WORLD CONGRESS
ON OSTEOPOROSIS,
OSTEOARTHRITIS AND
MUSCULOSKELETAL
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VIRTUAL CONGRESS

August 20-22, 2020

IOF International Osteoporosis Foundation

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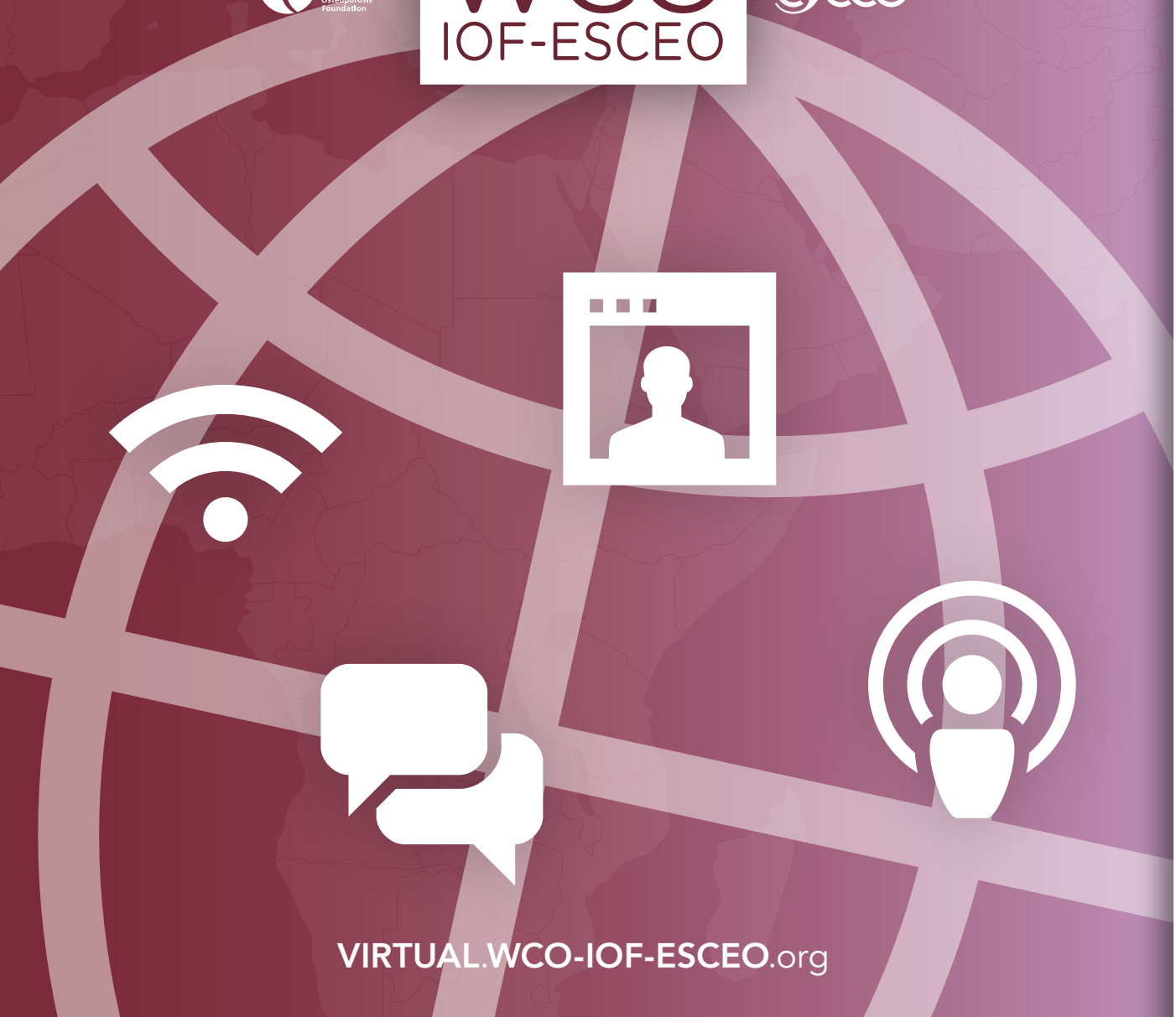

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AbstractBook

P522

THE IMPACT OF INTERVENTION AND ASSESSMENT THRESHOLDS BASED ON THE FRAX MODEL IN ECUADORIAN POSTMENOPAUSAL WOMEN

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Objective: With the recent launch of the Ecuadorian FRAX model to estimate the probability of age-specific fracture, it is now necessary to establish the clinical impact of the application of intervention and assessment thresholds in the Ecuadorian population. We aimed to evaluate the clinical impact of age-specific intervention and assessment thresholds obtained with the FRAX model in postmenopausal women of the Ecuadorian population.

