INTERNATIONAL LETTER

LETTER FROM LEBANON

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LEBANON, land of one of the most ancient civilizations in the world, was devastated by 17 yr of war (1975–1992), destroying its infrastructure and killing, injuring and displacing hundreds of thousands of civilians. Since the end of the war in 1992, the Lebanese government, with the assistance of non-governmental organizations, has been rebuilding the country, with huge reconstruction projects in the various fields of civil services.

Lebanon has not taken a population census since 1932. However, several attempts were made to collect demographic data through sample surveys. The latest survey was conducted in 1996 and estimated the Lebanese population at 3 million. The population is young with half the civilians under 25 yr of age, and 50.5% of the nationals are females [1].

In Lebanon, the health services are provided by both the private and the public sectors. In the past, the private sector used to dominate with the proliferation of private hospitals. Today, much effort is put into the public sector by the government through the rehabilitation of public hospitals and primary health care centres. The most important project concerns the construction of a 500 bed public hospital in the capital Beirut. This hospital will serve as a teaching hospital for the medical school at the Lebanese University. In spite of these efforts, the allocation of the government’s budget for the health sector is trivial, only constituting 4.09% of the general budget for 1997. With regard to health manpower, recent reports estimate the number of physicians to be at least 8000 with a majority located in the capital. The physician to population ratio is 1:350 which is probably the highest reported ratio in the Arab Region according to a recent report by the World Bank [2].

Physicians receive their education at three medical schools: the Lebanese University (LU), the American University of Beirut (AUB) and Saint Joseph University (USJ). These schools graduate around 200 physicians each year. Recently, a fourth medical school was instituted at Beirut Arab University. This school is expected to graduate 40 physicians per year. The AUB recently started a fellowship programme in rheumatology. The Division of Rheumatology at AUB has a faculty of three members, and two fellows who are currently in training. In addition to the fellowship programme, the Division of Rheumatology is responsible for teaching rheumatology to undergraduate medical students, and to residents in internal and family medicine. In the two other universities (LU and USJ), each having 4–5 rheumatologist faculty members, the teaching activities are mainly for undergraduate medical students and for residents in internal medicine. There is a very close coordination between the rheumatology divisions of the three medical schools.

The establishment of a rheumatology practice in Beirut [by one of the authors (VM)] did not happen until 1953. Following that, the Lebanese League Against Rheumatism emerged in 1961, founded by five practising rheumatologists, all trained in French medical schools [3]. Then, in 1978, the League became known as the Lebanese Rheumatism Association (LRA). Membership of the Association has increased from five in 1961 to 35 at the end of 1996. The LRA has a very active scientific programme which includes monthly informal meetings for the presentation and discussion of interesting and difficult cases, three regional meetings outside Beirut, and one annual meeting. The LRA is a member of the European League Against Rheumatism (EULAR) and the International League Against Rheumatism (ILAR).

An important characteristic of the patients in Lebanon is the presence of diseases peculiar to this area of the world, namely familial Mediterranean fever (relapsing fever) and Behçet’s disease. Several publications have emerged from Lebanon on these two diseases [4–9].

There are no official statistics on patients with rheumatic diseases seen in Lebanon. However, in a recent study, Awada et al. [10] reviewed retrospectively 841 patients seen in six rheumatology clinics over a 1 month period and found an incidence of spondyloarthopathies of 8.6% and of rheumatoid arthritis of 5.5%. A rheumatology clinic is held once a week in the out-patient department at the AUB medical centre. Table I presents the categories of diseases seen in the clinic over a 2 yr period (1994–95).

Research in the field of rheumatology in Lebanon is emerging, and several projects are being conducted at the different medical schools. Ongoing research includes a study of the HLA profiles of patients with Behçet’s disease and rheumatoid arthritis, a review of the clinical characteristics and course of patients with familial Mediterranean fever, and a study of antinuclear antibodies in patients with Escherichia coli

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bacteraemia. We are also in the process of storing serum from patients with various rheumatic problems for use in future autoantibody determinations. Recently, the results of some studies were reported, including one review on Henoch–Schonlein purpura cases seen over a 10 yr period at AUB [11], and others about the frequency and diagnostic value of HLA-B27 in the spondyloarthopathies [12,13].

A lot of work is still to be done in the field of rheumatology in Lebanon. Future efforts should be directed towards public education and gathering adequate statistical data through the establishment of registries for the various rheumatological conditions.

REFERENCES