**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 identification 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±8.5 years. The mean BMI was 31.04±5.52kg/m². One woman was a current smoker and alcohol intake was not found in our sample. Thirty-seven percent of our participants 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 0.95±0.165g/cm² and 0.85±0.135g/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 0.2 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 targetting of treatment better than FRAX® tool.

**Disclosure of Interests:** None declared.

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**THE RELEVANCE OF OSSEOPOROSIS 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 rehabilitative 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.

**Results:** 10.45% of the surveyed doctors believed that the problem of OP is relevant for their clinical activities, 100% of the respondents indicated that the presence of OP significantly affects the rehabilitation prognosis and 95.54% - on the degree of effectiveness of medical rehabilitation. According to the respondents, patients with OP make up on average 30.0% [20.0; 50.0] (0-90) of the total flow of patients. 92.36% (145/157) of doctors indicated that they know the risk factors for OP, 98.73% (155/157) - methods for diagnosing OP, 68.79% (108/157) - methods for treating OP, 80.25% (126/157) - methods of preventing OP, 47.13% (74/157) - what is FRAX. However, 35.01% (55/157) of the respondents considered their level of awareness of the problem sufficient for managing patients with OP. Diagnostic procedures for OP are recommended by all endocrinologists (100%), and the majority of traumatologists (72.73%), gynecologists (66.67) and cardiologists (64.28%), as well as on average half (50%) neurologists and therapists. Endocrinologists (100%), gynecologists (66.67%) and therapists (80%) are mainly involved in the treatment of OP. 32.48% (51/157) of physicians have ever referred their patients to a bone mineral density assessment.

**Conclusion:** The problem of OP is relevant for the clinical activities of specialists in physical and rehabilitation medicine, and there is the need for advanced training on the problem of OP among these specialists.

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