Methods: 2369 women aged 60-94 were selected from the National Survey of Health, Wellbeing and Aging (SABE) conducted in Ecuador in 2009. We calculate the risk of major osteoporotic fractures and femur neck with the FRAX model (version 4.1) specific to the Ecuadorian population. And we calculate the proportion of women eligible for intervention and measurement of BMD.

Results: On average 5% of the population qualified for intervention and 72% for assessment with BMD. The proportion of the population potentially eligible for intervention varied from 1.65-6.85% depending on age. On average, the proportion eligible for assessment with BMD is 71.8%, but ranged from 58.68-77.8% depending on age.

Table 1. Women potentially eligible for Intervention and BMD assessment.

age (years)		above an IT		between an AT	
	N	*n*	%	n	%
60-64	618	31	5.02	481	77.83
65-69	551	27	4.90	398	72.23
70-74	482	33	6.85	349	72.41
75-79	329	17	5.17	224	68.09
80-84	230	10	4.35	155	67.39
85-89	121	2	1.65	71	58.68
90-94	38	0	0.00	24	63.16
≥60	2369	120	5.07	1702	71.84

IT Intervention threshold; AT assessment threshold

Conclusion: In the Ecuadorian women population, the application of these intervention and assessment thresholds based on FRAX, avoid unnecessary intervention in low-risk subjects and reduce in a high proportion the number of references to DXA exploration in our population.

P523

EVALUATION OF THE EFFICACY AND SAFETY OF THE USE OF ACECLOFENAC IN PATIENTS WITH UNDIFFERENTIATED PERIPHERAL INFLAMMATORY ARTHRITIS AND RHEUMATOID ARTHRITIS DEBUT

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Patients with new-onset peripheral arthritis often do not meet the criteria for a specific rheumatic disease and can be registered as having undifferentiated peripheral inflammatory arthritis (UPIA) or rheumatoid arthritis (RA) debut. Therapy for this new-onset peripheral arthritis is not yet sufficiently developed and the use of non-steroidal anti-inflammatory drugs (NSAIDs) [1,2,3]. The objective was to evaluate the effectiveness and tolerability of the aceclofenac in patients with new-onset peripheral arthritis.

We observed 120 patients (98 women and 22 men) in patients with new-onset peripheral arthritis met. They took aceclofenac 100 mg twice day for 3 weeks.

We noted significant decreasing in pain level according to visual analogue scale: in patients with monoarthritis - by 58.1 mm ($p<0.001$); in oligoarthritis - by 42.6 mm ($p<0.001$), in polyarthritis - by 29.7 mm ($p<0.001$). The life quality by the EQ-5D-5L index was improved to 0.52 to 0.79 ($p<0.001$). Adverse events of therapy were mild and not require discontinuation of therapy. Thus, the aceclofenac has good efficacy, tolerability and safety and can be recommended for mono- and oligoarthritis new-onset peripheral arthritis treatment.

References:

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P524

HIGH BONE MINERAL DENSITY ON ROUTINE BONE DENSITY SCANNING: FREQUENCY AND CAUSES

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Objective: A finding of high bone mass (HBM) on routine DXA scanning is not infrequent. However, epidemiological studies of HBM are few and definition thresholds variable. This study was performed to assess the frequency and causes of HBM within the general population referred for DXA scanning in a tertiary centre hospital.

Methods: DXA databases were initially searched for individuals with a BMD T- or Z-score≥+4 at any site within the lumbar spine or hip, at the Lille University Hospital (France) from April 1, 2008 to