patients had an osteoporosis (54.8%): six cases of HCV, three cases of HBV, five cases of PBC, two cases of AIH and one case of PSC. Osteoporosis is most common in postmenopausal women with significant correlation ($p < 0.001$). Hyperbilirubinaemia and increased Gamma Glutamyl Transferase (GGT) were significantly correlated with osteoporosis ($p < 0.05$). However, there was no significant correlation between osteoporosis and body mass index or the Child-Pugh score.

Conclusion: In our study, 54.8% of cirrhotic patients who have had a BMD, had an osteoporosis. It was more frequent among postmenopausal women with hyperbilirubinaemia and increased GGT. The systematic realization of BMD in these patients could contribute to better management.

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AB0857 DENSITOMETRY VALUES CHANGE WHEN STOPPING DENOSUMAB

Urionaguena Irati¹, P Sandra. Chinchilla Gallo², Sandra Hernandez Gomez¹, Jose Francisco Garcia Llorente¹, Izaskun Aizpurua Manso¹, Nuria Vegas Revenga¹.

¹Galdakao-Usansolo Ospitalea, Rheumatology, Galdakao-Usansolo, Spain;

²University of the Basque Country, Bilbao, Spain

Background: Denosumab (DMAB) withdrawal without subsequent bisphosphonate treatment seems to be related to a rebound effect: a rapid decrease in mineral density in bone densitometry (DEXA). However, evidence is scarce.

Objectives: To analyze DEXA values in patients who have stopped DMAB without subsequent treatment and to detect possible factors associated.

Methods: Unicentric observational study. We included patients with osteoporosis (OP) who attended our rheumatology clinic from May 2017 to December 2018, who had stopped DMAB without any further treatment. Demographic data, risk factors for OP (smoking, age of menopause, previous fractures, chronic corticotherapy), data related to calcium and vitamin D analogues supplementation, previous OP treatment and duration of active treatment with DMAB were collected; as well as DEXA data (last DEXA while on DMAB and immediate DEXA after its withdrawal, no more than 3 years later). For the statistical analysis, means, standard deviations, frequencies and percentages are reported accordingly. Paired Student's T test has been used to analyze medias in both DEXAs, and chi square for comparisons when appropriate.

Results: 39 patients (38 women) age 70.17 ± 4 , menopause at 46 ± 4.07 years, 37(94%) never used tobacco, 25 (64%) suffered some fracture before treatment with DMAB, 17(43%) received previous bisphosphonates, 5 (13%) teriparatide and 7(18%) strontium ranelate. The average duration of DMAB use was 2 ± 0.86 years, onset at 61 ± 7.34 years. Standard deviations (T score) of DEXA values worsened significantly ($p < 0.001$) in all the locations: femur -0.28 (IC95% -0.36 to -0.19), columnL1 -0.43 (IC95% -0.30 a - 0.56), columnL2 -0.44 (IC95% -0.25 to -0.62) columnL3 -0.40 (IC95% -0.22 to -0.59) columnL4 -0.52 (IC95% -0.33 to -0.72) columnL1-L4 -0.48 (IC95% -0.33 to -0.64) (table 1). We analyzed the decrease in T-scores alongside the other variables, obtaining a proportionally inverse relation between duration of DMAB use and this reduction (table 2). Given that DMAB use in one patient was several standard deviations above the mean (12 yrs), her data were excluded for analysis.

Conclusion: DMAB withdrawal without subsequent antiresorptive treatment produces a rapid decrease in DEXA values in our patients. This phenomenon appears to diminish in patients who have received DMAB for a longer period.

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Abstract AB0857 Table 1. Comparison T-score DEXA previous to DMAB withdrawal (1st DEXA) and afterwards (2nd DEXA)

	Mean T-score $\pm$ SD* 1 st DEXA	T-score Media $\pm$ SD* 2 nd DEXA	Media difference between 1 st and 2 nd DEXA
Total	-1.46 $\pm$ 0.85	-1.74 $\pm$ 0.87	-0.28*
Femur			
Column L1	-2.16 $\pm$ 0.82	-2.59 $\pm$ 0.75	-0.43*
Column L2	-2.42 $\pm$ 0.81	-2.87 $\pm$ 0.75	-0.44*
Column L3	-2.01 $\pm$ 0.82	-2.42 $\pm$ 0.89	-0.40*
Column L4	-2.04 $\pm$ 1.10	-2.57 $\pm$ 1.06	-0.52*
Column L1-L4	-2.12 $\pm$ 0.76	-2.61 $\pm$ 0.71	-0.48*

* $p < 0.001$ *SD: Standard deviation

Abstract AB0857 Table 2

YEARS ON DMAB DIVIDED INTO TERTILES * COLUMN L1 L4 SD DIFFERENCE IN TERTILES Crosstabulation

			Difference L1 L4 in tertiles			Total
-0.60 and more	-0.59 to -0.30	-0.29 and less				
YEARS ON DMAB DIVIDED INTO TERTILES	0-1.95	Count	7	5	1	13
		% within Difference L1 L4 in tertiles	46.7%	50.0%	10.0%	37.1%
	1.96-2.38	Count	3	5	3	11
		% within Difference L1 L4 in tertiles	20.0%	50.0%	30.0%	31.4%
	2.39 or more	Count	5	0	6	11
		% within Difference L1 L4 in tertiles	33.3%	0.0%	60.0%	31.4%
Total		Count	15	10	10	35
		% within Difference L1 L4 in tertiles	100.0%	100.0%	100.0%	100.0%

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AB0858 MAINLY MEN, AND OLDER PEOPLE, WITH FRAGILITY HIP FRACTURE DO NOT RECEIVE ANTIOSTEOPOROTIC TREATMENT

Paloma Vela-Casasempere^{1,2,3}, Marta Elvira², Antonio Palazon Bru², Silvia Gomez-Sabater³, Rocio Caño-Alameda³. ¹ALICANTE UNIVERSITY GENERAL HOSPITAL, RHEUMATOLOGY, ALICANTE, Spain; ²Miguel Hernandez University, Clinical Medicine, San Juan, Spain; ³ISABIAL, Alicante, Spain

Background: Osteoporotic hip fractures have a profound impact on the physical health and psychosocial wellbeing of patients, with considerable economic implications. More than 20% of individuals experience a subsequent hip fracture in the following year (1,2). Although there are effective treatments in the prevention of fractures, the proportion of patients who start treatment after a fragility fracture is low, having decreased in recent years (3).

Objectives: The aim of the study is to know the percentage of patients who received medical treatment for osteoporosis after a fragility hip fracture in our health department. Secondary, we want to know the mortality and re-fracture rates two years after the fracture.

Methods: Cross-sectional retrospective observational study. Patients discharged during 2015 with diagnosis of "Fragility Hip Fracture" were reviewed, data collected through electronic medical record. Variables: sex; age; age and date of death; treatment (calcium, vitamin D or antiosteoporotic drugs) before and after discharge; Fragility fracture before and after hospital discharge. Statistical methods: absolute and relative frequencies for qualitative variables, means and standard deviations for quantitative. Associations between variables were studied using Chi square and T-student test.