

0.71 ng/ml (0.12-3.28, n=217) and median OC was 28.2 ng/ml (6.80-198.60, n=215). Through univariate analysis, higher bCL values predicted worse survival outcome (HR=3.09; 95% CI=1.14-8.39;p=0.026), even after adjustment for age/sex (HR=4.28; 95% CI=1.48-12.29;p=0.007); however, it did not predict higher risk of new fracture (HR=3.00;95%CI=0.85-10.68; p=0.089). Serum OC levels showed no statistically significant results, neither for mortality (HR=1.01; 95% CI=0.99-1.03;p=0.341) nor new fracture (HR=1.01;95%CI=0.99-1.04;p=0.057).

Abstract AB0833 Table 1

Total (N)	215
Age at admission, y (median, min-max)	82 (65-99)
Sex, female (n,%)	172, 78.9
BMI (N)	195
Underweight (n,%)	4, 2.1
Normal (n,%)	90, 46.2
Overweight (n,%)	66, 33.8
Obesity class I (n,%)	29, 14.9
Obesity class II (n,%)	5, 2.6
Obesity class III (n,%)	1, 0.5
Degree of dependence (N)	205
Totally dependent (n,%)	10, 4.9
Partially dependent (n,%)	53, 25.9
Autonomous (n,%)	142, 69.3
Type of fracture (N)	217
Transtrochanteric (n,%)	111, 51.2
Femoral neck (n,%)	90, 41.5
Subtrochanteric (n,%)	16, 7.4
Vertebral fracture (N)	213
0 (n,%)	92, 43.2
1 fracture (n,%)	53, 24.9
≥ 2 fractures (n,%)	68, 31.9
Femur neck BMD, g/cm ² (mean, SD, N)	0.66, +0.12, 198
Femur neck T score (mean, SD, N)	-2.79, +1.1, 198
>2.5 (n,%)	62, 31.3
≤2.5 (n,%)	136, 68.7
vitD, ng/ml (median, min-max, N)	23.24, 3-97

Conclusion: In this cohort, increased serum levels of bCL predicted higher mortality risk. These results support the value of BTM in OP, strengthening their potential as prognostic markers, besides treatment monitors.

REFERENCE

- [1] Glendenning P, Chubb SAP, Vasikaran S. Clin Chim Acta. 2018 Jun;481:161-170.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.632

AB0834 FREQUENCY OF OSTEOPOROTIC HIP FRACTURE IN AN ALGERIAN HOSPITAL

Naouel Zehraoui, Narimene Saidi, Houda Hafirassou, Chafia Makhloufi-Dahou, Zehraoui Naouel Saidi Narimene Hafirassou Houda Chafia Dahou-Makhloufi. Mohamed Lamine Debaghine University Hospital, reumatology, algiers, Algeria

Background: The hip fracture is the most serious complication of osteoporosis. It is a public health issue in elderly because of its frequency, severity and economic impact. We report the result of an 18 months investigation.

Objectives: The aim of this study was to determine the frequency of osteoporotic hip fractures and identify the risk factors of osteoporosis and falls leading to these fractures.

Methods: Cross-sectional, prospective, descriptive study. Were included patients with spontaneous or secondary low trauma hip fractures during 18 months, who consulted at trauma unit, Mohamed Lamine Debaghine hospital. Have been collected: patient characteristics, risk factors for osteoporosis and falls, type of treatment and length of hospital stay.

Results: 115 cases of hip fractures were recorded out of a total of 486 fractures, with a frequency of 16.8%, from all the fractures operated, it represents 22.7%. We noted a female predominance (62.6%) with a sex ratio of 0.60, the average age is 76.44 +/- 11.71 years. The associated comorbidities are: cardiovascular (55.7%), diabetes (33%), dysthyroidism (11.4%), asthma (10.4%), chronic renal failure (5.2%) prostate adenoma (4.5%). The fracture mechanism is dominated by the fall (92%), it is most often a domestic accident: slipping (30%), stumbling (26%), abluition (11%), falling on the stairs (7%). The risk factors for osteoporosis

identified are: age more than 70 years (72.8%), female sex (62.6%), low BMI (18%), sedentary lifestyle (15.3%), corticosteroid therapy 7.2%, smoking (6.3%), history of rheumatoid arthritis in 3.4% and early menopause in 2.1% of patients. The risk factors of fracture: visual disturbances (40%) neuromuscular disorders in 11, 9%, poor health (more than 3 chronic diseases) in 9% of patients, mother's history of hip fracture (1.7%). A personal history of osteoporotic fracture was noted in 17.4%, 7 patients presented a contralateral hip fracture. The average duration of hospitalization is 5.2 +/- 2.5 days. The treatment is surgical in 81.6% (40.8% prostheses).

