WORLD CONGRESS
ON OSTEOPOROSIS,
OSTEOARTHRITIS AND
MUSCULOSKELETAL
DISEASES

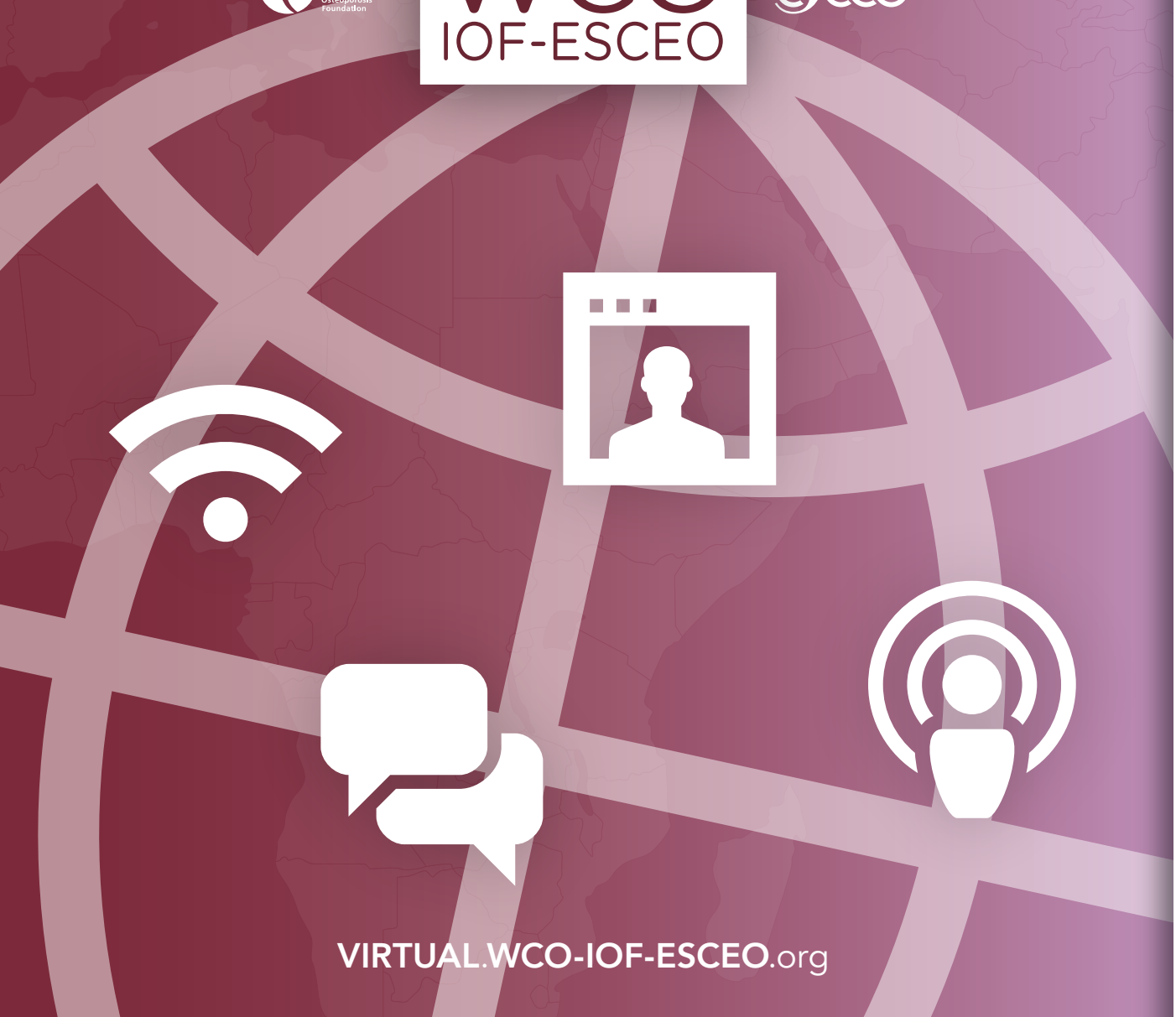
VIRTUAL CONGRESS

August 20-22, 2020

IOF International Osteoporosis Foundation

WCO IOF-ESCEO

ESCEO



VIRTUAL.WCO-IOF-ESCEO.org

AbstractBook

Results: The patient regained the independence of daily activity and return to work. After the first 3 months she could return to work, almost as before of the traumatic event. Now, the patient follows the medical treatment that was recommended for her and she follows a prophylactic program for risk failure.

Conclusion: We intend to realize in the future a prospective study with a large group of individuals in order to analyze the long term benefits of associating rehabilitation therapy to patients with comorbidities.

P1158

PSYCHOMETRIC PROPERTIES OF THE HUNGARIAN VERSION SARQOL®, A SARCOPAENIA SPECIFIC QUALITY OF LIFE QUESTIONNAIRE

A. I. Gasparik[1], M. B. Demian[1], T. Kovacs[1], I. M. Pascanu[1]

[1]University of Medicine UMFST G.E. Palade, Tg Mures, Romania

In order to evaluate the psychometric performance of the Hungarian SarQoL, we assessed the discriminative power, construct validity, internal consistency, test-retest reliability and the floor/ceiling effects of the translated and culturally tailored version of the original SarQoL questionnaire. Results indicated a good discriminative power (sarcopenic individuals having a lower quality of life; P=0.01), high internal consistency (Cronbach's α of 0.921), consistent construct validity (high correlations found with domains related to mobility, usual activities, vitality, physical function and low correlations with anxiety, self-care, mental health and social problems), good test–retest reliability and no floor and ceiling effects. A valid Hungarian translation of the SarQoL questionnaire will be accessible to better assess the sarcopenia-related QoL among frail Hungarians.

