Objectives The aim of this study was to investigate the relationship between benign joint hypermobility syndrome (BJHS) and FMS.

Methods Thirty-four fibromyalgia patients and 30 healthy control subjects with a mean age of 32.6 ± 7.8 and 38.8 ± 11.1 years respectively, were recruited to the study. Data about demographic and clinical characteristics of the subjects including age, sex, widespread pain, number of specific tender points and associated symptoms were recorded. The joint hypermobility was evaluated depending on the Beighton score and the diagnosis of BJHS was considered according to the revised criteria for the diagnosis of BJHS (Brighton 1998).

Results There were 2 male and 32 female subjects in each group. The mean number of tender points (14.7 ± 1.9 vs 2.5 ± 3.1), associated symptoms (7.1 ± 1.7 vs 2.5 ± 1.6) and Beighton score (3.4 ± 1.3 vs 1.7 ± 1.9) were significantly higher in the FMS group. The BJHS was present in 2 (5.8%) of FMS and 1 (2.9%) of the control subjects.

Conclusion The fibromyalgia patients may be more hypermobile than the control subjects but BJHS is a different clinical entity having no relationship with FMS.

Osteoporosis – Clinical aspects and treatment

AB0170 THE SIMVASTATIN EFFECT ON OSTEOPOROSIS

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Background The Osteoporosis has always been a great problem for the clinicians in every country, since this disorder brings higher morbidity, disability and mortality.

The Statins, lipid lowering drugs, have been recently shown to have positive impact on the osteoporosis, i.e. the bone mineral density, where the "T" score has increased in patients taking these drugs for hiperlipidemia.

Objectives The objective of this research is to investigate the potential efficiency of Simvastatin (Lipex) on BMD score i.e. T score in patients suffering from postmenopausal osteoporosis.

Methods An open randomised Prospective Control Study has been designed.

The patients with the postmenopausal osteoporosis have been selected in one group and they received lipex 10 mg plus 500 Calcium at bed time. The other group of postmenopausal women, served as the control one, was assigned to receive only 500 mg of Calcium at the evening meal. Total number of individuals in each group was thirty three. Laboratory test including the risk factor stratifications were detected on baseline and after 3. The statistical analysis was done between two groups.

Results The results obtained in this study showed the significant improvement in the group of patients receiving lipex and the score is much higher than those taking calcium only.

This BMD result, i.e. T score, has been found to be about 30% higher in simvastatin group.

The positive effect on lipid profile has been gained as well. The well-being improvement has also been notified.

Conclusion The statins, in our research simvastatin (lipex), has been proven in our study to have a very positive effect on the treatment of osteoporosis.

So, beside the primary effect of statins on lowering cholesterol levels, this is the other option and positivity of this drug.

These medications can be added to the list of therapy in osteoporosis.

AB0171 IMPACT OF DEGENERATIVE RADIOLOGICAL ABNORMALITIES AND VERTEBRAL FRACTURES ON THE EVALUATION OF SPINAL BONE DENSITY IN WOMEN WITH OSTEOPOROSIS

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Background Osteophytes and lumbar spine fractures can hinder bone density interpretation.

Objectives The objective of this study was to establish the relationship between densitometric measurements and degenerative radiological findings of the lumbar spine, in women with osteoporosis.

Methods The study consisted of ninety-six postmenopausal women presenting osteoporosis in their lumbar spine bone density, DEXA, LUNAR-DPX. Fractures, osteophytes and aortic calcifications were evaluated by simple x-rays of thoracic and lumbar spine.

Results The X-rays confirmed lumbar fractures in 24.7%, osteophytes in 33.3% and calcifications of the aorta in 30.2%. The mean BMD was 0.783 g/cm^2 and the mean T-score was -3.47 DP. Neither fractures, nor aortic calcifications had significant influence on BMD ($p = 0.36$ e $p = 0.09$ respectively) despite the fractured vertebrae having greater BMD ($p < 0.02$). Patients with lumbar spine osteophytes showed greater BMD ($p = 0.04$). Only osteophytosis was associated to lumbar spine BMD ($p = 0.008$).

Conclusion Osteophytes and lumbar spine fractures can hinder bone density interpretation. Based on these findings, the interpretation of densitometric results should be carried out together with that of a simple lumbar spine X-ray.

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AB0172 TURNER SYNDROME AND PURE GONADAL DYSGENESIS: A STRONG RISK FACTOR FOR OSTEOPENIA AND OSTEOPOROSIS

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Background During the puberal period, the hormonal production is directly associated to bone mass, and related to the development of the peak of bone mass.

Objectives In order to evaluate the role of Primary Hypoestrogenism as a risk factor for osteopenia, 39 women, aged between 16 and 35 years old, with Pure Gonadal Dysgenesis and Turner