Conclusion: Through this study, we found that osteoporotic hip fracture is frequent. The osteoporosis risk factors identified were female sex, advanced age, corticosteroid therapy and sedentary lifestyle. Fall risk factors were dominated by visual disturbances and neuromuscular disorders.

REFERENCES

- [1] Charles M. Court-Brown, Ben Caesar. Epidemiology of adult fractures: A review. Injury 2006.
 [2] Desmond Curran. Épidémiologie des fractures liées à l'ostéoporose en France : revue de la littérature. Revue du rhumatisme 77 (2010) 579–585.
 [3] Denise Grolimund Berset. Traumatologie de la personne âgée: une urgence nutritionnelle? Nutrition clinique et métabolisme 23 (2009) 129–132
 [4] Margaret stevens.preventing falls in older peoples: impact of an intervention to reduce environmental hazards in home. J Am Geratr Soc 2001; 49: 1442-7.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7819

AB0835 BONE MINERAL LOSS DURING ULCERATIVE COLITIS : PREVALENCE AND RISK FACTORS

Hela Kchir¹, Maha Mtir^{2,2}, Dhilel Issaoui², Dhouha Cherif³, dhia kaffel⁴, Nadia Maamouri². ¹La Rabta Hospital, Gastroenterology B, Tunis, Tunisia; ²La Rabta Hospital, Gastroenterology B, Tunis, Tunisia; ³La Rabta Hospital, Gastroenterology b, Tunis, Tunisia; ⁴Kassab institute, Rheumatology, Tunis, Tunisia

Background: Patients with ulcerative colitis (UC) are at increased risk of bone mineral loss, leading to osteoporosis and osteopenia. Etiopathogenic factors may be divided into factors specific to the underlying inflammatory process, and factors resulting from the disease process, such as, malabsorption of nutrients vitamins and minerals,decreases in weight,and the use of bone toxic medications.

Objectives: to evaluate the prevalence and possible risk factors for bone mineral density disorders in patients with UC.

Methods: A retrospective study from January 2000 to December 2018, including all patients with UC followed in our department. Bone mineral density was determined by dual energy X-ray absorptiometry.

Results: Seventy eight patients were included in our study (36 men, 26 premenopausal, and 17 postmenopausal women) with an average age of 47.5 years. Forty osteodensitometries (DXA) were performed : 17 were normal (42.5%), 13 patients had osteopenia (32.5%) and 10 suffered from osteoporosis (25%). Among the 23 patients having a bone mineral loss, the average Z-score were (-0.8 SD) in the femoral neck and (-1.78 SD) in the lumbar (L2-L4) spine whereas the average T-score were (-1.23 SD) in the femoral neck and (-2.15 SD) in the lumbar (L2-L4) spine. Osteoporotic patients included 12 men, 5 premenopausal, and 6 postmenopausal women with an average age of 53.04 years. The research of risk factors has shown that 14 patients with bone mineral loss (60.86%) underwent systemic corticosteroid treatment with an average duration of 6 months. Tobacco intoxication has been mentioned in 8 cases (34.78%) and alcoholism in 6 cases (26.08%). Otherwise, patients with bone mineral loss showed a lower body mass index (average BMI =19.46) than patients with normal bone density (average BMI = 23.64). Anemia has been reported in 11 cases with low bone density (47.82%) and low level of albumin as noted in 8 cases (34.78%). No osteoporotic fractures has been reported. Pan-ulcerative Colitis was reported in 11 cases (47.82%) and acute severe ulcerative colitis in 10 cases (43.47%).

Conclusion: Our study shows that more than half of our patients having ulcerative colitis (UC) who had an osteodensitometry presented bone demineralization (osteoporosis or osteopenia) . It seems to be associated with a low BMI, an extended and severe form of UC,and the cumulative corticoid doses.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8070