Objectives: To compare hip fracture risk and major osteoporotic fractures risk using the FRAX® tool, without and with the consideration of asymptomatic VF on VFA. To evaluate the impact of FRAX® calculation and asymptomatic VF identified on VFA on osteoporosis management.

Methods: We conducted a cross-sectional study over a period of 5 months at the rheumatology department. The study included post-menopausal women without a previous diagnosis of VF referred for BMD (Bone mineral density) measurement. Each participant had a BMD assessment and a VFA scan to detect VF. The FRAX® was calculated using femoral neck BMD initially without then with consideration of VF. The change of therapeutic decision was assessed after taking into consideration FRAX® and the VFA results.

Results: The study included 210 post-menopausal women with a mean age of 61.5±5.8 years. The mean BMD was 0.595±0.156 g/cm² and 0.850±0.153 g/cm² respectively. Osteoporosis and low BMD were found in respectively 50% and 34.28%. The median probability of major osteoporotic fracture for our population was 1.5% with an interquartile range from 0.9 to 2.5% without using VFA and 1.65% with an interquartile range from 1 to 2.6% while taking into consideration VFA results and the difference was statistically significant (p<0.0001). The median probability of hip fracture for our population was 0.4% with an interquartile range from 0.1 to 0.9% without using VFA data and 0.4% with an interquartile range from 0.1 to 1% while taking into consideration VFA results and the difference was statistically significant (p<0.0001). In all patients, the FRAX® was under the threshold intervention even after including the asymptomatic VF and it did not change the therapeutic decision. The presence of asymptomatic VF on VFA changed the therapeutic decision in 15% and indicated an anti-osteoporosis drug therapy.

Conclusion: VFA scanning helped in the therapeutic decision in 15% of our population. In this evaluation, we showed that a comprehensive fracture risk pathway incorporating VFA has enhanced diagnosis of vertebral fractures and improved targeting of treatment better than FRAX® tool.

Disclosure of Interests: None declared.

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**POST117**

**AGREEMENT BETWEEN VERTEBRAL FRACTURE ASSESSMENT AND RADIOGRAPHIC SCAN FOR THE DIAGNOSIS OF VERTEBRAL FRACTURE**

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Background: Conventional radiography of thoracic and lumbar spine are considered the gold-standard imaging for vertebral fracture (VF) identification. However, there was a growing interest in the use of vertebral fracture assessment (VFA), which reflects only vertebral fracture geometry, but does not consider the degree of bone density loss. The aim of our study was to evaluate the agreement between VFA and lateral thoracolumbar X-rays (Rx) for vertebral fracture assessment and diagnosis.

Methods: We conducted a cross-sectional study over a period of 5 months at the rheumatology department. The study included 210 post-menopausal women without a previous diagnosis of VF referred for BMD (Bone mineral density) measurement. Each participant had a BMD assessment and a VFA scan to detect VF. The FRAX® was calculated using femoral neck BMD initially without then with consideration of VF. The change of therapeutic decision was assessed after taking into consideration FRAX® and the VFA results.

Results: The study included 62 patients were collected. The mean age was 62.0±3.78 years. One women was a current smoker and alcohol intake was not found in our sample. Thirty-seven percent of our patients had at least one fragility fracture. A severe fragility fracture was recorded in 10.5% and a previous hip fracture was reported in 5.24%. An early menopause was found in 19.5% of our women. Twenty percent of our population were receiving corticosteroids and 8.2% of our population had rheumatoid arthritis. The mean vertebral and total hip BMD was 0.955±0.165 g/cm² and 0.850±0.153 g/cm² respectively. Osteoporosis and low BMD were found in respectively 50% and 34.28%. The median probability of major osteoporotic fracture for our population was 1.5% with an interquartile range from 0.9 to 2.5% without using VFA data and 1.65% with an interquartile range from 1 to 2.6% while taking into consideration VFA results and the difference was statistically significant (p<0.0001). The median probability of hip fracture for our population was 0.4% with an interquartile range from 0.1 to 0.9% without using VFA data and 0.4% with an interquartile range from 0.1 to 1% while taking into consideration VFA results and the difference was statistically significant (p<0.0001). In all patients, the FRAX® was under the threshold intervention even after including the asymptomatic VF and it did not change the therapeutic decision. The presence of asymptomatic VF on VFA changed the therapeutic decision in 15% and indicated an anti-osteoporosis drug therapy.

Conclusion: VFA scanning helped in the therapeutic decision in 15% of our population. In this evaluation, we showed that a comprehensive fracture risk pathway incorporating VFA has enhanced diagnosis of vertebral fractures and improved targeting of treatment better than FRAX® tool.

Disclosure of Interests: None declared.

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**POST118**

**THE RELEVANCE OF OSTEOPOROSIS DIAGNOSIS AND TREATMENT FOR DOCTORS WORKING IN THE FIELD OF PHYSICAL AND REHABILITATION MEDICINE**

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Background: There is a high prevalence of osteoporosis (OP) among patients of the older age undergoing rehabilitation. Therefore, it is obvious that physicians working in the field of physical and rehabilitation medicine should be well oriented in this medical problem.

Objectives: To study the relevance of the problem of osteoporosis (OP) for physicians working in the field of physical and rehabilitation medicine, their awareness of the main methods of diagnosis, treatment and prevention of this disease, as well as the frequency of their use in daily clinical activities.

Methods: A cross-type study was carried out using a questionnaire survey. The study included 157 doctors (M-34, F-123) of 8 medical specialties working in 27 specialized medical institutions on the profile of “medical rehabilitation. The questionnaire for doctors consisted of 21 items of special questions. The questions were divided into several thematic groups: knowledge of the older age undergoing rehabilitation. Therefore, it is obvious that physicians working in the field of physical and rehabilitation medicine should be well oriented in this medical problem.

Disclosure of Interests: None declared.

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