Background: As part of the IOF recommendations and the “Capture the fracture” program, a multidisciplinary and focussed on Primary Medicine Fracture Liaison Prevention Unit (FLS) was created in May of 2018 in the Hospital Universitario Virgen Macarena, in Seville, Spain. In previous reports, the rate of osteoporosis treatment prescription after the fragility fracture was as low as 20%, with a poor communication between the medical specialties involved in the attention of this patients.

Objectives: To improve the medical attention and treatment of patients with a FF. To create a multidisciplinary FLS with the collaboration of Primary Care Medicine, Internal Medicine, traumatology, Emergency Room, Rheumatology, Rehabilitation Service and the Medicine Department of the Seville University.

Design: A prospective, observational study in the setting of usual clinical practice and with approval of the local ethics committee.

The Multidisciplinary FLS started to work at may, 2018 connecting primary care with medical specialties. The FLS has 3 weekly consultations (11 first visits, 4 second visits and email consultation, each day) attended by 2 internal medicine physicians, one Rheumatologist and one nurse. All the medical specialties involved in the attention of patients with FF can refer patients and the inclusion criteria is the history of a FF in the past 18 months. In a single medical visit, the doctor and the nurse make a clinical history, assesses the risk of FF according to FRAX, the risk of falls (J.H. Dowton scale), they evaluate malnutrition (Mini Nutritional Assessment Elderly) and sarcopenia (hands dynamometry and Short Physical Performance Battery). Complete blood count and blood and urine biochemistry in order to evaluate secondary causes of osteoporosis and vertebral radiographs are done. A treatment plan agreed and discussed with the patient is started. The plan advice on diet and exercises, drugs, and a written report and medical prescription. And a phone follow-up is programmed. The data are entered and stored in a database (OpenClinica) in real time.

Results: From May to October of 2018, 170 patients have been included; 135 (89%) women. The mean (standard deviation) age was 73 ± 11.8 years old; 25% of them with ages between 83 to 94 years. The patients were referred from Perioperative Internal Medicine (46%), Traumatology and orthopedic surgery (37%), Rheumatology (6%), Primary Medicine (5%) and others medical areas (6%). The anatomical sites of the FF were hip (58%), vertebral (22%), distal radius (13%), humerus (4%) and other sites (7%). The prescribed treatment was alendronate (66%), denosumab (18%), teriparatide (10%), risedronate acid (4%) and calcium and/or vitamin D supplementation in 98% of the patients. The compliance was measured by phone call in 42 patients that completed six months after the first evaluation, and it was good in 100%.

Conclusion: The multidisciplinary FLS activity increased the rate of evaluation of risk and prescription of treatment at 100% with rates of compliance in six months of 100%. The FLS allows the creation of fluid reference circuits and improves the patient care.

REFERENCES

Disclosure of Interests: None declared


SA0568
THE IMPACT OF ARTHRITIS ON UTILIZATION OF MENTAL HEALTH TREATMENT FOR COMORBID MENTAL DISORDERS: FINDINGS FROM A NATIONALLY REPRESENTATIVE MENTAL HEALTH SURVEY

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Background: Individuals with arthritis experience an increased prevalence and incidence of mood and anxiety disorders, however, it is unclear if they are receiving adequate treatment for their comorbid mental disorders.

Objectives: To conduct a population-based evaluation of the association between arthritis and utilization of mental health treatments among individuals with comorbid mental disorders.

Methods: We used nationally representative data from the 2012 Canadian Community Health Survey – Mental Health (CCHS-MH) to draw a sample of 1,810 participants with depression, anxiety, or bipolar disorder. Depression, anxiety, and bipolar disorder (bipolar I, bipolar II, or hypomania) were defined by a series of screening questions in the CCHS-MH derived from the World Health Organization version of the Composite International Diagnostic Interview. The explanatory variable was self-reported doctor-diagnosed arthritis and included all rheumatic diseases. The outcome of interest was utilization of mental health treatments in the previous 12 months, including: 1) medications; 2) professional services (e.g., physician, psychiatrist, nurse); or 3) non-professional services (e.g., family, self-help group, internet). Multivariable binomial logistic regression was used to evaluate whether utilization of mental health treatment differs among those with and without arthritis, adjusting for the confounding effects of age, sex, race/ethnicity, and household income.

Results: A total of 447 (20.5%) participants from our study sample reported having arthritis (66.9% female). Utilization of mental health treatments in the previous 12 months was reported by 82.4% individuals with arthritis and 79.5% without arthritis. The most common treatment utilized by those with arthritis was professional services (66.5%), followed by medication (61.8%) and non-professional services (51.5%). Participants without arthritis most often received mental health treatment in the form of non-professional services (87.3%), followed by professional services (58.1%) and medication (45.6%). The point estimate of the adjusted analysis suggested a positive association between arthritis and utilization of at least one type mental health treatment (ords ratio [OR] 1.41, 95% confidence interval [CI] 0.85, 2.34), though not statistically significant. In the sub-analysis, the ORs for the association between arthritis and specific mental health treatments were increased for medications (OR 1.30, 95% CI 0.86, 1.99) and for professional services (OR 1.27, 95% CI 0.83, 1.93), but decreased for non-professional services (OR 0.81, 95% CI 0.52, 1.27).

Conclusion: These nationally representative data show that a high proportion of individuals with arthritis seek treatment for their comorbid mental disorders. Findings of this study may also suggest a positive association between having arthritis and seeking care for comorbid mental disorders, which may be explained by an already established connection with the health care system to manage arthritis. Opportunities to improve mental health treatment among those with arthritis include optimizing access to non-professional services.

Disclosure of Interests: None declared


SA0569
CHANGING TRENDS AND PRESCRIBING PATTERNS IN OPIOID-TREATED PRIMARY CARE PATIENTS WITH NON-CANCER PAIN

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Background: The opioid epidemic in the U.S. has led to similar concerns about prescribed opioids in countries within Europe. In new users, the rate of escalation to more potent opioids is likely to contribute to long-term prescriptions, which in turn may be associated with opioid dependency, addiction and overdose. The scale of such escalation however is unclear in the U.K for non-cancer pain.

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References:

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