other and with an international panel. The afternoon of the second day will be used to draw together the outcomes of each session in a policy-oriented workshop. Following further discussion and development, a series of policy recommendations will be compiled by The George Institute into a report, to be presented to the Ministry for their consideration.

The enthusiasm and determination of the China government to recognise and overcome health issues that, compared to other countries, are magnified many-fold by the sheer size of its population is extremely commendable. The many initiatives that are being considered to effectively address these issues, including the roundtables and the clear commitment of China's Health Minister, Mr GAO Qiang, provide a positive outlook for the future of China's health system.

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# A Message from the Principal Directors

Welcome to the new newsletter of The George Institute, *George Research*.

In the seven years since it was established, the Institute has grown rapidly, and its work now impacts on a wide diversity of audiences. With this in mind, there is now a clear need to provide regular updates on the progress and outcomes of the research being undertaken at the Institute in a format that is readily accessible to those interested both in the Institute's work and in international health research generally.

To those of you unfamiliar with The George Institute, our primary focus is to address the causes and effects of chronic disease and injury in a global context. Although based in Australia, we work with some 300 partners in 30 countries to undertake large-scale population health research and clinical trials, with the intent of developing and delivering practical and sustainable outcomes. Much of our research is undertaken in low and middle-income countries, who have limited resources to address significant health issues. We work closely in those countries with governments, communities and local health services to ensure that our work remains relevant to their needs. Where necessary, we also build local capacity through consultancy, education and

training programs, enabling communities to play a significant role in tackling specific health problems and applying workable solutions.

Communication is a key part of the Institute's research and education activities. The Institute's staff publish widely in medical and health journals, and report their research outcomes at conferences and seminars around the globe. The Institute also sends out smaller bulletins for those involved or interested in particular studies and projects, and our website ([www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org)) provides a significant amount of information on these activities as well. Yet it is often difficult for those outside specific research disciplines to know of, and appreciate the context of our work and gain a fuller understanding of the myriad of research programs underway at the Institute.

This newsletter is therefore aimed at enabling the non-specialist reader in government, health, medical research, media and related areas to quickly digest the latest information from the Institute itself, and from international health research more broadly. Our aim is to keep the articles short and the content focused. We appreciate that our readers have limited time to absorb information, and may not be familiar with the jargon and terminology that pervade scientific



articles and research papers. We also welcome the opportunity to consider both contributions to, and feedback on, this newsletter.

We hope that these aims are achieved in this and future issues, and that you, the reader, benefit accordingly.

Robyn Norton

Stephen MacMahon

*The George Institute For International Health*

## Staff Profile



**DR SOPHIE GIBB**

Project Manager – ADVANCE study  
BSc (Hons); PhD (University of Sydney)

2006 Graduate Certificate Drug Development (UNSW)

Sophie has recently joined The George Institute as the Project Manager of the ADVANCE (Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation) study. This study, which has another two years to run, will provide new evidence about widely practical treatment strategies for the prevention of the vascular complications of diabetes.

ADVANCE is currently underway in 214 centres and 20 countries worldwide.

Sophie, who holds both an Honours degree and a PhD in Science from The University of Sydney, worked for the past two years in the UK. Initially employed by a very large contract research organisation, Sophie then spent last year with a small biotechnology company that aimed to develop pharmaceutical products from medicinal plant extracts.

"After I completed my PhD and was not sure what I wanted to do, but I did not want to do a post-doc. A friend then asked me if I would be interested in training to become a Clinical Research Associate at a Contract Research Organization. I was!" says Sophie.

When asked about what she would most like to achieve in her professional career, Sophie notes that she "would like to work in a position that I find challenging and satisfying and that I feel contributes constructively to our society."

"I enjoy working in a team to ensure that clinical studies

are run efficiently and to high quality. I am also interested in medical writing and data management of studies", she explained.

Is this what brought her to The George Institute?

"I have been interested in The George Institute since I learned of its existence a few years ago. I like the idea of working in medical research in a more academic environment and in a not-for-profit organisation. Also, it is a fantastic opportunity to be involved with a global study (ADVANCE) that is being run from Australia."

