Background: Scientific interest in the clinical aspects surrounding vitamin D has increased exponentially in recent years. Unfortunately, this interest is not currently associated with a proportional level of consensus. Indeed, the large number of studies in this field, which are often of low quality and secondary importance has confused even experts and driven them towards controversial positions.

Objectives: To shed light on this topic, we arranged a meeting with the aim of collecting the opinions of 50 experts in different specialties ("D.. Battito Group"), including internists, endocrinologists, rheumatologists, pediatricians, geriatricians, dermatologists, gynecologists and nephrologists. This meeting dealt with specific questions regarding the management of hypovitaminosis D and aimed to investigate the opinions of Italian experts on this topic. Six key questions were addressed in the meeting.

Methods: After a short lecture and a 30 minutes discussion, all the experts expressed their opinions, which were recorded together with any specific commentary.

Results: The results of the meeting demonstrated the presence of insufficient agreement on many key questions regarding the management of vitamin D deficiency, even among clinical experts.

Conclusion: We hope that the various scientific societies will recognize and analyze the inconsistencies in their own positions and reach adequate consensus, especially on the tenets required for conducting proper and useful investigations on the topic, and that the results of these future new studies will be able to shed the needed light.

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AB0832

VERTEBRAL PAIN AND PHYSICAL PERFORMANCE INDICES IN POSTMENOPAUSAL WOMEN WITH VERTEBRAL FRACTURES DEPENDING ON PRESENCE OF OBESITY

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Background: Vertebral fractures (VFs) are important osteoporotic fractures which manifest increased morbidity and mortality; however, their clinical features usually differ. Obesity is one of the important parameters of risk of osteoporotic fractures and vertebral pain syndrome.

Objectives: The aim of the research was to study the indices of vertebral pain (VP) and physical performance (PP) in postmenopausal women with VFs depending on presence of obesity.

Methods: We examined 87 females aged 50-89 years old with VFs in thoracic and/or lumbar spine which were divided into 3 groups: I – patients with normal weight (NW), according to WHO criteria, n=32; II – women with overweight (OW), n=37; III – females with obesity (OB), n=18. The parameters of VP in thoracic and/or lumbar spine were measured by 11-component visual analog scale (VAS), the indices of PP using static and dynamic functional tests (Thomayer, Schober tests, chest excursion, lateral trunk lean, 3-, 4-, 15-meter tests, "stand up from the chair", static balancing). Bone mineral density (BMD) was measured by DXA (Lunar, Prodigy).

Results: We have found the significantly higher parameters of BMD of femoral neck and lumbar spine in women with VFs and OB compared to females with NW. However, we did not establish any reliable differences of VP neither in thoracic nor in lumbar spine depending on obesity presence. Also, we did not reveal the significant differences of most parameters of PP, except for the indices of chest excursion (mean parameter, of the inhalation and exhalation) which were reliably higher in patients with OB.

Conclusion: In conclusion, the indices of VP and PP do not differ in postmenopausal women depending on obesity presence, except for chest excursion that should be taken into account in rehabilitation programs for females with VFs.

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AB0833

BONE TURNOVER MARKERS – DO THEY HAVE A ROLE AS PREDICTORS OF MORTALITY AND NEW FRACTURE IN PATIENTS WITH FRAGILITY HIP FRACTURE?

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Background: In Osteoporosis (OP), bone turnover markers (BTM) are potential monitors of drug adherence/efficacy as well as predictors of bone loss and fracture risk. However, without solid evidence, international guidelines still do not recommend their systematic measurement to assist treatment decision and follow-up.

Objectives: To evaluate the predictive value of baseline BTM (beta cross-laps – bCL; osteocalcin – OC) in the outcome (death and/or new fracture) of patients that suffered a fragility hip fracture (FHF).

Methods: Patients referred to a Fracture Liaison Service from March 2015 until March 2017 with a FHF were considered for this study. Clinical/demographic variables were collected, including: age at time of fracture, sex, serum OC and serum bCL at baseline and outcome (death, new fracture, lost to follow-up) until January 2018. Cox regression analysis was used to calculate hazard ratios (HR) for values of OC and bCL; p<=0.05 was considered statistically significant.

Results: From a total of 522 patients, 218 presented a baseline measurement of OC and/or bCL and were included for analysis. Table 1 summarizes clinical and demographic characteristics of the sample. Twenty seven patients died (median days until death=457, min 160, max 1049) and 18 had a new fracture (median days until refracture 343.5, min 30, max 835); 129 patients maintained follow-up. Median serum bCL was