

## OSTEOPOROSIS: RECOMMENDATIONS FOR DIAGNOSIS AND TREATMENT

Portuguese Society of Rheumatology and Portuguese Society of Metabolic Bone Disease. Tavares V, Cannon H, Gomes JAM, Simões E, et al. Recommendations for osteoporosis diagnosis and treatment. *Acta Reum Port* 2007 Jan-Mar; 32 (1): 49-59.

Available in: URL: [http://spreumatologia.pt/ver\\_textos/?id\\_menu\\_pai=3&id\\_menu=134](http://spreumatologia.pt/ver_textos/?id_menu_pai=3&id_menu=134). [accessed on 21/06/2007].

Osteoporosis is a health problem encountered with increasing frequency in Family Medicine and the Family Doctor (FD) must make relevant preventive and therapeutic decisions. The aging of the population and changing life styles, especially in urban areas, are the main causes.

This article presents recommendations for the diagnosis and treatment of post-menopausal and male osteoporosis from the Portuguese Society of Rheumatology and the Portuguese Society of Metabolic Bone Disease, resulting from the efforts of a consensus committee composed of rheumatologists and patient associations.

A review of articles published on the theme in the last ten years was performed, looking for randomized controlled trials, meta-analyses and evidence-based guidelines. Results were discussed in workshops, and presented in two major national rheumatology meetings, were the final version was produced.

Those recommendations were intended to promote validated clinical practices, efficient use of available diagnostic and therapeutic resources, and a reduction in the risk and in the frequency of osteoporotic fractures.

The text discusses the following concepts clearly: the definition of osteoporosis, diagnostic criteria, and aspects to consider in clinical assessment including the detection of risk factors and the identification of patients at higher risk of fracture.

Regarding additional investigations, the authors stress the importance of its rational use, discussing the use of dorso-lumbar vertebral radiography, the indications for double energy x-ray absorptiometry (DEXA) in measurement of bone mineral density (BMD), its interpretation and the frequency of its use in therapeutic monitoring. Preventive and therapeutic measures, as well as some criteria for starting pharmacologic treatment are presented, including a comparison of the several available drugs for post-menopausal and male osteoporosis, on the basis of their efficacy in fracture prevention.

The clinical follow-up and monitoring of those patients are also presented, including the rare situations in which some additional investigations may be indicated.

The text is illustrated with useful pictures.

This is obligatory reading in order to obtain a basic orientation to clinical practice and preventive measures for osteoporosis.

These recommendations are recommended!

Conceição Outeirinho  
Foz do Douro Health Center

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## FAMILY MEDICINE AND THE LIFE COURSE PARADIGM

Daaleman TP, Elder GH. Family medicine and the life course paradigm. *J Am Board Fam Med* 2007 Jan-Feb; 20 (1): 85-92.

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*“He does more than treat them when they are ill; he is the objective witness of their lives.”*

John Berger

From a philosophical point of view, Family Medicine can be considered a scientific discipline, although currently without a well defined orientation, but frequently supported by epidemiological, biomedical or the health service paradigms. All those paradigms have limitations in their contextual perspectives of patients' lives.

The authors introduce the Life Course as the paradigm that considers fundamental questions in the sphere of Family Medicine. It is based upon a perspective that contextualizes health and illness in the light of individual's social and historical trajectory.

Family doctors (FD) usually follow patients throughout the years, including periods of change in their personal lives (e.g., health and illness), different economic cycles and settings. Over those periods of care, changes occur in the lives of the patients, their relatives and health professionals. According to Ian McWhinney, a unique characteristic of the FD is the searching for understanding the patient in his own family and social environment. The Life Course offers a way to associate people with their contexts throughout their lives.

The quest for a way of binding, articulating, and understanding the doctor-patient relationship began with relational theories (social roles). However, these theories possess a serious limitation as they do not situate the person in their own life and social-historic context.

The Life Course theory incorporates the concepts of 'age' and 'temporality'. These concepts recognize that age has different meanings and interpretations (e.g., historical, social and biological time), and that life content is different according to the timing of the occurrence of those

events. Social and developmental trajectories and transitions are the basic concepts on this new perspective.

Health trajectories are different from other longitudinal health evaluations, in their focus on sequences of health transitions throughout time, seeing patients' experience of health and illness in a longitudinal, non-episodic perspective. Transitions are defined and acquire meaning in the context of the trajectory where they belong. Social or developmental trajectories are enacted in established social ways, defined by institutions and populations.

The paradigmatic principles of

Life Course are human development and aging, human agency, historical time and place, timing and inter-related lives. Those principles supply a holistic understanding of lives over time and different social contexts. According to this perspective, the FD directs attention to contextual factors that can affect a patient's choices, plans and initiatives that involve health and health care.

The new model of the practice of Family Medicine, described in the *Future of Family Medicine* project, proposes some practical uses of this new way of thinking.

Family Medicine is at a moment of change of its own life course. It has

an intellectual history that is based on a commitment to people and it needs an orientation that conceptualizes, integrates and humanizes the patient's experience of health and illness.

"The life course fixes the clinical gaze of family physicians beyond the patient as member of a family unit to patient who is a traveller along the life course".

Alexandra Reis  
Horizonte Family Health Unit  
Matosinhos Health Center

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