And Sophie's interests outside of work? "Currently nothing as I have only been back from the UK for just over a month. Last year I traveled extensively through Britain on the weekends and during holidays, and also in continental Europe. My partner has relatives in the Czech republic, who we visited a couple of times last year – we are hoping to start learning Czech."

For more information on ADVANCE visit our website [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org).

## CARDIAC AND RENAL DIVISION

The Institute's Cardiac and Renal Division researches and implements new strategies for the prevention and treatment of major vascular diseases such as stroke and heart attack, as well as kidney disease.

Worldwide, stroke and heart attack represent the two leading causes of death. With the incidence of ill health related to vascular disease predicted to rise sharply in the next few decades, new treatments and prevention strategies are a global health priority.

Established risk factors for stroke and heart attack include blood pressure, tobacco, cholesterol, diabetes and obesity, with each being a major contributor to the global rise in vascular disease.

Increasingly known to be another key cause of vascular disease, and growing rapidly as a health issue in its own right, is chronic kidney disease. The Cardiac and Renal Division works to improve both health outcomes and access to health care for patients with kidney disease.

For more information on the Cardiac and Renal Divisions' studies, please visit [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org).



## Bridging the Gap for Indigenous Australians



The IMPAKT study investigates Indigenous patient access to kidney transplantation

*Indigenous Australians make up approximately two per cent of the Australian population, however they constitute almost ten per cent of people commencing dialysis for end-stage kidney disease (ESKD). Indigenous Australians with ESKD are much less likely to receive a kidney transplant than non-Indigenous Australians, and experience longer delays between starting dialysis and receiving a transplant. Regional variations further exacerbate disparities in access to transplantation, especially in remote areas with a high concentration of Indigenous Australian patients.*

A study into improving Indigenous patient access to kidney transplantation (IMPAKT) is currently underway at The George Institute. Led by Dr. Alan Cass, Director of the Institute's Renal Program, the goal of the study is to improve health service delivery and outcomes for indigenous people with kidney disease.

The IMPAKT study examines how health systems in different states provide transplant services to kidney patients. It has a particular focus on the experiences of Aboriginal and Torres Strait Islanders who have chronic kidney disease and their ability to access and use transplant services. Researchers at The George Institute have been working with and talking to staff, as well as patients, at many urban, rural and remote sites across Australia. The research program also aims to work with service

providers to improve access to transplantation for all suitable patients.

Research overseas has found that indigenous people in New Zealand, Canada and the United States have similar reduced access to kidney transplants. Researchers at The George Institute are working with researchers in each of these countries to better understand the problems so that appropriate solutions can be developed.

IMPAKT is undertaken in collaboration with the Menzies School of Health Research, Darwin; the Cooperative Research Centre for Aboriginal Health; and specialist renal units in Sydney, Dubbo, Brewarrina, Darwin, Alice Springs, Brisbane, Cairns, Townsville, Adelaide, Port Augusta, Perth, Kalgoorlie, and Broome. The IMPAKT study is funded by a three-year project grant from the National Health and Medical Research Council.



Research staff are working internationally and locally to better understand end stage kidney disease.



The IMPAKT study reaches into the regional and remote communities of Australia

## FOCUS ON CHINA

# Health Reform at Core of May China Roundtable

### China and healthcare reform

The government of China recognises that substantive reform of its health system is essential to ensure sustainable, effective healthcare for its more than one billion citizens. In league with this, policy initiatives aimed at increasing investment in healthcare are essential to support any reforms in the longer term.

Great improvements have been made over the past half century, particularly in the control of infectious diseases, in increasing life expectancy and in reducing infant and maternal mortality; however, there are still significant issues for the health care system in meeting the existing need for health services. Longer life spans combined with changes in lifestyle mean that, in particular, chronic diseases and related conditions associated with an ageing population are having a major impact on China's health planning and healthcare priorities.

### Key health issues in China

A recent paper<sup>1</sup> from The George Institute provides an interesting snapshot of the current healthcare situation in China. The main issues facing Chinese health officials include:

- Improving access to health services;
- Reducing the incidence of chronic disease amongst China's citizens;
- The increasing burden on individual citizens to provide out-of-pocket payments for treatment;
- Increasing coverage of medical insurance amongst the population;
- Reducing the cost of healthcare in China, especially medicines;
- Reducing the rate of infant mortality in rural areas.

