medication were: performing DXA scan (aOR = 9.9, 95% CI [7.7, 12.6]), fragility fracture (aOR = 2.9, 95% CI [1.8, 4.5]), and osteoporosis or osteopenia diagnosis (aOR = 2.5, 95% CI [2.0, 3.1]).

Conclusion: We describe temporal trends in bisphosphonate discontinuations and factors associated with discontinuation of alendronate and restart of osteoporosis therapy. From 2010 to 2015, approximately one-third of women with long-term bisphosphonate treatment discontinued treatment for ≥12 months. We observed an increasing trend in discontinuation from 2010 to 2012, which remained stable thereafter. Factors associated with discontinuation of alendronate were associated with worsening of overall health status, while factors traditionally associated with worsening bone health were associated with restart of osteoporosis medication.

Disclosure of Interests: Giovanni Adami: None declared, Ayessa Jaleel: None declared, Jeffrey Curtis: None declared, Rui Chen: None declared, Huifeng Yun Grant/research support from: BMS, Pfizer, Shanette Daigle: None declared, Tarun Arora Grant/research support from: Amgen, Maria Danila Grant/research support from: Pfizer, Inc., Consultant for: Sanofi Genzyme & Regeneron, Nicole Wright Grant/research support from: Amgen, Consultant for: NortonRose Fulbright/Pfizer, Suzanne Cadarette: None declared, Amy Mudano: None declared, Jeff Foster: None declared, Kenneth Saag Grant/research support from: Amgen, Ironwood/AstraZeneca, Honor, SOBI, Takeda, Consultant for: Abbvie, Amgen, Ironwood/AstraZeneca, Bayer, Gilead, Horizon, Kowa, Radius, Roche/Generic, SOBI, Takeda, Teijin.


OP0083 PREVALENCE OF VERTEBRAL FRACTURES IN POSTMENOPAUSAL WOMEN WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a risk factor for the development of fragility fractures, but there is little quality data on its prevalence. Conversely, osteoporosis is one of the most frequent comorbidities of RA.

Objectives: To determine the prevalence of vertebral fractures in postmenopausal women with RA and to analyse their characteristics and associated risk factors.

Methods: We included 346 postmenopausal women diagnosed with RA according to the ACR/EULAR 2010 criteria in 19 Spanish Rheumatology Departments, randomly selected from the registry of RA patients in each center, recruited during 2018. Lateral radiographs of the dorsal and lumbar spine were obtained from all patients, to evaluate morphometric vertebral fractures. Expert rheumatologists identified vertebral fractures and classified them into mild (grade 1: reduction of height of 20-25%), moderate (grade 2: reduction of 26-40%) and severe (grade 3: reduction > 40%), according to the Genant grading scale. The spinal deformity index (SDI) was calculated by assigning numbers 1,2 and 3 to each fractured vertebra and adding the total score of each patient. The study variables were: a) age, body mass index (BMI), b) factors related to RA: time of evolution, FR, ACPR, and c) fracture risk factors: prior fragility fracture, parental hip fracture, glucocorticoids, smoking, alcohol intake > 3 units daily, secondary osteoporosis and time since menopause.

Results: The mean age was 66.8 (SD: 10.1) years and the median evolution of the disease, 8.00 (IQR: 3.00-15.5) years. 77.2% (n=267) and 75.7% (n=252) had FR and ACPR +, respectively. The mean duration of the postmenopausal period was 15.0 (SD: 9.6) years. 23.4% (n: 79) of patients had at least one vertebral fracture; 10.7% (n: 36) had a single fracture and 12.7% (n: 43), multiple fractures. The most fractured vertebrae were D12, L1 and L2 (fractured in > 5% of patients). The median SDI was 3 (IQR: 2-5). The vertebral with the highest mean IDE were D6, D10, D11 and L1 (all mean IDE > 2). An association was found between the presence of vertebral fractures and age, height, postmenopausal period, time of disease progression, glucocorticoid treatment and parental hip. No linear association was found between SDI and age, time of evolution of the disease, BMI and time since menopause.

Conclusion: One out of every 4 postmenopausal women with RA has at least one vertebral fracture. Vertebral fractures of the dorso-lumbar hinge are the most frequent and the magnitude of the spinal deformity is relevant. Vertebral fractures are related to the time of evolution of RA and to the risk factors for fracture.

