VERTEBRAL FRACTURES ARE LIKELY TO OCCUR IN LUMBAR VERTEBRA IN PATIENTS WITH OSTEOPOROSIS AND EVEN INOSTEOPENIA


Background: Osteoporosis is a common disease, which can lead to fracture. New diagnosis includes fracture of the vertebral bodies and hips, T-scores of bone mineral density (BMD) less than 2.5 or osteopenia together with humeral, forearm or the pelvis facture. Vertebral assessment should be considered in some conditions.

Objectives: Our study was to investigate the condition of osteoporosis in patients who underwent bone mineral density in our hospital and fracture status according to lateral X-ray of cervical, thoracic and lumbar vertebra. The Statistical Package for Social Sciences (SPSS) software version 21 was used for all data management and analysis.

Results: Of all the 210 patients, 60 (28.6%) were male patients. 59.5% of female patients were in post-menopause stage. Mean age was 57.60±13.17 years. 124 patients were asked to perform BMD by the rheumatologists. 20 patients did the test after they saw an endocrinologist. 40 patients did the test after they saw an orthopedist. 102 patients had T-scores less than 2.5. 61 patients had osteoporosis according to BMD. 22 patients had fracture according to past history or X-ray scans’ findings. 10 patients had multiple fractures. The most frequent fractures were located in L1 (nine patients) and L2 (four patients). The other parts included L3, L5, C7, T12, T6, T8, and T9. Two patients had ankle or humeral fractures before because of injury. Vertebral fractures were divided in 5 (8.2%) of the patients with T-scores of –2.5 to –1 during this study.

Conclusions: Lateral X-ray scans of the vertebrae can detect vertebral fractures in patients with osteoporosis according to BMD scores, even in patients less than 50-year-old. Osteoporosis could be underestimated without measurement of the vertebra. The most frequent vertebral fracture happens in L1.

REFERENCE:

Disclosure of Interest: Y. Jiang: None declared, D. Lin: None declared, X. Guo: None declared, M. Zhao: None declared, L. Fang: None declared, Z. Chen: None declared, X. Li: None declared, X. Zheng: None declared, Z. Liao: Grant/research support from: National Natural Sciences Foundation of China [grant number 81201372], J. Gu: Grant/research support from: the 5010 Subject of Sun Yat-sen University (20070203)


AB1019

PATIENTS COMPLIANCE TO CHRONIC GOUT THERAPY WHEN ADMINISTERED BY DIFFERENT MEDICAL PROFESSIONALS

A. Sarapulova1, O. Teplyakova1, A. Popov1, T. Popova2, P. Palabugina1. 1URALS STATE MEDICAL UNIVERSITY, 2City Clinical Hospital 40, Ekaterinburg, Russian Federation.

Background: in everyday practice chronic gout patients are frequently consulted by general practitioners, surgeons, cardiologists and other specialists. In general, chronic gout patients have been reported to be quite incontinent, but it remains unclear whether low compliance depends on the specialty of the prescribing physician.

Objectives: to compare the clinical course of gout in patients consulted by different specialists and to identify factors of low patients’ compliance in Russia.

Methods: cross-sectional study included 56 chronic gout patients aged 31 to 82 (median 54 years). Average gout symptoms duration was 6.8 years, average attacks frequency was 6.4 per year. Tolli were present in 21.4% of patients. All subjects were divided into three groups: Group 1 consisted of treatment naive patients, Group 2 and Group 3 included patients who had previously been treated. Group 2 subjects were visiting both non-rheumatologists and rheumatologists. Group 3 were managed by rheumatologists strictly according to the EULAR evidence-based recommendations.

Results: Group 1 primary consulted rheumatologists at the age of 47.3±14.5, Group 2 patients were assessed at the age of 58.4±15.2, and Group 3 were aged 51.2±13.5. Disease symptoms duration was maximal in Group 2 (10.6±10.6 years) while 5 years in Groups 1 and Group 3. Flares frequency was the lowest in Group 3 (2.2±1.8 per year), while in Group 2 it was extremely high – (10.58±10.56 per year). The incidence of toli and uricostasis was lowest in the Group 3 whereas every third treatment naive patient had tophi or/and uricostasis. To relieve gouty arthritis vast majority of patients used NSAIDs, though at 50% strength of the recommended dose. Only 9%–14% of gout patients were controlled by colchicine in Groups 2 and 3. Colchicine prevention of flares was prescribed only in 45% of cases by rheumatologists. The most frequent urate-lowering therapy (ULT) was allopurinol, it was taken only by 63% of patients of the third group and 35.7% in the second group. While patients in the third group took the drug daily, the other patients did not follow the administration scheme. Serum creatinine level was the lowest (87.5 ±16.8 μmol/L) in Group 3, being the highest in treatment naive patients (102.7 ±30.0 μmol/L). Serum uric acid target level was achieved only in the compliant Group 3 patients (343 μmol/L), while Group 2 levels varied between 462–546 μmol/L, being the highest (625 μmol/L) in treatment naive Group 1.

Low compliance risk factors were: age under 45, absence of comorbidity and long term multiple drugs consumption.

Conclusions: chronic gout patients’ compliance and quality of patient management can be assessed as alarmingly low. Rheumatologists adhering to EULAR evidence-based approach to gout management can actually achieve recommended treatment targets. Both general practitioners and other specialists are in need of consistent educational program on gout management. Younger and comorbidity-free gout patients should be encouraged to follow attending physician’s recommendations.

REFERENCE:

Disclosure of Interest: None declared