The George Institute paper stressed that any approach to addressing health issues in China needs to be cognisant of the institutional



conditions that exist. The most promising approach requires a 'whole of system' view, including a consideration of the role of government, the private sector, the research community and civil society. It noted that the Chinese government now has an ideal opportunity to initiate reforms that will significantly improve the lives of its citizens.

### The health policy roundtable series

In October 2003, the China Ministry of Health (MOH) and The George Institute signed a Memorandum of Understanding (MOU), to help establish the terms and conditions under which the Institute and the Ministry will collaborate on delivering a series of roundtable meetings addressing priority health issues for China's healthcare system. The MOU provides for a three-year program of roundtables, which act as a forum for senior Chinese health officials to discuss high priority issues with international experts and government officials.

The idea for the roundtables had its genesis in a meeting organized and led by the Institute in 2003 which examined models for private and public sector involvement in health financing

and health service provision. The seminar was attended by 30 senior officials from China's central and provincial governments, and generated considerable debate around the appropriate public versus private mix in the financing and provision of health services in China, and the regulatory mechanisms needed for such a complementary system. Following the success of this, a second Health Policy Roundtable was conducted in April 2005 on the issue of healthcare safety in China. China's MOH labelled 2005 as the 'Year of Hospital Quality Management', which set the tone for an international discussion on strategies for improving safety via health system reform.

The success of both these roundtables was reinforced by the 2005 visit of China's Health Minister, Mr GAO Qiang, to Sydney for a series of meetings with Australian health officials and facilities. During this visit, Minister GAO stated the Ministry of Health's intention to renew the MOU with the Institute, in support of further health policy roundtables.

1. Accessible and affordable primary health care in China, Chi Weiwei, Stephen Jan, Alina McDonald. The George Institute for International Health, Sydney, Australia. 2005.



## Minister's Visit Underscores China's Health Challenges

The enormous challenges facing the Chinese government in meeting the needs of its one billion citizens were highlighted by China's Minister of Health, Mr GAO Qiang, during his recent visit to Sydney. These challenges include providing adequate medical insurance and access to healthcare for China's population - especially those residing in rural areas.

Several Sydney-based institutions, including The George Institute, held meetings with Mr GAO during September 2005 to discuss issues affecting health reform in China. The meetings looked at strengthening ties between Australian and Chinese health bodies and programs. To assist with the establishment of a robust public health system in China, the Minister sought information on how governments in Australia finance and support healthcare, and also how private and public sector health providers contribute to the system. Minister GAO cited preventative medicine; investment in technology; government leadership and accountability; and development of healthcare services as central components of China's healthcare reform agenda.

During the visit, Mr GAO delivered a presentation on health service reform to a group of senior health officials, doctors and medical researchers at The University of Sydney. Since becoming the Minister of Health in early 2005, Mr GAO has expressed strong views about the standard of public health in China, and is committed to improving its national health infrastructure. The Minister credited recent achievements in China's healthcare and medical research to its ongoing partnership with Australian health research institutions, and reiterated a desire to develop and strengthen this relationship for the future.

In discussions with senior directors of The George Institute, Mr GAO and his delegation noted their interest in addressing non-communicable diseases; specifically, how



China's Minister of Health, Mr GAO Qiang spent time with The George Institute in Sydney. Pictured with Principal Director, Robyn Norton (top) and Director of the Institute's China Program, Lucy Chen.

primary healthcare systems can support interventions and identify risk factors in China. There was strong support by the Minister for the renewal of a Memorandum of Understanding between The George Institute and the Chinese Ministry of Health, which facilitates the annual China Health Policy Roundtables - a series of high-level meetings between international health experts concerning priority health issues for China's healthcare system. Mr GAO will be participating in the 2006 roundtable (see earlier in this issue).

More information on The George Institute's activities in China can be found by visiting the China Program page on the Institute's website at [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org).

