Conclusion: Women with scoliosis showed significantly higher fracture risk for major osteoporotic fractures and for hip fractures compared to those without scoliosis.

References:

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WHAT DETERMINES THE EFFECTIVENESS OF THERAPY WITH DENOSUMAB ON BONE IN WOMEN WITH RHEUMATOID ARTHRITIS AND OSTEOPOROSIS

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Background: RANK-ligand is essential for osteoclast development, activation, and survival and it is a key mediator of increased osteoclast activity in rheuma-
toid arthritis (RA). Denosumab is a monoclonal antibody that binds RANK-ligand.

Objectives: The aim of this study was to evaluate the effects of denosumab on bone mineral density (BMD) and to define a contribution of factors: anamnesis, clinical/laboratory markers, glucocorticoids (GC) intake, etc. on the response to therapy with denosumab in women with RA and osteoporosis (OP).

Methods: 66 postmenopausal women (mean age 59.6±7.4) with RA (mean duration 17.7±10.4 years) and OP received s/c denosumab 60 mg every 6 months pro 12 months. RF-positive way ≥72%, ACCP ≥74% of patients. 34 (49%) patients continued GC. At baseline and after 12 months it was carried out the dual energy x-ray absorptiometry at 3 sites: lumbar spine (L1-L4), hip (HN) and distal forearm (DF) and x-ray of hands and feet (Sharp/van der Heijde (SVH) score). The Statistica 6.0 was used.

Results: After therapy it was noted the increase (p < 0.05) of BMD in L1-L4 and HN, a tendency to increase (p = 0.0529) in DF. Mean BMD (L1-L4) before/after the treatment was 0.821 ± 0.104 g/cm² vs 0.864 ± 0.109 g/cm², at HN was 0.626 ± 0.089 g/cm² vs 0.639 ± 0.088 g/cm², at DF was 0.498 ± 0.090 g/cm² vs 0.503 ± 0.089 g/cm². The mean change of BMD (%) after 12 months at L1-L4 was +4.6%, at HN +2.8%, at DF +0.7%. Positive response on therapy was 0.821 ± 0.104. The response to the negative response in L1-L4 and HN was associated with GC intake (previous intake more than 3 months in the anamnesis) and purpose of the GC after menopause onset. Also, negative response on RF was observed in patients of the group with increased erosion score and total SVH score.

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COMPLIANCE AND PERSISTENCE OF ANTI-
OSTEOPOROTIC TREATMENTS IN PATIENTS WITH HIP FRACTURE

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