Presented vitamin levels below the actual limits of 30 ng/mL. These limits, used by most of the laboratories, tend to overestimate the vitamin D deficiency.

References:

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THE PREVALENCE AND RISK FACTORS OF OSTEOPOROSIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES: A TUNISIAN STUDY

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Background: Osteoporosis is as known a chronic complication of inflammatory bowel diseases (IBD). Its etiopathogenesis is often multifactorial.

Objectives: The aim of our study was to describe the prevalence of reduced bone mineral density and to identify risk factors of osteoporosis in patients with inflammatory bowel diseases.

Methods: This is a retrospective study over three years, collecting patients suffering from IBD and having benefited from a bone densitometry. We have specified for each patient the clinical data and the IBD characteristics. Bone mineral density (BMD, g/cm²) was assessed by dual X-ray absorptiometry. Osteoporosis was diagnosed when BMD was 2.5 standard deviations below the mean peak value in young adults (T score, <2.5 SD). Patients with other pathology that may change the bone metabolism were excluded.

Results: Sixty-one patients were included with an average age of 38 ± 13 years [16-73]. The sex ratio M/F was 1.25. 69% of patients had ulcerative colitis. The proportion of osteoporosis and osteopenia in our study underlines the importance of systematic BMD measurement in all IBD patients as a base for initiating treatment.

Conclusion: Osteoporosis during IBD is associated with advanced age, longer duration of illness and administration of high doses of corticosteroids. The high proportion of osteoporosis and osteopenia in our study underlines the importance of systematic BMD measurement in all IBD patients as a base for initiating the appropriate treatment.

References:

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