based on medical evidence "there is an almost religious way of thinking on how to deal with the pathology. It is not an exact science when you choose the physicians you choose the treatment?" 2) Relationship with the self and the others as some patients did not feel understood or even shameful and hopeless about their condition. 3) Patients’ and Health Professionals’ beliefs about the pathology management where common thoughts were the perceived (ab)use of passive therapies, the movement as something dangerous and that OA is “something that you try to resist to, but (surgery) is your destiny.” 4) facilitators and 5) barriers of the adherence to therapeutic exercise that revolve around the cost of the therapy, the time needed and the willingness to change life habits. 6) Patients’ attitudes towards pathology in which the oldest patients perceive OA as “something I have to accept since I am getting old” and the youngest as “Something I have to fight” 7) Relationship with food in which diet is seen as something that “you force yourself to follow” which is useful only to lose weight and not to preserve a high health status and where overeating is used “to eat your feelings.”

Conclusion: Patients suffering from hip and knee OA seem to experience an uncertain care process. The lack of clear explanations and the attitude towards conservative treatment, which is considered as “a pastime while waiting for surgery,” fosters the importance of providing patients with adequate information about the treatment, to shift their beliefs and improve their awareness. This will enhance a patient-centred and shared decision-making treatments.

REFERENCES:


Figure 1. Categories and Subcategories stemmed from the analysis of the patients’ interviews.

Metabolic bone disease / Osteoporosis

POS0162 PREDICTIVE FACTORS OF A NEW FRACTURE AFTER WRIST FRACTURE

Background: Fracture grafts (FF) are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or low energy) trauma.1 Studies have shown that history of wrist fracture increases the risk for subsequent FF.2

Objectives: To assess predictive factors of FF occurring after a wrist fracture.

Methods: Retrospective monocentric study that included patients with a wrist FF observed at the emergency department (ED) in a tertiary center, between 1st January 2017 and 31st December 2018. Wrist fractures were identified through the 10th International Classification of Diseases and FF were identified after revision of the clinical record. Patients with relevant missing data were excluded. Seven hundred thirty-three wrist FF were identified. After calculating a representative sample (90% confidence interval), 188 patients were included. Their clinical records until 31st December 2020 (2 to 3 years after FF) were reviewed. SPSS was used for statistical analysis and significance level was defined as 2-sided p<0.05. In multivariate analysis we included variables with a significant association in univariate analysis and those with clinical relevance (reported in others studies).

Results: Wrist fractures represented 44.3% of the FF observed at the ED.

References:
