AB0894 OBSERVANCE OF ZOLEDRONIC ACID INFUSION. A RETROSPECTIVE 3 YEARS STUDY
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Background: Osteoporosis is a public health issue. Lack of therapeuti
compliance is often a problem in the treatment of osteoporosis, with
dramatic consequences. No studies have evaluated the observ-
ance of zoledronic acid infusion after 3 years, the time of the therapeutic
reassessment.

Objectives: The main objective of assessing the level of compliance was to eval-
uate the level of zoledronic acid infusion adherence at 1, 2 and 3 year peri-
ods, in a cohort of osteoporotic patients on discharge from Bégin hospital, fol-
lowing treatment for fracture caused by low-energy trauma. The first infusion was
prescribed by rheumatologists, with the following infusions to be prescribed by
general practitioners.

Methods: We performed a retrospective observational study initially conducted by
written and telephone questionnaires on a population of patients hospitalized in
the rheumatology department of HIA Bégis for an osteoporotic fracture. Data
was collected between July 2015 and December 2016. A first letter, containing
a stamped addressed envelope to the Bégin hospital for ease of reply, was sent
to the patients selected for the study. The protocol had to be modified following
a very low response rate, unaided by bad quality addresses. We then tried to
contact the patients by phone 3 times and, if unable to reach them, we called
their general practitioners on 3 occasions.

Results: 94 patients were initially selected. Every year, we retained within the
study patients who had followed their annual zoledronic acid infusion proto-
col. Taking into account all 94 patients, adherence level for the first infusion
was 41.4%, down to 29.7% for the second infusion and down to 12.8% for
the third infusion.

For those who had the first infusion performed, adherence level for the second infusion
was 71.8%, down to 30.8% for the third infusion.

Conclusion: The observance and follow-up of zoledronic acid infusion in France
by general practitioners is not adequate. Follow-up measures on an annual basis
by the rheumatologist could significantly improve adherence.

References:
[1] Curtis JR et al. Adherence with intravenous zoledronate and intravenous
ibandronate in the United States Medicare population. Arthritis care &
research. 2012;64:1054-60.
more recent studies. Therapeutic advances in musculoskeletal disease.

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Disclosure of Interests: None declared

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AB0895 RELATIONSHIP BETWEEN BONE MINERAL DENSITY, INFLAMMATORY ACTIVITY AND AUTOIMMUNITY IN A COHORT OF EARLY RHEUMATOID ARTHRITIS PATIENTS
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Background: The etiology of bone loss in Rheumatoid Arthritis (RA) is mu-
ltifactorial and systemic inflammation plays a relevant role. Recently, a rela-
tionship between autoimmunity and bone mineral density (BMD) has been
described in patients with RA.

Objectives: To study BMD and biochemical parameters of bone metab.
olism in a cohort of patients with early rheumatoid arthritis, and assess
the relationship between them and autoimmunity and other markers of
inflammation.

Methods: A prospective longitudinal study was performed. 128 patients from an
early Rheumatoid Arthritis Unit (ERAU) were included. All of them fulfilled ACR
2010 classification criteria for RA. Demographic, clinical, biochemical, immuno-
logical, radiological and densitometric data, and also inflammatory activity index
DAS 28, HAQ functional index, were collected. Any value >20 IU/mL for RF and
>30 IU/mL for ACPR was defined as positive.

Results: Between January 2009 and June 2017, 801 patients were evaluated in
our ERAU. After two years of follow-up, the most frequent definiti

diagnoses were: Early RA 221 (27.6%), Undifferentiated Arthritis 97 (12.1%), Psori-
atic Arthritis 62 (7.7%), Spondyloarthrits 54 (6.7%) and autoimmune Diseases
28 (3.4%). From the 128 patients with early rheumatoid arthritis evaluated, 104 (81.9%)
were ACPR positive and 98 (77.2%) FR positive. The mean BMD in the total
column was 0.96 ±0.14 g/cm2 and in the femoral neck was 0.76 ±0.12 g/cm2.
No correlation of BMD with autoimmunity markers was found in either of the
two locations studied, while a negative relationship between BMD and the
PCX inflammation marker (BMD femoral neck: rho=-0.203, p = 0.027 and BMD
lumbar spine rho =0.27, p = 0.003) was found. The BMD did not correlate with
DAS28 nor the HAQ index.

The mean baseline serum calcidiol value was 20.7±8.9 ng/ml, and a nega-
tive correlation of basal serum calcidiol with the functional HAQ index was
observed (rho= -0.23, p= 0.008). No correlation between other autoimmunity
(FR and ACPR) and inflammation (VSQ, PCR and DAS 28) markers and vita-
in D was found.

Conclusion: The BMD in patients with early rheumatoid arthritis of our cohort
 correlates with the PCR inflammation marker. Unlike other studies shows, in our
cohort, serological autoimmunity factors do not have shown to have an inde-
pendent effect on BMD.

References:
associated with decreased bone mineral density: baseline data from a regis-

AB0896 EFFECTIVENESS OF SACROPLASTY IN THE MANAGEMENT OF OSTEOPOROTIC SACRAL FRACTURE IN ELDERLY PATIENTS
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Background: Sacral fractures are a source of pain leading to loss of autonomy
in elderly patients. Sacroplasty may be an effective alternative of conserva-
tive medical treatment.

Objectives: To evaluate the short-term analgesic effect of sacroplasty compared to
conservative treatment in patients with osteoporotic sacral fractures

Methods: This is a retrospective study of cases of osteoporotic sacral frac-
tures treated with sacroplasty, compared with cases treated with conserva-
tive medical procedure over the same period. Outcome was evaluated by
pain (Visual analogic scale) short-term (one month) evolution and side effects
occurrence.

Results: From January 2009 to June 2019, eleven patients were treated with
sacroplasty for osteoporotic fractures at the Besançon University Hospital Centre.
These were compared to 12 patients with osteoporotic sacral fracture
with exclusive medical management, as a control group. The two groups were
similar in age, gender and pain level at baseline. The median VAS was 7/10 in
both groups at baseline, In the sacroplasty group, a significant decrease of pain
was observed over the two first weeks, with a tendency remaining at day 30.
There were no significant differences in the conservative treatment group at one
and three months. There was a significant difference between the two groups the following day (p=0.001), one

References:
[1] Bouillon, Comparative analysis of nutritional guidelines for vitamin