## A postcard from Beijing

At 28, Alex Headley is living out his dream to work in developing countries. After becoming the AusAID Australian Youth Ambassador for Development and receiving a scholarship from the George Foundation, Alex is working for 12 months at The George Institute's Beijing Office, China.

"I am lucky enough to be living in China with thanks to The George Foundation and AusAID. It's another world away from my other job as junior medical officer at Concord Hospital in Sydney.

"It's invaluable learning about sustainable development and capacity building, and seeing how health fits into the larger socio-economic and political picture. The past 25 years have seen major changes within Chinese society. A widening urban-rural gap has been of increasing concern to the Chinese government, as indicated by the recent five-year plan touting its aim for a more 'harmonious' development for the whole of society. Up to 80% of China's rural population is not covered by health insurance, and the ever-increasing costs of expensive diagnostic tests and medications makes adequate medical care unaffordable to many in the poorer rural areas.

"I am working in the Neurological Diseases and Mental Health Division of the George Institute and involved in several stroke projects within the group, specifically the QUEST study. In this study, I am investigating the link between socioeconomic indices, the quality of stroke management and the impact these have on overall survival and disability from stroke. It is hoped that this study will arm health policy decision makers with sufficient information to develop alternative models of funding for stroke services that is equitable, regionally-specific and all-inclusive.

"My tenure finishes in September 2006, where I aim to return to Australia to complete my postgraduate medical training."



DR ALEX HEADLEY  
Clinical Research Fellow  
Australian Youth Ambassadors for Development (AYAD) Program

# Does Early Blood Pressure Reduction Improve Stroke Outcomes?

One of The George Institute's largest clinical trials, INTERACT, was launched in Australia, New Zealand, the USA and China in late 2005 to determine the effects of early intensive blood pressure lowering on death and disability in stroke patients. The INTERACT trial will provide reliable evidence about what is the optimal approach to managing blood pressure after intra-cerebral haemorrhage, one of the most serious forms of stroke, affecting two to three million people worldwide each year. Most of these victims live in China and surrounding Asian countries, and about one third will die a few days after onset. Of those that survive, the majority will face major long-term disabilities.

The George Institute's Professor Craig Anderson, a Co-Principal Investigator in the trial, says that "Chinese people appear to be at particularly high risk of intra-cerebral haemorrhage. This is partly due to the high prevalence of high blood pressure in the population and possibly to genetic factors.

"Despite the magnitude of the burden imposed by this disease, and the high cost to health services, there is no widely available treatment for the condition. However, early rapid blood pressure lowering shows considerable promise as a widely applicable, cost-effective therapy that can be readily incorporated into clinical practice," notes Prof Anderson.

Although surgery is sometimes used in patients with severe intra-cerebral haemorrhage to relieve pressure on the brain, an earlier large-scale clinical trial cast doubt over which patients most benefit from surgery.

"This new study will establish the safety and effects of a management policy of early intensive blood pressure lowering on death and disability, compared to current less intensive, guideline-based management of blood pressure in this clinical setting", says Professor Yining Huang, the Co-Principal Investigator for INTERACT in China, and Professor of Neurology, Peking University First Hospital.

"Blood pressure is commonly elevated, sometimes to very high levels, after the onset of intra-cerebral haemorrhage and there is some evidence to suggest that lowering blood pressure levels improves outcomes" according to Professor Huang.



INTERACT will investigate the effects of early intensive blood pressure lowering on death and disability in stroke patients

## Staff Profile



MS STACEY XIAOYU YANG  
Research Assistant, Cardiac & Renal Division  
B.Med.Sci, The University of Sydney

Stacey Yang joined The George Institute's Cardiac and Renal Division in 2005, after completing her degree in Medical Science. Stacey knew she wanted a career in the medical world when she was still in secondary school, and in the longer term would like to become a physician or attain a senior position in either public health or nursing.

Stacey only arrived in Australia in August 2001, just after finishing secondary school in China. "The main reason I left China to study abroad was to receive a tertiary education in a different environment to that I grew up in." **As to her choice of study, Stacey noted that** "The reason I choose a medically-focused degree was that I want to combine both humanity and intelligence in my career. My personal experience in Australia has reinforced this expectation."

