WORLD CONGRESS
ON OSTEOPOROSIS,
OSTEOARTHRITIS AND
MUSCULOSKELETAL
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VIRTUAL CONGRESS

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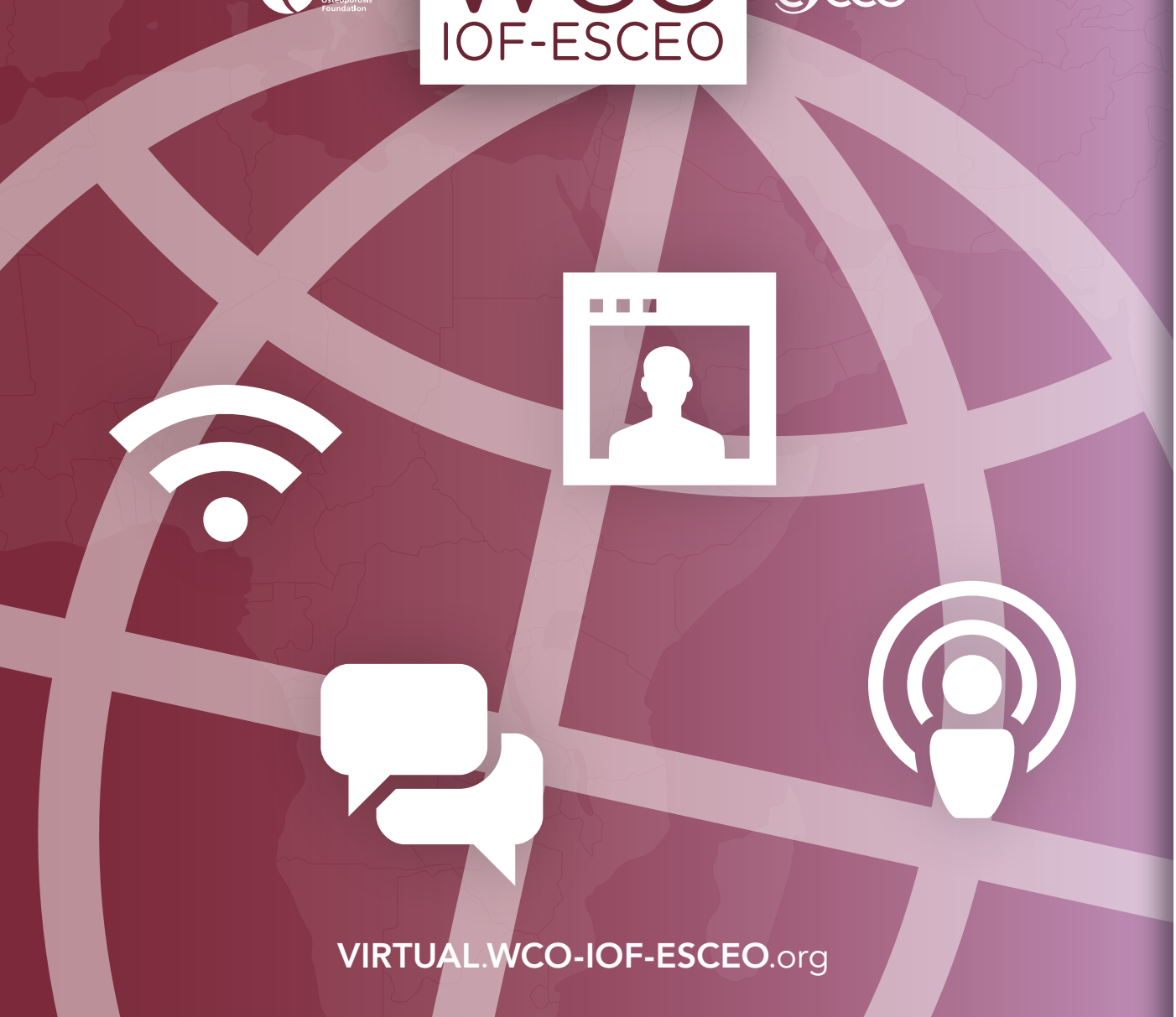

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AbstractBook

mmol/L). Most patients had consequently highly atherogenic type II hyperlipidemia subtypes: IIa - 60%, IIb - 40%. We also found direct correlation of TC with age, overweight. The duration of RA also has significant direct correlation with TC (r=0.189) and LDL-C (r=0.159). RA activity negatively affected HDL-C: level of CRP (r=-0.169). There was negative correlation of CRP with HDL-C (r=-0.169), meaning that RA activization was accompanied by lower HDL-C levels.

