PERSPECTIVES OF WOMEN WITH EXPERIENCE OF A FRAGILITY FRACTURE: ATTITUDE TOWARDS FUTURE FRACTURE RISK, OSTEOPOROSIS AND PHARMACOTHERAPY

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Background: Frailty fractures (FF) are common in women >50 years (yrs), with 1 in 3 experiencing a fracture (Fx). 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.1

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) (EUS) with self-reported experience of a FF completed a 30–min online survey (ApUsA; 13–20 Feb 2018). Data are reported for EUS 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 were concerned about future Fx. How-ever, 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

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RISK FACTORS ASSOCIATED WITH ADHERENCE TO OSTEOPOROSIS TREATMENT IN PATIENTS WITH RHEUMATOID 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 antosteoporotic medication to another due to physician’s recommendation. 123 patients (63%) were persistence with OP therapy, including 78% of those who received zoledronic acid, 75% - denosumab and 68% among those, who switched OP therapy during follow up period. The most common reason for interruption or discontinuation of OP therapy 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 antosteoporotic 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.

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