AB1230

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 Sofía 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 (115%) 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 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 in patients recruited from the second semester of 2022.

Conclusion: The establishment of standardized units for secondary prevention of 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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Disclosure of Interests: None Declared.

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AB1232

HIGHER PAIN SCORE MEASURED WITH VISUAL ANALOG SCALE HAS SIGNIFICANT HIGHER RISK OF INCIDENT BONE FRACTURE IN YOUNG WOMEN AFTER TREATMENT WITH SECONDARY PREVENTION THERAPY.

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 score, Binary logistic regression analyses (BLR) were determined for incident BFF incidence within 5% in univariate models and to evaluate using multivariate model. In the Cox regression analysis, Receiver
operation characteristics (ROC) was examined to determine cut-off index (COI). Finally, statistically evident variants in the ROC study was examined to clarify the validity of the variant as a risk factor using Kaplan-Meier survival curve analysis again.

Results: A total of 239 patients were recruited. Mean age was 73.6 years and mean follow up period was 52.4 months. Mean T-score in the lumbar spine and femoral neck were -2.10 and -1.85. Using BLR, PS-VAS, estimated glomerular filtration ratio based on cystatin C (eGFR, CysC), prevalent BFF (p-BFF), and SDAI remission rate were significant correlation with incident BFF. In these, PS-VAS and p-BFF demonstrated significant higher risk ratios using a multi-variate cox regression analysis. In the ROC, COI of PS-VAS was 24.6 and the area-under-the-curve was 0.69 (p<0.001). Finally, PS-VAS ≥ 24.6 mm had 3.506 fold higher hazard ratio than PS-VAS < 24.6 mm using Kaplan-Meier survival curve analysis.

Conclusion: These results suggested pain control in treating RA is the important intension for avoid incident BFF in postmenopausal female patients with RA.

REFERENCES: NIL.

AB1233 IMPACT OF RHEUMATOID ARTHRITIS ON THE DENSITOMETRIC STATUS OF WOMEN

Keywords: Rheumatoid arthritis, Osteoporosis

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Background: Rheumatoid arthritis (RA) is the most common chronic inflammatory rheumatic disease. It can be associated with several comorbidities, including osteoporosis (OP). The origin of this bone loss is multifactorial. A fracture episode is the complication of osteoporotic disease and constitutes all the gravity of this disease.

Objectives: The objective of this work was to evaluate bone densitometry (BMD) in women with RA and to identify its relationship with disease parameters.

Methods: This was a cross-sectional study, including patients followed for RA meeting the ACR/EULAR 2010 criteria. For each patient, disease parameters (duration of progression, activity score (DAS28 V), functional impact (HAQ), corticosteroid intake) were assessed and BMD of the lumbar spine and femoral neck was performed in all patients.

Results: A total of 76 women were included, 66% of whom were postmenopausal. The mean age of the patients was 52±5.9 years and the mean duration of RA progression was 11.3±7.9 years. The mean DAS28 V score was 4.3±1.4 and the mean HAQ was 0.98±0.8. Corticosteroid use was noted in 62 patients (81.5%) at a mean dose of 8.6±3.2 mg/day. Regarding the densitometric profile of the patients, the mean BMD values at the vertebral and femoral sites were -1.1±3.1 SDS and 0.8±1.1 SDS respectively, and the prevalence of osteoporosis and osteopenia were 21.6% and 46.6% respectively. Patients with osteoporosis (OP) were older (p=0.00), and there was a significant relationship between OP and menopausal status (p=0.007). In contrast, disease parameters (function, activity, duration and treatment) were not associated with the occurrence of osteoporosis in our series: HAQ (p=0.6), disease duration (p=0.3), disease activity (p=0.3) or corticosteroid use (p=0.9).

Conclusion: OP is a frequent comorbidity associated with RA. It should be systematically detected because of its functional and vital complications. In our study, the occurrence of OP was more frequent at an older age during RA and menopausal status. There was no relation with the disease parameters.

REFERENCES: NIL.

AB1234 THE BODY COMPOSITION IMPACT ON OSTEODENSITOMETRIC VALUES IN PERSONS OLDER THAN 65 YEARS

Keywords: Diet and nutrition, Osteoporosis, Diagnostic tests

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AB1235 PREVALENCE OF OSTEOPOROSIS IN AN ALGERIAN POPULATION WITH OSTEOARTHRITIS: CROSS-SECTONAL STUDY

Keywords: Osteoporosis, Osteoarthritis, Descriptive studies

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AB1236 IMPACT OF SUSTAINING SDAI REMISSION FOR PREVENTING INCIDENT OF BONE FRAGILITY FRACTURE IN PATIENT WITH RHEUMATOID ARTHRITIS.


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AB1237 IMPACT OF SUSTAINING SDAI REMISSION FOR PREVENTING INCIDENT OF BONE FRAGILITY FRACTURE IN PATIENT WITH RHEUMATOID ARTHRITIS.


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Disclosure of Interests: None Declared.

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