However, tackling a University degree in a foreign country was by no means 'plain-sailing' for Stacey. "I had three very tough years at university. Tough both in academic and emotional aspects - I had to cope with the language barriers with a lot of patience and effort. I also felt the psychological pressure of my isolation from my family in China and the economic sacrifice they have made for my

study and my future" she explained. "I cannot forget some extremely hopeless and frustrating moments during that period, but I believe this experience has provided me with a special insight into my career".

Stacey's current academic interests are a combination of research (either laboratory-based or office-based) and practice. In undertaking her medical science degree, she became particularly passionate about neuroscience and immunology.

Why The George Institute? "For both its high international reputation and the potential opportunities it will provide", explained Stacey. "Its reputation means that you have the possibility to touch and participate in medical research at a high standard. Also, you find many opportunities provided here that can push you to keep improving academically."

Like many staff at the Institute, Stacey has talents beyond just medical research. Sydney University is well known amongst its current and former students, and many members of the public, for its wonderful carillon recitals, which echo through its historic quadrangle and across campus. Stacey is an honorary carillonist at the University and notes that, "It is pity that so many people just listen to it when they walk through main quadrangle, but they hardly get to know the instrument itself.

"Music has always been my passion, and I did some composition subjects at university", Stacey explained.

"Playing the carillon is another new experience in my life which I could not imagine when I was in China.

"Also, due to space limitations, I could not fit a piano into my little apartment, and could not practice it regularly. The carillon has provided me with another insight into my music experience and it's just wonderful".



## Work heats up in India

In India, as in many other low and middle income countries, chronic diseases are fast becoming the leading health problem. The population of India currently face epidemics of heart attack, stroke, depression and diabetes of a magnitude and severity not experienced before. While these diseases were once only the concern of high income, Western countries, these conditions are now the main causes of death and disability in India, in both urban and rural areas. But despite the increasing importance of these diseases, the vast majority of people in India have little or no access to treatments able to prevent these conditions.

The Andhra Pradesh Rural Health Initiative (APRHI), is just one example of The George Institute's ongoing commitment to enhancing health and clinical practices in the Asian Region. The securing of significant Wellcome Trust funding for APRHI was a major achievement of the Institute in 2005. These funds have, and will continue to, facilitate APRHI's goal of improving health status, preventing and managing non-communicable disease, preventing premature death, and enhancing access to health services for the rural population of Andhra Pradesh. It aims to achieve this through the design, implementation and evaluation of affordable and sustainable interventions that can be incorporated in the existing primary health care infrastructure of rural areas.

### Identifying the No. 1 Killer

A large scale survey of over 4,500 adults in 20 villages in rural Andhra Pradesh was finalised in early 2005, the results of which were both surprising and of concern. Whilst it had been long suspected that cardiovascular diseases could soon overtake infectious diseases and malnutrition as the region's biggest killers, the results suggested that this transition has been much more rapid than anticipated. Now

it would appear that heart attack and stroke are the leading causes of death in the surveyed villages in rural India.

As a consequence of this outcome, research staff assessed levels of cardiovascular disease and risk factors and are now taking the first steps toward a tailored cardiovascular intervention program for the region. The focus of this program will be training local doctors and health workers in disease prevention strategies. This includes the identification of high-risk individuals and risk management through lifestyle modification and low cost drug treatments. In addition, a community-based education initiative will promote healthy lifestyles.

The rural villages of India suffer some of the world's worst poverty, which attracts a range of serious health problems. Today, within a single village, it is not uncommon for one single community to experience malnutrition, obesity and diabetes. This poses major challenges to already fragile health services. The George Institute, along with APRHI's collaborators (the Byrraju Foundation & CARE Foundation in Hyderabad, India and the Centre for Chronic Disease Control, New Delhi India), together aim to make a difference in the region and encourage wider implementation of similar systems.

In mid-April 2006, The George Institute will host a meeting of experts in the field of mortality surveillance at a major workshop in New Delhi, India. Delegates from Canada, USA, UK, India and Australia will discuss the progress of mortality surveillance initiatives such as this in India and other regions. Validation techniques will be reviewed and participants will discuss the findings of APRHI thus far with a particular focus on the strong implications for India.

