

Understanding Bone Disease in Southeast Asia; Marking the Second Year of the New JAFES



It is ironic that in Southeast Asia, where sunshine is abundant 365 days a year, osteoporosis is increasingly prevalent. Epidemiologic data reveal that in Singapore and Hong Kong, the age-adjusted hip fracture rates are 400 to 500 fractures per 100,000 women, approaching rates in Caucasian populations.¹ In Malaysia and Thailand, hip fracture rates of between 200 to 250 fractures per 100,000 women were reported.²

The etiology of bone disease in Asia, is however poorly understood. The role of a variety of risk factors: genetics, calcium and Vitamin D levels, and cost-effective use of diagnostic tests and bone markers needs to be determined. Despite an apparent low mean dietary calcium intake in Asian populations (350 to 500 mg/d), Asian women may absorb calcium more effectively, as a result of certain vitamin D receptor polymorphisms. The effects of the low dietary calcium appear to be compensated by the availability of other nutrients commonly found in Asian diets. Observational studies have shown skeletal benefits with the intake of dietary phytoestrogens, such as soy-based products, fish, and fermented soybeans, as well as omnivorous diets. Vitamin D deficiency (defined as serum 25-hydroxyvitamin D [25(OH)D] <25 nmol/L) is common in the Middle East, India, China, Japan, and Korea.^{1,3}

Early studies of therapy for osteoporosis in Asians have been conducted. These studies looked at the effectiveness of bisphosphonates such as alendronate and risedronate, hormone therapy, raloxifene, and intermittent parathyroid hormone injections. These agents have been found to be effective in maintaining or improving bone density in Asian populations.^{1,3}

In this issue, we shall review the practice guidelines for the management of osteoporosis in Indonesia, Myanmar, the Philippines and Singapore. Some points are worth mentioning. Although an osteoporosis epidemic is anticipated in many Asian countries, diagnostic tools such as the dual energy x-ray absorptiometry (DEXA) machines to measure bone mineral density (BMD) are found only in few medical centers in urban areas, and the cost is prohibitive for many patients for routine use. Strategies for prevention will require effective mass screening tools and the validated Osteoporosis Self-Assessment Tool for Asians (OSTA) may guide the clinician for the judicious use of the BMD test. Treatment strategies have to be adapted to the specific needs of the Asian populations.

We are also featuring an article on Iodine Deficiency Disorder (IDD), a condition that continues to be prevalent in our region, by Prof. Creswell Eastman of the International Council for the Control of Iodine Deficiency Disorders. Other articles featured in this issue include Ocular Telemedicine programs for Diabetic Retinopathy across Southeast Asia, and the Philippine's programmed approach to Universal Health Care. The latter is authored by a former Secretary of the Department of Health of the Philippines and documents the journey towards achieving equitable delivery of preventive and therapeutic health care services to the greater majority of its citizens. It is hoped that universal health care becomes a reality for many countries in the ASEAN region.

JAFES marks its 4th issue and it is now two years since the re-launch. The JAFES is emerging on its own as it seeks to be the voice of endocrinology in Southeast Asia. Its audience is wider than a local specialty journal and its operations are supported by the association of seven country endocrine societies.

In the two years since its revival, it has achieved the following milestones:

- Creation of an editorial team composed of editor-in-chief, vice editor-in-chief, associate editors, managing editor, copy editors, and Information Technology (IT) and graphics editor supported by a statistician, radiologist and secretariat staff;

- Establishment of an international editorial board composed of respected endocrinologists and members of the academe, research community and supported by editorial advisers;
- Establishment of a pool of international peer reviewers not only from members of the AFES countries but also from outside Southeast Asia, such as the United States of America, Australia and Europe;
- Set up of an editorial office as the headquarters for operations;
- Establishment and implementation of editorial guidelines and peer review system in keeping with international publication and ethical standards;
- Launching of the JAFES first issue to the host country audience (Philippines, May 2011); and subsequent launching of its first and second issues to an international audience (AFES Congress, Vietnam, November 2011);
- Timely publication of two issues each in 2011 and 2012;
- Membership in medical journal editors' associations at the country base (Philippine Association of Medical Journal Editors), regional (Asia-Pacific Association of Medical Journal Editors) and global (World Association of Medical Editors) levels for increased visibility and opportunity for networking with other colleagues publishing partners;
- Participation in medical journal editors' and publishers' conferences and workshops beginning 2012 to be abreast with the current best practices in ethical scientific writing, journal management and editing and the latest trends in the publication industry.

Beginning 2013, the JAFES shall be focusing its efforts on engaging AFES countries to contribute more manuscripts and facilitate collaborative research, and maintaining the high quality of articles through enhancement of the journal's editorial policies and regulations, upholding high standards for scientific writing and ethics, expansion of its international peer reviewer pool, and ensuring a streamlined approach for managing manuscripts received from authors. The current JAFES website (www.asean-endocrinejournal.org) shall be improved to increase the visibility and searchability of the articles published in the JAFES. We are looking into shifting from print to online, open-access publication to facilitate journal peer review, improve article processing, tracking, and indexing and enhance visibility. Web-based tools for effective journal management, such as anti-plagiarism programs, English translation software, copyediting programs and editorial manager systems, are now being made increasingly available and the technology should be maximized. Finally, after 2 years of regular, timely and high quality publications, we shall begin the arduous process towards indexing and inclusion in PubMed, Web of Science, ISI and WHO Western Pacific Region Index Medicus as our commitment to the AFES and the authors who entrust the journal with their precious manuscripts.

The current editorial team continues to work towards the above critical goals. We continue to be thankful for the support of AFES countries and other partners in realizing this vision where vigorous discussion and better understanding of endocrine diseases will lead to improved care of patients in this part of the world.



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References

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