Background: Treatment of patients with osteoporosis was inadequate even before the COVID-19 pandemic. Not only patients without fracture, but only a small proportion of patients with osteoporotic fracture have treated. In Hungary only 30% of patients with osteoporosis received adequate antiporotic treatment before the pandemic. Almost 90% of whom were women, less than 10% of men. The incidence of fractures is increasing dramatically worldwide. In 2010, the vertebral fracture rate was 3.5 million in Europe but it is expected to reach 4.5 million by 2025. In 1990, osteoporosis caused 1.26 million hip fractures and 3.5 million in Europe but it is expected to reach 4.5 million by 2025. In 1990, osteoporosis caused 1.26 million hip fractures and 3.5 million in Europe but it is expected to reach 4.5 million by 2025. In 1990, osteoporosis caused 1.26 million hip fractures and 3.5 million in Europe but it is expected to reach 4.5 million by 2025.

Methods: A scoping review was conducted in PUBMED, EMBASE and the Cochrane Library through 2021. Study selection was performed by two independent reviewers, data were extracted using a standardized form and risk of bias was assessed using instruments from the McMaster University. Identified barriers and hurdles were synthesized by categorizing them into the WHO’s Measuring Behavioural and Social Drivers of Vaccination (BeSD) conceptual model.

Results: The search yielded 1,644 hits, of which 30 were included (cross-sectional studies (n=27) based on interviews and 3 intervention studies). The majority of studies reported barriers to influenza and pneumococcal vaccination (n=11), or influenza vaccination only (n=9) from the patients perspective. Two studies assessed the attitudes towards COVID-19 vaccinations. Only one study assessed the view of rheumatologists. Patients mainly mentioned behavioral and social factors that negatively influence their willingness to be vaccinated while physicians see deficits in the organization and lack of time as a major barrier. Coverage of domains matched to the BeSD model suggests a lack of awareness of infection risk by both patients and physicians (Figure 1).

Conclusion: The view of vaccination in CIRD patients diverges between patients and rheumatologists. Our results show that in-depth counseling on vaccines is necessary for future interventions to improve vaccine rates in CIRD patients.

Disclosure of Interests: None declared

REFERENCES: