Conclusion: Although this study is unable to show that anti-resorptive treatment should be started in the first year after discontinuation of TPTD, it is promising since the difference between the medians in the total hip BMD values obtained until one year and after one year are marginally significant. These results can be linked to the small sample size and highlight the need for further studies in this area.

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POS1114

INFECTION RISK AMONG RHEUMATIC PATIENTS RECEIVING DENOSUMAB THERAPY: SINGLE CENTRE EXPERIENCE

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Background: Osteoporosis (OS) is common in rheumatic diseases (RMD). OS fracture leads to morbidity and premature mortality. The treatment for OS is well established with good long term safety profile. Oral bisphosphonate (BIS) is recommended as initial treatment option for both postmenopausal and glucocorticoid induced OS. Denosumab (DSB), is the noninferior alternative option. Despite its efficacy, DSB was linked with elevated infection risk in non RMD. Yet, data in RMD is lacking.

Objectives: To determine the infection risk and associated factors in RMD patients receiving DSB.

Methods: This is retrospective cohort study. Data was extracted from medical database (between Jan 2010 & Dec 2018) at Selayang Hospital, Malaysia. Descriptive statistical analysis, logistic regression (LR) and cox (proportional hazard) regression [CPHR] were the analysis methods.

Results: 50 cases were analysed. 96% were female. The median age was 72.5 ± 12.7 years. The primary rheumatological disorders were rheumatoid arthritis (48%), OS (24%) and systemic lupus erythematosus (10%). 92% had ≥ 1 comorbidity including metabolic/cardiovascular diseases (74%), chronic lung diseases (CLD) (40%) and diabetes mellitus (DM) (22%). 54% had disease modifying anti rheumatic drug (DMARD) therapy; majority (59.2%) received single conventional synthetic DMARD. Only 7.4% received combination biologic DMARD therapy. 28% had received prednisolone therapy, with dose < 7.5mg OD in 78.6%.

The median age at DSB initiation was 71 ± 12.4 years. 38% had fracture history and 88% had received previous OS treatment.

In total, 13 infection episodes were recorded. The infection risk was 26% & incidence rate was 134 cases per 1000 person-years. 84.6% required hospitalisation and 38.5% were severe cases. The mortality rate was 23.1%. The mean DSB treatment duration to first infection was 15.46 ± 11.9 months.

Univariate LR showed infection risk and hospitalisation were higher with longer DSB treatment duration, OR 1.062 (95% CI: 1.010 - 1.117), $p = 0.018$ & OR 1.057 (95% CI: 1.003 - 1.114, $p = 0.037$), respectively. These risks were lower in absence of steroid use, OR 0.2 (95% CI: 0.051 - 0.784, $p = 0.021$) and OR 0.215 (95% CI: 0.052 - 0.889, $p = 0.034$), respectively. Additionally, infection risk was lower in absence of CLD, OR 0.188 (95% CI: 0.048 - 0.742, $p = 0.017$) and hospitalisation was lower without concomitant DM, OR 0.050 (95% CI: 0.050 - 0.950, $p = 0.043$). Yet, multivariate LR did not infer the above predictions, after adjustment made for age, gender, rheumatological diseases, comorbidity, DMARD therapy and steroid dosing. For severe infection and case fatality, no predictive factors were identified.

CPHR showed patients without steroid use had lower fatality risk, HR 0.077 (95% CI: 0.007 - 0.864, $p = 0.038$). With confounding factors (age, gender, previous infection and comorbidity), the observed difference was insignificant.

Conclusion: Risk of infection and hospitalisation could be higher in rheumatic patients receiving longer DSB treatment duration. Concomitant comorbidities (CLD and DM) might increase the risk of infection and/or hospitalisation.

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POS1115

DESCRIPTIVE STUDY OF THE PERCEPTIONS AND PREVENTIVE PRACTICES OF POSTMENOPAUSAL TUNISIAN WOMEN REGARDING OSTEOPOROSIS

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Background: Due to their serious consequences affecting quality of life, prevention of osteoporosis is considered a priority. Thus, identifying the level of knowledge is useful in developing effective interventions and in guiding public health programs to prevent osteoporosis.

Objectives: The aim of this study is to describe beliefs and practices of menopausal Tunisian women related to health and osteoporosis in order to develop effective and targeted interventions for the prevention of this disease.

Methods: A descriptive cross-sectional study was conducted among menopausal Tunisian women who consult the basic health center in the area of Sfax region in Tunisia. Data collection include socio-demographic characteristics, the "osteoporosis health belief scale" developed by Kim and his colleagues and the daily calcium intake which was calculated by a questionnaire developed by Patrice Fardellone.

Results: We have included 170 women. The mean age was 58.92 ± 9.07 years. Seventy-seven percent of women were housewives, 14.7% were active and 8.3% were retired. Seventy-five percent were married. Forty-two women (24.7%) were illiterate, sixty-three (37.1%) were at primary level and 33.5% were at secondary level. One hundred twelve women (65.3%) live in an urban environment, against 34.7% who belong to a rural environment.

The level of perception of osteoporosis was very altered in 22.9%, altered in 32.4% and moderately altered in 31.8% of women. Women's perceptions of the benefits of physical exercise and calcium intake were moderately altered in 42.4% and 51.2%, respectively. For obstacles to the practice of physical exercise, the level of perception was altered in 43.5% of women. Regarding the obstacles to calcium intake, the perceptions of our population were altered in 32.9% of cases.

The daily intakes of calcium vary from 215 to 1444 mg per day with an average of 620.20 ± 204.523 mg / day. Only eight women (4.7%) had sufficient daily intake.

Conclusion: Our study showed that all subscale of the "osteoporosis health belief scale" were altered. Promotion programs should aim at creating a supportive physical and social environment for the adoption of safer behaviors and especially education must be targeted.

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POS1116

ENHANCING OSTEOPOROSIS MANAGEMENT: THE CONTRIBUTION OF FRAX® AND VFA IN TUNISIAN WOMEN

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Background: The FRAX® is a tool proposed by the World Health Organization (WHO) to calculate 10-year fracture risk of hip fracture and major osteoporotic fractures. The utility of this tool is to help treatment decision when it is litigious. Previous low trauma fracture represent a factor in FRAX® calculation. However, asymptomatic osteoporotic vertebral fractures (VF) identified on X-rays or Vertebral Fracture Assessment (VFA) scans are rarely included. To the best of our knowledge, there was no previous evaluation of fracture risk in Tunisian women.