**AB0821**

**APPRECIATION OF OSTEOPOROTIC TREATMENT COMPLIANCE WITH ALENDRONATE 70MG ORALLY**

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**Background:** Patients suffering from osteoporosis (OP) don't have the opportunity to enjoy from an accurate and concrete parameters response to OP treatment. They therefore have no palpable evidence of the favorable or unfavorable anti-osteoporotic treatment (AOT), given the silent nature of the pathology. That is how we see the non-compliance with treatment in some patients.

**Objectives:** It was essential to estimate the extent of the lack of compliance with AOT in order to deduce the factors related to this deficiency in order to reduce the size of the problem.

**Methods:** Its a Descriptive cross study performed in all patients over 38 years for both sexes and that exhibit post menopausal or corticosteroid-induced OP justifying AOT orally ( alendronate 70mg orally per week) observed over a period of at least 6 months.

**Results:** We collected data of 153 patients, in 9 out of 10 cases this was a woman, the mean age was 59.3 ± 8.1 years, the average duration of gain of treatment was 32.2 ± 18.2 months, 3 of 5 patients believe that treatment is for musculoskeletal pains, 1/3 of respondents confess not to take their weekly treatment regularly, regular physical activity was performed by only 21% of patients, the factors related to non-compliance were: lack of education (p = 0.032) and sedentary lifestyle (p = 0.04). The 37.8% (25) did not receive supplementation, 33.8% (25) optimal levels (>30 ng/mL). The 62.2% (46) of the patients had deficit of 25OHD, 31.1% (23) insufficiency (20-30 ng/mL) and only 3 optimal levels, all of them received 25OHD supplementation. No differences between the groups in relation to the DMARD treatment.

**Conclusion:** Vitamin D levels were determined in 71.2% of patients and not in all of them as it would be advisable. Among the patients with 25OHD determination, 62.2% received oral supplementation, however only 33.8% of the patients reached optimal levels (> 30 ng/mL) without statistical differences regarding supplementation. 13.5% of the patients who received supplementation also had OP.

**References:**


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**AB0822**

**VITAMIN D (25OHD) IN PATIENTS WITH CHRONIC RHEUMATIC DISEASES RECEIVING TREATMENT WITH ADALIMUMAB. DESCRIPTIVE STUDY OF A COHORT**

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**Background:** Patients with chronic rheumatic diseases (CRD) have lower levels of 25OHD, inverse correlation has been describe and greater severity between the different CRD with 25OHD deficit (AOT). Most scientific societies recommend levels> 30 ng/mL. Patients with refractory disease to conventional therapy have a higher inflammatory load, require optimal levels of 25OHD and often needs biological disease-modifying antirheumatic drugs (bDMARD) in order to prevent structural damage.

**Objectives:** The aim of this study was to describe the epidemiological, clinical and therapeutic characteristics of patients receiving Adalimumab (ADL) in which 25OHD levels were determined in 2018.

**Methods:** Transversal, retrospective study in a hospital setting. We analyzed data from patients included in a study to determine levels of ADL, in whom the serum level of 25OHD was determined at least once during the last year. Among 104 patients, 74 with 25OHD determination were included.

**Results:** Seventy-four patients selected, 45.9% were men and 54.1% women. The mean age was 54.9 years (SD ± 13.6), 41.9% (31) had Rheumatoid Arthritis, 36.5% (27) Spondyloarthritis, 17.6% (13) Psoriatic Arthritis and 4.1% (3) Juvenile Idiopathic Arthritis. 35.1% (26) had deficit (<20 ng/mL) of 25OHD, 31.1% (23) insufficiency (20-30 ng/mL) and only 33.8% (25) optimal levels (>30 ng/mL). The 62.2% (46) of the patients received oral supplementation, of these 67.4% maintained levels >20 ng/mL and 32.6% <20 ng/mL. 37.8% (28) did not receive supplementation, despite this 60.7% within this group had levels >20 ng/mL. No statistical differences were found regarding vitamin D deficit and oral supplementation (p = 0.05).

13.5% (10) of the patients also had Osteoporosis (OP); in this group 6 had deficit of 25OHD, 1 insufficiency and only 3 optimal levels, all of them received 25OHD supplementation. No differences between the groups in relation to the DMARD treatment.

**Conclusion:** Vitamin D levels were determined in 71.2% of patients and in not all of them as it would be advisable. Among the patients with 25OHD determination, 62.2% received oral supplementation, however only 33.8% of the patients reached optimal levels (> 30 ng/mL) without statistical differences regarding supplementation. 13.5% of the patients who received supplementation also had OP.

**References:**


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**AB0823**

**TRABECULAR BONE SCORE AT LUMBAR SPINE IS ASSOCIATED WITH QUANTITATIVE ULTRASOUND MEASUREMENTS AT PHALANGEAL SITE IN BREAST CANCER SURVIVORS RECEIVING AROMATASE INHIBITORS**

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**Background:** In breast cancer (BC) survivors, the age-related reduction in bone mineral density is exacerbated by aromatase inhibitors (Ais) treatment. Ais disrupt bone quality and enhance fracture risk in aging women. Consequently, bone health evaluation is mandatory in BC women receiving Ais.

**Objectives:** Quantitative ultrasound of bone (QUS) and trabecular bone score (TBS) are recognized tools to explore bone health beyond bone mineral density (BMD). The aim of our research was to explore the association of TBS with QUS measurements at phalangeal site in a setting of postmenopausal women taking aromatase inhibitors (Ais).

**Methods:** BMD at lumbar spine, femoral neck and TBS were evaluated by a DXA densitometer (Hologic Discovery). Amplitude Dependent Speed of Sound (AD-SoS), Bone Transmission Time (BTT) and Ultrasound Bone Profile Index (UBPI) were detected at phalangeal site by Bone Profiler (Igea).

**Results:** In 102 postmenopausal women (mean age 61.64 ± 8.33 yr.) (60 Ais treated and 42 controls), at baseline examination, TBS was negatively associated with age (r = -0.39, p<0.001) and positively related with T-score values at lumbar spine and femoral neck. After 18 months, AD-SoS, UBPI and BTT values were significantly decreased in BC women receiving Ais (-3.7%, -6.45%, -8.5%, respectively, p<0.001 for all), but not in controls (-5.7%, -3.95%, -2.97%, respectively). Change of BMD at lumbar spine was significantly different between Ais treated women and controls (-2.94% vs. -0.69%, p=0.001) and the same result was observed as for BMD at femoral neck (-2.5% vs. -0.39%, p=0.01). Percent change of TBS was significantly greater in Ais treated women in comparison with controls (-2.2% vs. -0.4%, respectively, p=0.02). In Ais treated women, but not in controls, CTX levels significantly increased after 18 months (0.47 [0.36 to 0.62] vs. 0.66 [0.43 to 0.77], p=0.0004) and the same trend was observed as for BSAP levels (14 [13.01 to 15.57] vs. 15 [13.75 to 16.75], p=0.003). At a multiple regression analysis, change of TBS was independently predicted by change of AD-SoS, after correcting for the other variables considered (p = 0.05).

**Disclosure of Interests:** None declared

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