differences subjects with RA and with foot pain, we can not conclude strongly that RA increases the possibility of having deformities such as Hallux Valgus.

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AB1416-HPR RISK FACTORS ASSOCIATED WITH FRACTURE RISK IN WOMEN WITH BREAST ADENOCARCINOMA IN A SEVILLE COHORT

G.M.Paz, on behalf of Giannina Del Aguila Biondi, Paloma Muñoz Reinoso, Isabel González Agudo, Juan Piedra, Juan Povedano, Blanca Hernández Cruz. *Rheumatology, Macarena Hospital, Seville, Spain*

Background: Introduction: Women with breast cancer have a higher risk of osteoporotic fractures than the rest of the population of the same sex and age. This problem is due to multiple factors among which are the treatments to which they are subjected. Among them, chemical castration, chemo and/or radiotherapy, corticosteroids, surgery, monoclonal antibodies against HER-2 and aromatase inhibitors are related to increased bone resorption.

Objectives: Objectives: To assess the prevalence of and factors associated with fragility fractures in women with breast adenocarcinoma.

Methods: Patients and methods: Prospective, cross-sectional study in progress. In a multidisciplinary consultation of OP and Oncology of two third-level centres in Seville, women diagnosed with breast cancer are treated. The factors associated with the presence of vertebral and peripheral fragility fractures in these patients at the time of the first evaluation were analysed.

Results: Results: 409 women were included in this analysis, evaluated between September 2014 and December 2017. The median age (Q1-Q3) was 63 55–68 years. 38 (9%) fragility fractures were observed, 22 (5.4%) vertebral and 18 (4.4%) peripheral. Three patients presented peripheral and vertebral fractures. Factors such as smoking, family history, menopause age, exercise, sun exposure, milk consumption or BMI were not associated with fragility fractures. The t-score in the femoral neck or spine was also not associated with fragility fractures. Of the 88 patients treated with tamoxifen, 6 (6.8%) had fragility fractures compared to 32/320 (10%) of those who did not receive tamoxifen ($p=0.367$). They presented fragility fractures 22/215 (10%) women with letrozole compared to 16/194 (8%) that were not treated with letrozole ($p=0.490$). At the time of the first evaluation, the mean (SD) of the FRAX was 6.1 (5.3) in women without fractures and 11.7 (7.7) in those with fragility fractures ($p<0.001$). In the logistic regression, the only variable associated independently was the FRAX [FRAX >10, adjusted OR 8.9 (3.9–20.4), $p<0.001$]. The best logistic regression model explained 12% of fragility fractures

Conclusions: Conclusion: In women with breast cancer, FRAX is the only clinical variable associated independently with the presence of fragility fractures in our

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AB1417-HPR PREDICTORS OF COGNITIVE DYSFUNCTION IN PATIENTS WITH LUPUS

H.Alessi¹, L.A. Dutra¹, L.A. Maria¹, P.C. Coube¹, O.G.P. Barsottini¹, C. Kayser², A. W.S.D.Souza². ¹Department of Neurology and Neurosurgery; ²Rheumatology Division, Universidade Federal de São Paulo – UNIFESP, São Paulo, Brazil

Background: Cognitive Dysfunction (CD) is one of the most common neuropsychiatric manifestations in systemic lupus erythematosus (SLE).

CD occurs independently of structural damage^{1,2} or disease activity³ impacts life quality.⁴ Cardiovascular comorbidities, lower educational level and physical inactivity are risk factors for dementia in elderly worldwide⁶ and are frequently found in SLE patients. Identifying the factors involved with CD in SLE can clarify physiopathological processes and preventive measures.

Objectives: To verify if cardiovascular comorbidities and physical inactivity are predictors of CD in Brazilian patients with SLE.

Methods: a 168 patients and healthy controls between 18 and 59 years were allocated into three groups: CON (n=57), SLEG (n=63) and NPSLE (n=48). Epidemiological information, laboratory results, medication use, cardiovascular comorbidities (hypertension, diabetes, dyslipidemia, previous myocardial infarction), SLICC and SLEDAI scores were compiled from charts. Variables were compared using ANOVA, Kruskal-Wallis, Mann-Whitney and Qui-square, and $p<0.05$.

Results: There were no differences between groups regarding age, educational level. There was also no difference in prevalence of diabetes, myocardial infarction, tobacco use and disease duration. SLEG and NPSLE had more hypertension (CON 18.9%; SLEG 55.6%; NPSLE 39.6%) and dyslipidemia than controls (CON 9.4%; SLEG 36.5%; NPSLE 39.6%). SLE patients presented more depression ($p<0.001$), anxiety (CON 9.5±8.3; SLEG 16.3±13.3; NPSLE 14.1±10.9; $p=0.008$) and lower levels of physical activities than controls. NPLES group presented more CD (CON 21.1%; SLEG 34.9%; NPSLE 62.5%) when compared to CON ($p<0.001$) and SLEG ($p=0.012$). Major neuropsychiatric manifestations (OR 2.460; 95% CI 1.007–6.008; $p=0.048$); low educational level (OR 0.870; 95% CI 0.756–1.000; $p=0.050$), anxiety (OR 1.031; 95% CI 0.994–1.069; $p=0.096$), and disease damage (OR 1.691; 95% CI 1.175–62.435; $p=0.005$) were independently associated with CD.

Conclusions: Neuropsychiatric manifestation, low educational level, anxiety and disease damage are predictors of CD in patients with SLE. Although cardiovascular comorbidity and sedentary lifestyle are a risk factor for dementia in general population, those variables might play a minor role in SLE patients.

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AB1418-HPR LOW BACK PAIN AND INFLUENCE ON THE FUNCTIONAL DISABILITY OF THE ELDERLY POPULATION OF MANAUS – AMAZONAS, BRAZIL: A CROSS – SECTIONAL STUDY

I.M.B.Souza¹, R.D.S.P.Rodrigues², J.W.C. da Silva³, L.R. Merini², S.L.K. Yuan¹, A. P. Marques¹. ¹Physical Therapy, Speech Therapy and Occupational Therapy Department, University of São Paulo, São Paulo; ²Physical Therapy Collegiate, Federal University of Amazonas, Manaus; ³Department of Social Gerontology, Pontifical Catholic University of São Paulo, São Paulo, Brazil

Background: Low back pain (LBP) is the primary cause of disability and absenteeism in the workplace, it is a complex multidimensional phenomenon with staggering social costs. These symptoms reduce functional capacity and limit both physical and psychosocial aspects of elderly life.

Objectives: To identify the influence of LBP on the functional disability in elderly subjects.

Methods: The study was approved by Research Ethics Committee of Medical School at University of São Paulo, Protocol. CAAE.56709716.5.1001.0065. This a cross-sectional study, 700 community-dwelling elderly participated, both genders, ≥60 years old, and functional