Objectives: The objective of our study was to determine the prevalence of these affections during crohn's disease and to identify the risk factors for osteopenia and osteoporosis.

Methods: We conducted a descriptive monocentric retrospective study of consecutive patients with crohn's disease who were hospitalized between January 2016 and December 2018.

Results: We included 100 patients (64 female and 36 male) with an average age of 37 years [17-68 years]. Among these patients 21% were smokers and among women 20% were in menopause. Bone densitometry was performed in 39 patients. It was found to be pathological in 53.8% of cases. The rate of osteoporosis was 17.9% (7 patients) and the rate of osteopenia was 35.9% (14 patients). Tobacco and a BMI of less than 18 had a statistically significant association with osteopenia ($p=0.046$; $p=0.038$ respectively). The presence of a family history of IBD had a statistically significant influence on a pathological bone densitometric investigation ($p=0.036$). An albuminemia rate of less than 35g/dl had an association at the limit of significance with bone pathology in BMD ($p=0.059$).

Conclusion: Osteoporosis and osteopenia are frequent during crohn's disease. They are in the majority of cases asymptomatic. This makes bone densitometry essential, especially in the presence of a family history of IBD, smoking and malnutrition (BMI less than 18) in order to act early and avoid complications such as fractures.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7994

AB0854 PERSPECTIVES OF WOMEN WITH EXPERIENCE OF A FRAGILITY FRACTURE IN EUROPE: ATTITUDES TOWARDS FUTURE FRACTURE RISK, OSTEOPOROSIS AND PHARMACOTHERAPY

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Background: Fragility fractures (FF) are common in women >50 years (yrs), with 1 in 3 experiencing a fracture (Fx).¹ However, the cause of these Fx is poorly recognised and measures taken to prevent future Fx are often inadequate. Recent US patient (pt) survey data suggest that awareness of osteoporosis (OP) and its contribution to Fx risk, appreciation of the benefits of OP pharmacotherapy (Rx), and discussion about OP with healthcare professionals (HCPs) are limited.²

Objectives: This study gained insight into the attitudes and experiences of post-FF women in Europe regarding future Fx risk management.

Methods: Women ≥51 yrs from Germany (DE), Spain (ES), UK, France (FR) and Italy (IT) (EU5) with self-reported experience of a FF completed a 30-min online survey (AplusA; 13–20 Feb 2018). Data are reported for EU5 pts who had their first Fx at ≥50 yrs; pts whose first Fx was a hand/finger or ankle/foot/toe Fx were excluded.

Results: 199 women participated (DE: 38; ES: 36; UK: 41; FR: 34; IT:50). The most commonly experienced Fx was of the lower arm/wrist (43%). 43% reported >1 Fx (any type). Most women discussed bone health with an HCP within 6 months (mo) (70%; 42% with a GP) and HCPs were their primary source of information on OP (85%). Around a third reported taking a DEXA test within 6 mo of their first FF (37%). Advice from HCPs to prevent Fx focused on calcium/vitamin D supplements (74%) and diet/exercise changes (54%); 46% were prescribed OP-Rx. After having a FF, around half worried about future Fx (51%) and 39% voiced concerns about their general health (Figure). A third of pts thought that OP had caused their Fx (33%), most were likely to attribute it to a fall (67%). Only 18% felt empowered to manage their bone health; 61% did not think OP-Rx reduces risk of Fx or were unsure. 97% had never joined a support group.

Conclusion: These results indicate that pts discuss future Fx risk with an HCP soon after having a FF and are concerned about future Fx. However, low levels of DEXA testing and OP-Rx, and poor awareness of the link between OP and Fx risk remain. Better education to empower women at risk of FF is critical.

REFERENCE

[1] Hernlund E. Arch Osteoporos 2013;8:136; 2. Boudreau D. J Am Geriatr Soc 2017;65:1829–35.