Disclosure of Interests: Carmen Gómez Vaquero: None declared, Dacia Cerdà: None declared, Cristina Hidalgo: None declared, Ja Martínez López: None declared, Luis Marcelino Arboleya Rodríguez: None declared, Javier Aguilar del Rey: None declared, Silvia Martínez Pardo: None declared, Inmaculada Ros: None declared, Xavier Siris: None declared, Dotos Grados: None declared, Chuessis Beltrán: None declared, Evelyn Suero-Rosario: None declared, Inmaculada Gómez Gracia: None declared, Asunción Salmoral: None declared, Irene Martín-Esteve: None declared, Helena Piñero: None declared, Antonio Narango: None declared, Sol de Soledad: Consultant for: Amgen, A. García-Castro: None declared, Laura López Vives: None declared, Á Martinez-Ferrer: None declared, Helena Florez: None declared, Pilar Aguado: None declared, Raul Castellanos-Moreira: None declared, Núria Guafabens: Consultant for: Adisory Boards from Amgen, Alexion and UCSB, Speakers bureau: Fees and lectures from Eli Lilly


OP0084 FRAGILITY HIP FRACTURES—DOES DESTINATION AFTER HOSPITAL DISCHARGE HAVE AN IMPACT ON PATIENT’S OUTCOME?

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Background: In osteoporosis, hip fractures account for significant disease burden, with increased morbidity-mortality. Because of this, patients are referred to rehabilitation and specific health care units, in order to regain autonomy and health. However, there is few evidence about patients’ outcome, considering destination after inpatient discharge.

Objectives: To evaluate if destination after hospital discharge for a osteoporotic hip fracture has impact in the outcome (mortality and new fracture).

Methods: Patients referred to a Fracture Liaison Service from March 2015 until March 2017 with a fragility hip fracture were considered for this study. Clinical and demographic variables were retrospectively collected until January 2018, including destination at discharge (home, nursing home (NH)), inpatient rehabilitation unit (RIJ) and outcome (death, new fracture, lost to follow-up). Kaplan Meyer curves with log-rank test were used for statistical analysis (SPSS statistics 23; p<0.05 was considered statistically significant.

Results: From a total of 522 patients, 437 patients were discharged with a known destination: 58.1% to home (n=254), 27.7% to a RIJ and the remaining to a NH.

Table 1 summarizes clinical and demographic characteristics of the sample. Seventy-four patients died (median time = 264 days, range 22-1049) and 43 suffered a new fracture (median time 301, 15-946); 129 patients maintained follow-up. Morbidity rates within each group of discharged patients were: 15.4% in the group discharged to home (n=254), 30.8% in the group discharged to a RIJ and 58.1% in the group discharged to NH.

Conclusion: In postmenopausal women with RA has at least one vertebral fracture. Vertebral fractures of the dorso-lumbar hinge are the most frequent and the magnitude of the spinal deformity is relevant. Vertebral fractures are related to the time of evolution of RA and to the risk factors for fracture.
Background: Denosumab discontinuation (DD) induces bone turnover markers (BTMs) increase, bone mineral density (BMD) decrease, and increased risk of neomineralization. There was no difference in the change from BL to week 24 in serum levels of ALP, MMP3, CTX1, P1NP, and sCTX between the arms, indicating no difference in bone turnover. However, no net anabolism was observed in the GC5mg arm.

Methods: The SEMIRA study included 98 patients with low disease activity (DAS28-ESR ≤3.2) for ≥24 weeks, who were receiving a stable dose of prednisone (5 mg/day) plus GCs. Serum BTMs were measured at baseline (BL), week 16, and week 24. BL BTMs were measured 7.5 months (median) after last denosumab injection.

Results: The results showed that the change from BL to week 24 in serum levels of ALP, MMP3, CTX1, P1NP, and sCTX was not different between the arms. However, no net anabolism was observed in the GC5mg arm. In addition, no significant difference in bone turnover markers was observed between the arms.

Conclusion: Denosumab discontinuation does not affect bone turnover markers, but no net anabolism was observed in the GC5mg arm.