CHARACTERISTICS OF FRACTURES TREATED IN THE FIRST YEAR OF OPERATION OF THE FLS OF TUDELA. NAVARRA.

Keywords: Osteoporosis, Descriptive studies, Outcome measures
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Background: Osteoporosis is a common disease with a huge impact on public health due to the great morbidity and mortality and the impact on the quality of life fractures. The main objective of its approach is to avoid the appearance of osteoporotic fractures, so it is important to devote efforts to diagnose and treat individuals who are most at risk of suffering this type of fractures. In our environment the approach to osteoporotic fracture was deficient, so a specific secondary prevention consultation was launched.

Objectives: To analyze the general characteristics of patients referred to the FLS consultation during their first year of operation at the Reina Sofia Hospital in Tudela, Navarra.

Methods: Retrospective descriptive study including patients referred to the secondary fracture prevention rheumatology (FLS) consultation, from November 2021 to November 2022. Epidemiological characteristics, risk factors, type of fracture, therapeutic acts and adherence to treatment at month, 6 months and 12 months are analyzed.

Results: During the indicated period, 200 patients were referred to FLS consultation from Traumatology. Internal Medicine and Rehabilitation, of which 67% (134) were evaluated during admission for hip fracture, of whom 11 died during admission. 33% of patients were treated on an outpatient basis -with a maximum delay of 6 weeks-, for low-impact fractures of radius (23), proximal humerus (15) and vertebral (28). The mean age of patients with hip fracture was 84.95 years, and that of the rest of the osteoporotic fractures treated was 72.95 years, with a ratio of men/women of 43/157, close to 1/5. The Barthel was also calculated with an average of 90.36. Regarding risk factors: the mean BMI of the patients was 25.56 kg/m2, 23 patients (11.5%) were active smokers, 8 of the women attended (4%) had early menopause, 2 women (1%) were on treatment with aromatase inhibitors, 28 patients (24%) had a previous fracture and 57.5% of patients had hypovitaminosis D. Only 20 patients (10%) had taken or were being treated for osteoporosis prior to fracture. BMD was requested from 47% of patients. Regarding the treatment prescribed after evaluation in the FLS, 16% was not considered subsidiary to specific pharmacological treatment, but was always given non-pharmacological advice, as well as calcium and vitamin D supplements. Those who were prescribed specific therapy 64% were prescribed antiresorptive and 36% an osteoformer. Regarding adherence to treatment, only 4 patients did not take it within one month of their prescription. The rest followed a correct completion each review call per month, 6 months and one year, although at the time of writing the study there are pending review appointments of 6 and 12 months analyzed.

Conclusion: The establishment of standardized units for secondary prevention fracture is a necessity for the health of the population. In our sample, only 10% of patients treated for osteoporotic fracture had specific therapy before their fracture, but, after assessment in the FLS, the initiation of therapy after osteoporotic fracture was ensured in all subsidiary patients, as well as adequate adherence to treatment.

REFERENCES:

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HIGHER BONE MASS SCORE MEASURED WITH VISUAL ANALOG SCALE HAS SIGNIFICANT HIGHER RISK OF INCIDENT BONE FRAILITY FRACTURE

Keywords: Pain, Rheumatoid arthritis, Osteoporosis
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Background: Bone fragility fracture (BFF) is one of serious troublesome incident in treating patient with rheumatoid arthritis (RA). Previously, sustaining clinical remission with simplified disease activity index (SDAI) was clarified that prevents occurrence of incident BFF [1].

Objectives: We hypothesized that pain degree would correlates with occurrence of incident BFF, because that caused gait disability and bone fragility. The aim of this study is to clarify this issue.

Methods: A retrospective cohort study data was used in the study. Postmenopausal female patients who matched the EULAR/ACR classification criteria under the T2T since August 2010, have been treating RA and were measured bone mineral density (BMD) with dual-energy X-ray absorptiometry, were recruited. The initial target of therapy is the attainment of remission with simplified disease activity index (SDAI) was clarified that prevents occurrence of incident BFF [1].

Background: Osteoporosis is a generalized skeletal disease characterized by low bone density and alterations in bone microarchitecture. Current definitions and recommendations focus more on postmenopausal osteoporosis with a low number of studies in young pre-menopausal women, which makes it difficult to estimate the prevalence of osteoporosis in this population.

Objectives: To establish the prevalence and determine the etiologies of osteoporosis in young women and their management according to the experience of our department.

Methods: Retrospective descriptive and analytical study including 97 female patients aged less than 45 years, who performed a bone densitometry measurement between the years 2014 and 2022. Data were collected from the bone densitometry database. Osteoporosis was retained if a T score less than or equal to -2.5. Women older than 45 years and or followed for genetic osteopathy were excluded from this study.

Results: There were 97 patients with osteoporosis in this study. The average age was 25 years. Early menopause was found in 15% of cases (10% of cases after chemotherapy). Osteoporosis secondary to endocrinopathy was found in 17% of cases (5% diabetes, 10% primary hyperparathyroidism, 2% Cushing’s syndrome). It was secondary to a systemic disease or chronic inflammatory rheumatism in 45% of cases (29% rheumatoid arthritis, 12% spondyloarthropathy, 3% systemic lupus erythematosus and 1 % Horton’s disease). The other pathologies found were chronic renal failure in 3% of cases, a notion of prolonged use of corticosteroids in 21% and hormone therapy for breast neoplasia in 14%. 3% of the patients had at least one osteoporotic vertebral fracture. The mean bone mineral density (BMD) in both femurs was 0.727/cm2. The mean BMD in the spine was 0.965/cm2. 11% of these patients were treated with oral anti-osteoporotic drugs, 35% were supplemented with vitamin D and calcium.

Conclusion: The discovery of osteoporosis is rare in young women, hence the scarcity of studies in this category of women. It may be of metabolic or drug-induced origin or related to other chronic inflammatory diseases. It should be investigated in the presence of risk factors in order to limit the risk of bone fractures.

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