For further information regarding APRHI, visit [www.thegeorgeinstitute.org](http://www.thegeorgeinstitute.org).

## ANDHRA PRADESH RURAL HEALTH INITIATIVE



## George Institute Events

### Evening Seminar

**Title:** MOBILE PHONE USE AND ROAD INJURY: HOW BAD IS IT? HOW MUCH DO WE KNOW ABOUT IT?

**Venue:** Holme & Sutherland Rooms, The University of Sydney

**Date:** Wednesday 29 March, 2006

**Time:** 5.30 – 7.00pm

**Speaker:** Prof. David Shinar (Ben Gurion University, Israel)

**Discussion:** Dr. Suzanne McEvoy (The George Institute)

**Panel:** Assoc. Prof. Ann Williamson (Injury Risk Management & Research Centre) and Chief Superintendent John Hartley (NSW Police)

**Chair:** Prof. Mark Stevenson (The George Institute)

**Cost:** free

### Biostatistics and Epidemiology Course

**Title:** ESSENTIAL METHODS IN BIOSTATISTICS AND EPIDEMIOLOGY

**Venue:** Hotel Y, 489 Elizabeth Street, Melbourne

**Date:** 24 – 26 May 2006

**Presenters:** Prof. Mark Woodward, Dr. Federica Barzi

**Details:** This two-day course aims to build an up-to-date understanding of the statistical principles and methodologies that can be used in biostatistics, epidemiology, public health and medical research

**Cost:** Full cost (including textbook) AU\$950  
Full cost (excluding textbook) AU\$850  
\*Student rate (including textbook) AU\$820  
\*Student rate (excluding textbook) AU\$720  
Group rate (5+ excluding textbook) AU\$770

### International Events

**Title:** ASIA PACIFIC COHORT STUDIES COLLABORATION WORKSHOP

**Venue:** Badaling Manor Hotel, Sanpu, Badaling Town, Yanqing County

**Date:** 2006. Phone for further updates

**Presenters:** Prof. Mark Woodward, Dr. Federica Barzi, Dr. Steve Su

**Cost:** Application to The George Institute.

**Title:** MORTALITY SURVEILLANCE IN DEVELOPING COUNTRIES WORKSHOP

**Venue:** The Grand Hotel, Delhi, India

**Date:** 11-12 April 2006

**Presenters:** Prof. Alan Lopez, Sir Richard Peto, Prof. Philip Setel, Dr Prabhat Jha

**Cost:** By invitation only

## Better Options for Osteoarthritis

Osteoarthritis is regarded as the leading health problem among older Australians. This common condition affects the joints, and for many people, the pain and disability caused by osteoarthritis dramatically affects their lifestyle. In fact, osteoarthritis is responsible for more disability in walking, stair climbing and daily activities in people aged 50+ than any other disease.



With the rapid aging of the Australian population, the number of people affected by osteoarthritis will at least double within the next 30 years. There is no known cure for osteoarthritis. There are also no treatments able to slow the progression of joint destruction. To alleviate joint pain, currently patients consume a range of oral products including paracetamol, non steroidal anti-inflammatory drugs (NSAIDs) and dietary supplements.

Glucosamine sulphate, a dietary supplement, has been extensively marketed as able to ease pain and slow the rate of joint destruction with little risk of the adverse side effects. However, there is little scientific evidence to substantiate these claims. The Injury Prevention and Trauma Care Division of The George Institute is undertaking the 'Long term Evaluation of Glucosamine Sulphate', or 'LEGS', study. The LEGS study,

will randomise 900 patients over a two-year period and assess these claims.

The significance of the LEGS study is considerable bearing in mind the pain, comorbidity and disability burden associated with osteoarthritis. If regular intake of glucosamine sulphate is shown to ease joint pain, reduce the consumption of NSAIDs or slow the progression of joint destruction, the widespread use of this product would effectively compress the disability and morbidity burden in the aging population. If this dietary supplement proves to be ineffective, then this research will result in cost-savings for older Australians and encourage a re-focusing of patient, clinician and health care resources to disease management strategies of proven effectiveness, such as regular exercise and weight loss.



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