fracture, Geriatric Depression Score and treatment assignment. Women with only a new VDef but no CVFx had intermediate levels of prefracture back pain and disability. Women suffering a CVFx reported a mean of 6 days of severe back pain and 6 days of back disability for the 3 month period before the fracture, and 18 and 32 days (both $P < .05$ by Wilcoxon test), respectively, for the 3 month period after the fracture. By 5–7 months postfracture mean days of severe back pain were no longer elevated (10; $P = .44$), but mean days of disability were still increased (24; $P < .05$) at 9–11 months post fracture.

Abstract SAT0179 Table 1

	Severe back pain (%)	Back disability score, adj. mean (SE)	Days of disability past 12 months, adj. mean (SE)
Group 1. No new CVFx or VDef	3.9	0.8 (0.1)	13 (1)
Group 2. ≥ 1 new VDef,	6.6	1.0 (0.2)	18 (4)*
Group 3. 1 new CVFx	8.6	1.4 (0.2)*	26 (6)*

Baseline (prefracture) back pain and disability (* $P < .05$ vs Group 1).

Conclusion Older women who have chronic back pain are more likely to suffer a CVFx. In those who have a CVFx, average back disability remains above prefracture levels for at least a year after the fracture. Prevention of fractures may be especially beneficial in older women with chronic back pain.

SAT0180 DO REHABILITATION FACILITIES DIAGNOSE AND TREAT OSTEOPOROSIS IN HIP FRACTURE PATIENTS BETTER THAN ACUTE CARE HOSPITALS?

¹AG Juby, ²CM De Geus-Wenceslau. ¹Geriatric Medicine, University of Alberta, Edmonton, Canada; ²Geriatric Medicine and Rheumatology, Curitiba, Brazil

10.1136/annrheumdis-2001.667

Background One in four women and one in eight men over 50 years of age will suffer from osteoporosis. The lifetime prevalence of hip fracture is 18% for women, 6% for men. Mortality within a year of hip fracture is 6–44%. Morbidity is also significant, with many not returning to their premorbid level of function. Proven efficacious pharmacologic therapies are available to treat osteoporosis.

Objectives The objective of this study was to evaluate the diagnosis and treatment of osteoporosis in seniors after hip fracture both in the acute care hospital and in the rehabilitation facility, and to see if they differ.

Methods A retrospective chart review on consecutive hip fracture patients (over 65 yrs) admitted to an acute tertiary care referral hospital was carried out. Osteoporosis diagnosis and treatment was recorded. Additional data was collected on osteoporosis investigations including bone densitometry. The patients were then followed up in the rehabilitation facility and the same data collected. The results from the two groups were then compared.

Results Data was collected on 311 patients in acute care. Average age was 86 years, average length of stay in acute care was 11 days. 18 died and 41 either went straight home or to long term care. Data was unavailable in 26 patients. Therefore 226

were followed up in the rehabilitation facility. Osteoporosis was diagnosed on admission to: acute care in 11.9%; rehabilitation in 9.7% and on discharge from: acute care in 15.4%; and from rehabilitation in 11.2%. Osteoporosis was treated (any treatment) in acute care hospitals in 13% on admission and 9.7% on discharge and in rehabilitation facilities 12.8% and 10.2% respectively. In the majority of cases the treatment was calcium alone, specific osteoporotic drugs were used in <4% in both groups. There was no statistically significant differences between the groups, apart from the use of Vitamin D which was significantly less ($p < 0.05$) in the rehabilitation group compared to the acute care group.

Conclusion Rehabilitation facilities are no better than acute care hospitals at diagnosing and pharmacologically treating osteoporosis in seniors after hip fracture. The rate of treatment in both groups is unacceptably low. In spite of their more holistic and multidisciplinary focus the rehabilitation facilities still fared poorly in their approach to this disease. This puts the onus on primary care physicians to provide adequate osteoporosis treatment in this group of patients, otherwise elderly people will continue to be under-managed for this disease.

SAT0181 DOES A REVERSE YENTL SYNDROME EXIST IN OSTEOPOROSIS?

¹SE Green, ²SJ Davies, ¹EJ Price, ¹DA Collins. ¹Rheumatology, Princess Margaret Hospital, Swindon; ²Pharmacology and Therapeutics, Royal Hallamshire Hospital, Sheffield, UK

10.1136/annrheumdis-2001.668

Background The Yentl syndrome¹ occurs where a woman has to masquerade as a man in order to receive the same treatment. It was described in the management of ischaemic heart disease where women were shown to be undertreated in comparison to men until they suffered a defining event such as myocardial infarction.

Low energy fractures are a manifestation of established and developing osteoporosis. Women who sustain a wrist fracture within ten years of the menopause are at an eight-fold increased risk of hip fracture compared to the general population.² Osteoporosis also carries an appreciable risk of hip fracture in men.³

Objectives We hypothesised that men may receive less intervention than women after low energy fractures.

Methods All patients 40 years of age and over who had a distal radius fracture in a 3 month period (from 1.12.1999) at a General Hospital were identified from radiograph reports. The manner of injury and subsequent management were assessed from self-completed patient questionnaires. Low energy fractures were defined as a fall from standing height or less, at walking speed or slower and confirmed where necessary by case note review or telephone. Men and women who sustained low energy fractures were compared for advice, investigation and treatment relating to osteoporosis.

Results Ninety-one of 105 people identified (87%) returned the questionnaire, of whom 72 (79%) were judged to have sustained low energy fractures [12 males (17%) and 60 females (83%), with average age at fracture 63 (range 43:85) and 68 years (range 40:92) respectively]. By questionnaire, 8 women (15%) but none of the men were advised at the time of the fracture of the possibility of osteoporosis. Nine women (16%) and none of the men had been investigated (8 cases by DEXA scan, and one case by bone ultrasound). Sixteen women (28%) were currently taking bone protection therapy (5 hormone replacement therapy,