Acknowledgement: The study was funded by UCB Pharma and Amgen, conducted by AplusA, medical writing by Arianna Psichas, Costello Medical, UK

Disclosure of Interests: Charles Chaine: None declared, Peter Ray: None declared, Jen Timoshanko Employee of: UCB Pharma

DOI: 10.1136/annrheumdis-2019-eular.3334

AB0855 FACTORS ASSOCIATED WITH ADHERENCE TO OSTEOPOROSIS TREATMENT IN PATIENTS WITH RHEUMATIC DISEASES

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Background: Patients with rheumatic diseases (RD) have an increased risk of developing osteoporosis (OP) and fractures compared with healthy population due to chronic inflammation, low physical activity and using some kind of medications. Persistence and adherence to OP therapy are important factors in achieving successful outcomes in fracture reduction.

Objectives: To identify the factors affecting persistence and adherence to OP therapy in patients with RD

Methods: We conducted observational study of 196 RD (150 - with rheumatoid arthritis and 46 - with systemic sclerosis) patients aged 50 years and older (96% women, mean age 61±9 years) with OP. Persistence and adherence were assessed 3 years after OP therapy initiation. The patients kept a diary on osteoporosis therapy. The information was collected during the visits to the doctor or from telephone contact with the patient every year.

Results: During 3 years 32% of patients received zoledronic acid, 27% - alendronate, 16% - denosumab, 12% - ibandronate, 5% - alfacalcidol, 3% - strontium ranelate, 1% - teriparatide, 3% - calcium and vitamin D. 45 (23%) persons were switched from one antiosteoporotic medication to another due to physician's recommendation. 123 patients (63%) were persistent with OP therapy, including 78% of those who received zoledronic acid, 75% - denosumab, 60% - oral bisphosphonates, 53% - among those, who switched OP therapy during follow up period. The most common reason for interruption or discontinuation of OP treatment was poor tolerance (33%). Persistence in patients with RD was associated with determination of vitamin D level (OR =3.84, 95%CI 1.91-7.72, $p=0.0001$), 10 years fracture risk assessment (FRAX[®]) (OR=3.9, 95%CI 1.4-10.9 $p=0.006$), annual BMD measurement (OR=2.19, 95%CI 1.08-4.42, $p=0.028$), quantity of biochemical blood tests ($p=0.0043$) and visits to the doctor ($p=0.003$). Age, education, marital status, income level, duration of disease, educational brochures and lectures on OP, previous fractures, hip fractures in parents, the number of comorbidities, the total number of taken medications did not affect adherence and persistence to OP treatment.

Conclusion: 63% of patients with RD and OP received antiosteoporotic medication during 3 years. Assessment of serum vitamin D level and FRAX score, monitoring of OP therapy with annual DEXA, blood biochemical markers and regular visits to the rheumatologist associated with increased persistence with OP treatment in RD patients.

Disclosure of Interests: Oxana Nikitinskaya Speakers bureau: Amgen, Natalia Toroptsova Speakers bureau: Amgen, Lilly

DOI: 10.1136/annrheumdis-2019-eular.2396

AB0856 RISK FACTORS OF CIRRHOSIS- RELATED OSTEOPOROSIS

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Background: Osteoporosis, that may lead to a high risk of fractures and compromises quality of life, is the main bone disturbance among cirrhotic patients. Despite that, it tends to be under-diagnosed.

Objectives: To determine frequency of osteoporosis and identify risk factors associated among cirrhotic patients.

Methods: We performed a retrospective analysis of data from consecutive cirrhotic patients recruited from January 2010 to December 2017 and who had at least one bone mineral density measurement (BMD). By definition from the World Health Organization, osteoporosis is defined by bone densitometry as a T score < -2.5 and osteopenia as a T score between -1 and -2.5.

Results: 227 patients with an average age of 65.5 years [24-90] were included. Thirty one had a BMD: ten patients with HCV-related cirrhosis (HCV), seven patients with HBV-related cirrhosis (HBV) and 14 patients with autoimmune liver disease (eight cases of primary biliary cholangitis (PBC), two cases of primary sclerosing cholangitis (PSC), two cases of autoimmune hepatitis (AIH) and two cases of overlap syndrome (PBC +AIH)). Osteopenia was observed in seven patients (22.5%); three cases of HCV, two cases of PSC and two cases of overlap syndrome. 17