AB0867
PATIENTS DEMOGRAPHIC CHARACTERISTICS WITH ESTABLISHED OSTEOPOROSIS TREATED WITH DENOSUMAB IN A THIRD LEVEL HOSPITAL
E. Andrés Trashaedo1, D. Fernandez2, R. Dos Santos Sobrin1, I. González Fernández2, A. Souto Vilas1, E. Perez-Pampín1, A. Mera Varela3. Santiago de Compostela, Rheumatology, Santiago de Compostela, Spain
Background: Osteoporosis (OP) is the most common cause of fragility fractures. It is characterized by a loss of bone mass that modifies the bone microstructure, increases fragility and predisposes to fractures. There are numerous risk factors for fragility fracture that must be evaluated for diagnosis and treatment. The treatment consists of non-pharmacological measures (balanced diet and exercise), adequate intake of calcium and vitamin D and specific pharmacological treatment (bisphosphonates, teriparatide, denosumab or selective estrogen receptor modulator) 1-3.
Objectives: To perform a descriptive evaluation of the demographic and clinical characteristics of patients with osteoporosis treated with Denosumab, their degree of compliance with the therapy as well as the evaluation of the possible causes of treatment cessation.
Methods: All patients diagnosed with OP from January 2015 to January 2020 have been reviewed in the Rheumatology Service of the University Hospital of Santiago de Compostela and patients treated with denosumab have been selected. Demographic, clinical and treatment data have been collected from data collected in their electronic medical record
Results: Of the 507 patients diagnosed with Osteoporosis from January 2015 to January 2020, a total of 133 patients (26.2%) have received treatment with Denosumab. The majority are women (92.5% n = 122) with a mean age of 76 years (age range: 49-105 years). Previously, 38% (n = 51) had vertebral fractures, with 8% (n = 11) standing out who had presented 3 or more vertebral fractures prior to Denosumab treatment.
The mean time to start Denosumab therapy since the diagnosis of Osteoporosis (by Densitometry or established by fractures) has been 35 months (0 to 84 months from diagnosis)
Through the electronic Medical Record the dispensations were accessed in the Denosumab pharmacy office and its administration in Primary Care was verified.
Complete adherence to treatment (without skipping any dose) was observed in 73% of patients (n = 97). In 5.2% (n = 7) an omission was avoided. In 21.8% (n = 29) 2 or more dose omissions were corroborated 9 patients (6.8%) completed treatment with Denosumab in the follow-up period (55% due to the need for dental interventions, 33% for loss of follow-up and 12% for fear of secondary effects).
In 66 patients (49.6%) risk factors were identified to present Osteoporosis; being corticosteroid therapy at doses greater than 5 mg / day of Prednisone or equivalent (36% n = 33) the most frequently identified risk factor.
No vertebral fractures were registered at the end of treatment with Denosumab, with an average time since the end of treatment of 2.77 years (6 months - 8 years).
Conclusion: The rate of patients diagnosed with Osteoporosis who receive Denosumab therapy at some time reaches 26%, being the most frequent drug used after bisphosphonates.
Complete adherence to treatment has been observed in 73% of patients. We have not observed vertebral fractures after suspension of Denosumab in our series of patients, although the total exposure time (from the end of treatment to the end of follow-up) is short: 2.77 years.
References:
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.6523

AB0868
REASONS FOR LETHALITY IN ELDERLY AND SENIOR AGE PATIENTS WITH OSTEOPOROTIC FRATURES OF FEMUR
J. Avetkivenga1, T. Raskina2, M. Letava2, O. Malышenko1, I. Grigoreva1. 1Federal State Educational Institution of Higher Education "Kemerovo State Medical University"; Kemerovo, Russian Federation
Objectives: to identify the causes of mortality in middle-aged and elderly patients during the first year after they had a low-energy hip fracture.
Methods: the causes of lethality were examined of the patients with a non-traumatic femur fracture. 432 patients with osteoporotic hip fractures were under observation: 328 women and 104 men. The mean age of women was 75, 4 (70; 82) years, the mean age of men was 71,5 (65; 80) years.
Results: after 12 months, mortality rate was 137 cases (total mortality - 31.8%). Most of the deaths were due to cardiovascular system diseases. The total number of fatal cases was 93 (67.8%): for men - 22 (66.0%) cases, for women - 71 (68.3%) (p = 0.65). Diseases of the respiratory system caused death in 23 (16.8%) patients: in men - 5 (15.1%) cases and in women - 18 (17.3%) (p = 0.31). Mortality from oncological diseases was 15 (10.9%) cases: in men - 3 (9.09%) cases and in women - 12 (11.5%) (p = 0.45). Diseases of the digestive system, as the cause of death, were detected in 5 (3.6%) men and women (2.6% and 3 (2.9%) cases, respectively (p = 0.1).
Conclusion: the most of the deceased men and women had cardiovascular and respiratory diseases. The gender differences in mortality rates were not found.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.5405

1748