Conclusion: The most pronounced change was an increase in TC and LDL-C. The lipid profile in patients with RA is interrelated with traditional (age, increased BMI) as well as associated with the disease (activity and duration of RA) risk factors.

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IMPACT OF OSTEOPOROSIS TREATMENT ON QUALITY OF LIFE (QOL) AFTER FRAGILITY FRACTURE

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Objective: Osteoporotic fractures cause complex disability, significant morbidity, reduction in quality of life (QoL), functional limitations and higher risk for refractures. Beside secondary prevention of fractures, osteoporosis treatment also has been proposed to be effective in improving health-related quality of life. This study aims to assess the impact of osteoporosis treatment on QoL after a fragility fracture.

Methods: This study is based on the Austrian data of the International Costs and Utilities Related to Osteoporotic fractures Study (ICUROS), a multinational observational study assessing the consequences after osteoporotic fractures. Recruitment was performed in 8 different trauma centers throughout Austria. Participants were included after having sustained an osteoporotic fracture, underwent follow-up analysis 4, 12 and 18 months thereafter and were interviewed regarding, inter alia, osteoporosis treatment and QoL using the European Quality of Life-5 Dimensions-3 Levels (EQ5D). This included one question for each of the five dimensions of EQ5D: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. For analysis, patients were divided into 2 groups whether osteoporosis treatment was initiated after the index fracture or not, and differences in QoL was assessed with the chi-squared test using the statistical software package IBM® SPSS® Statistics Version 23.

Results: A total of 922 patients were eligible for analysis. However, at the end of study, there was a loss of follow-up in 396 patients (43.0%). At baseline (time of fracture), the 2 subgroups were comparable except of differences regarding usual activities. At all follow-up analyses, osteoporosis treatment did not result in a significant difference in all assessed dimensions of QoL.

Conclusion: Despite multiple studies demonstrating osteoporosis treatment to be effective in improving QoL, the Austrian data of ICUROS does not support a significant difference in QoL after a fragility fracture whether receiving osteoporosis treatment or not.

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DYNAMIC CHANGES OF IL-10 IN PATIENTS WITH RHEUMATOID ARTHRITIS RECEIVING COMBINED TREATMENT

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Objective: To evaluate the dynamic changes of IL-10 in patients with rheumatoid arthritis (RA) treated with infliximab (IF) in combination with methotrexate (MT).

Methods: The study included 18 female patients with RA with mean age 46±8.4 y and mean duration of the disease 13.2±5.3 y. RF positive RA was detected in 83.3%, and ACPA positive - in 66.8% cases. All the patients received MT at a dose of 12.5-20 mg/week (for at least 6 months) in combination with NSAIDs. IF was administered for every patient according to the standard scheme. Measurement of ESR, CRP, IL-10 was carried out before the start of IF and at the 30th week of treatment. Serum IL-10 concentrations were measured by ELISA. Disease activity was evaluated using DAS28-CRP(4).

Results: All the patients had high RA activity based on DAS28-CRP(4) score. In most cases there was a positive shift of clinical and laboratory manifestations after 5 infusions of IF along with an improvement in quality of life. An overall decrease of all disease activity markers was also noted at this timepoint. When studying the correlation between the serum levels of IL-10 and markers of inflammation in patients with RA, the presence of weak negative relationships between an increase in the value of IL-10 and DAS28-CRP(4) (r=-0.38) was established. The partial markers of disease activity also had significant correlations with IL-10: the number of swollen joints (r=-0.22), the number of tender joints (r=-0.47), ESR (r=-0.12), CRP (r=-0.08). A tendency toward a decrease in mean serum IL-10 levels by the 30th week of treatment was revealed (which is apparently due to systemic immunosuppression effect).

Conclusion: By the 30th week of treatment with combined therapy of IF and MT a decrease in the concentration of IL-10 was found. Practical consideration of application of IL-10 as a biomarker of RA treatment needs data accumulation about entire pattern of cytokine changes.