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 of 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 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, 48 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 anti-resorptive 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 in patients recruited. The initial target of therapy is the attainment of remission with SDAI score included up to the last observation. Risks for the incidence of BFF were classified as RA specific and general candidate. In general candidate, comorbidities that might affect the incidence of BFF, such as lifestyle-related diseases, increased abnormality of fall, and pain score using visual analog scale (VAS) were included. Anti-citrullinated polypeptide antibodies and rheumatoid factor titers, SDAI score, Health Assessment Questionnaire Disability Index, and Sharp/van der Heijde score were included in RA specific candidate risks. Each evidence was evaluated with a Cox regression analysis to identify significantly higher risk factors within 5% in univariate models and to evaluate using multivariate model. The aim of this study is to clarify this issue.

REFERENCES:

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Higher Pain Score Measured with Visual Analog Scale has Significant Higher Risk of Incident Bone Fragility 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 SDAI within 6 months of initiation. The primary outcome was incident BFF. Follow-up started at BMD measurement (baseline) and continued until the development of the first fracture or censoring at death, loss to follow-up or end of the study. Binary logistic regression analyses (BLR) were determined for incident BFF incidence up to the last observation. Risks for the incidence of BFF was classified as RA specific and general candidate. In general candidate, comorbidities that might affect the incidence of BFF, such as lifestyle-related diseases, increased abnormality of fall, and pain score using visual analog scale (VAS) were included. Anti-citrullinated polypeptide antibodies and rheumatoid factor titers, SDAI score, Health Assessment Questionnaire Disability Index, and Sharp/van der Heijde score were included in RA specific candidate risks. Each evidence was evaluated using Cox regression analysis to identify significantly higher risk factors within 5% in univariate models and to evaluate using multivariate model. In the variants with significant higher risk ratio in the Cox regression analysis, Receiver

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