Objectives: To evaluate the survival rate of DNS, adverse events and reasons for the DNS discontinuation.

Methods: This was a prospective observation study in patients with OP which initiated treatment with DNS between January 2013 and December 2017. Patients included were followed up in the Rheumatology Nurse Clinic every six month. Demographics date, disease features, comorbid disease and treatments, adverse events and reasons for discontinuation were collected. 

Results: We included 220 patients (80.5% women) with a mean age (range, SD) of 67.19 (30–89, 11.2) years. In average (range, SD), patients received 3.85 (1–11, 2.2) doses of DNS, with a mean duration of treatment (range, SD) of 23.03 (6–66, 13.3) months. 191 (86.8%) patients received also treatment with calcium and vitamin D supplements. Before the start of the treatment with DNS, 123 (55.9%) patients had received another specific treatment for OP with mean previous treatment duration of 51.6 months. Previous fragility fractures were reported in 150 (68.1%) patients, of whom 91 (41.3%) patients had two or more fractures before starting treatment with DNS. Of all included the patients, 108 (49%) patients had an inflammatory autoimmune disease (IAD) diagnosed. In addition, 100 (45.4%) patients had concomitant biological and/or synthetic treatment and 77 (35%) patients received concomitant treatment with corticosteroids.

During the treatment with DNS, 30 (13.6%) patients had new fractures, 5 (2.3%) patients had 2 fractures. Eleven fractures were vertebral, 3 of femur, one of radius and 21 other locations. There were no differences between patients with or without glucocorticoid treatment (0.234).

The most frequent adverse events (AE) were infections in 88 (40%) patients, muscle pain in 15 (0.6%) patients, fatigue in 7 (0.31%) patients, itching, heat and fever in 2 (0.9%) patients and osteonecrosis of the jaw in 2 (0.9%) patients. The 2 patients with osteonecrosis of the jaw had previous treatment with bisphosphonates for more than 24 months.

At 60 months, 185 (84.1%) patients continued with DNS. In 37 (1.6%) patients, DNS was discontinued; in 4 patients DNS was restarted. The reasons for suspension were hypercalciuria 1 (0.04%), hypocalcemia 1 (0.04%), local hypersensitivity reactions 4 (0.18%), normalisation of BMD 5 (0.2%), dental problems 11 (0.4%) and others 17 (0.7%). The mean (SD) 95% CI of DNS survival was 51.2 (19.4; 47.3–55.1) months. There are no differences in the survival rates of DNS between patients with and without concomitant biologic therapy (p=0.995).

Conclusions: The majority of patients who started treatment with DNS continue the treatment with good tolerance. The most frequent adverse effects were infections but they have not led to suspension of treatment.

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FREQUENCY OF UTILISATION OF THE CENTRAL DXA BONE DENSITOMETRY IN PATIENTS WITH MULTIPLE SCLEROSIS

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Background: Multiple sclerosis patients can have a higher risk from occurrence of osteoporosis. Reduced bone mass density can be related to a cumulative effect of different factors, most common ones being physical inactivity, reduced intake of vitamin D and use of medications such as glucocorticoids.

Objectives: The aim of this research was to explore the level of awareness in patients and physicians on the significance of the utilisation of DXA bone densitometry in patients with multiple sclerosis.

Methods: The observational analytical cross-section study included 366 multiple sclerosis patients on stationary treatment at the Special rehabilitation hospital "Banja Kanjiza" in Kanjiža in the period between 2013 and 2017. The following parameters were observed in patients: sex, age, duration and form of basic disease, the level on the Kurtzke Expanded Disability Status Scale, utilisation of glucocorticoids, occurrence of pathological fractures and intake of vitamin D, i.e. of medication for the treatment of osteoporosis in order to determine their impact on the frequency of the low bone mineral density (BMD). Statistical data processing and analysis was conducted in the SPSS ver 20.0 program by IBM corporation.

Results: In the period in question, an average of 128 multiple sclerosis patients were treated, out of those 62.3% (n=228) with relapsing-remitting type of disease, and n=366 first time patients. Within the given period, 36% more women than men were rehabilitated (4249 vs. n=117). During the five-year long period of observation of said patients, only 8.5% (n=31) of patients with different levels of bone metabolic disorders established underwent central DXA bone densitometry. Pathological fracture on a small trauma was suffered in 6.8% (n=25) patients. Of the abovementioned parameters, only the female sex (or <1254.49; p=0.001) and age (1=2.20; p=0.036) statistically significantly influenced the occurrence of low bone mineral density.

Conclusions: It is necessary to increase the level of health education of multiple sclerosis patients on the consequences of low bone mineral density. The highest risk of osteoporotic fracture is in older women suffering from multiple sclerosis.

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