P1159

HEALTHCARE RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH MODERATE-TO-SEVERE OSTEOARTHRITIS PAIN

R. N. Hansen[1], P. B. Schepman[2], R. L. Robinson[3], S. Thakkar[2], C. G. Beck[4], D. Malhotra[2], B. Emir[2]

[1]The CHOICE Institute, School of Pharmacy, Seattle, USA, [2]Pfizer Inc, New York, USA, [3]Eli Lilly and Co, Indianapolis, USA, [4]Pfizer Ltd, Surrey, UK

Objective: We sought to estimate the annual costs and healthcare resource utilization (HCRU) in patients with osteoarthritis (OA), comparing those with moderate-to-severe OA pain ("cases") to those without moderate-to-severe OA pain ("controls").

Methods: We performed a retrospective cohort study using data from the IBM Marketscan Commercial Claims Databases (2013-2018). We included patients who were ≥45 years of age, with at least one diagnosis of hip and/or knee OA or an unspecified diagnosis of OA plus a diagnosis of pain in the knee or hip with 1 year pre-index and 2 years follow-up. The date of the first OA diagnosis was defined as the index date. A literature-based proxy was developed to define cases and were matched 1:1 with controls using age, sex, and CCI from the 12 months prior to index. HCRU and costs were analyzed 12- and 24-months post index date.

Results: A total of 546,254 patients with OA were eligible for the study, of which 342,019 (62.6%) were cases. Over 12 months, cases had significantly more outpatient visits (32.1 vs. 26.1), hospitalizations (0.3 vs. 0.1) and filled more prescriptions (31.1 vs. 25.1) vs. controls. Two years after diagnosis, cases had significantly more outpatient visits (59.0 vs. 49.2), hospitalizations (0.5 vs. 0.3), longer average hospital length of stay (1.4 vs. 1.0) and filled more prescriptions (61.7 vs. 50.7) vs. controls. At both 12- and 24-months post-index, respectively, cases had $9,072 and $14,566 greater total healthcare costs vs. controls.

Conclusion: Patients with moderate-to-severe OA pain are associated with substantially higher HCRU and significantly greater costs over two years following OA diagnosis.

Disclosures: Medical writing support was provided by Neel Misra, MSc, of Engage Scientific Solutions and funded by Pfizer and Eli Lilly and Company. The study was sponsored by Pfizer and Eli Lilly and Company. RNH: received consulting fees associated with this study. CGB, BE, DM, PS, ST: employees of Pfizer with stock and/or stock options. RLR: employee of Eli Lilly and Company and own stocks.

P1160

INFLUENCE OF COMBINED BACKGROUND THERAPY ON ULTRASOUND SIGNS OF SYNOVIAL HYPERTROPHY IN JOINTS OF PATIENTS WITH RHEUMATOID ARTHRITIS

N. V. Aleksandrova[1], V. A. Aleksandrov[1], A. V. Aleksandrov[1]

[1]Federal State Budgetary Institution, Research Institute of Clinical and Experimental Rheumatology A.B. Zborovsky, Volgograd, Russia

Objective: Ultrasonography (ultrasound) of the joints can independently characterize the severity of the inflammatory process in rheumatoid arthritis (RA) by evaluating synovitis, thickening of the synovial membrane (synovial hypertrophy) and the severity of vascularization of the synovial membrane. This diagnostic method can be used to assess the effectiveness of the therapy, the activity of the inflammatory process and the establishment of clinical remission in RA. We aimed to study the severity and dynamics of ultrasound signs of inflammatory changes in the joints of the hands in patients with RA under the influence of background therapy.

Methods: The study included 68 people (12% men, 88% women) with a documented diagnosis of RA (mean age - 42±4.5 y, duration of the disease - 7±2.8 y). Most patients had moderate disease activity and were seropositive for rheumatoid factor (RF) and/or antibodies to citrullinated peptide (anti-CCP). Depending on the type of basic therapy, RA patients were divided into two comparable groups: in group I (36 patients), patients received methotrexate in a dose of 10-20 mg/week; in the second (32 people) - methotrexate in combination with hydroxychloroquine 400 mg/d. Ultrasound of the wrist joints (ultrasound diagnostic system Accuvix V10, Samsung Medison) was conducted at the beginning of treatment (at the initial examination) and after 6 months of therapy.

Results: Assessment of the criteria for clinical remission of RA was carried out retrospectively (according to ultrasound of the hands, index DAS28, index CDAI, laboratory parameters). Initially, a thickening of the synovial membrane in the affected joints, regarded as ultrasonic signs of synovitis, was noted in 63.9% (group I) and 62.5% (group II) cases (p>0.1). After 6 months of therapy, clinical and laboratory remission was achieved in both groups (DAS28 <2.6; CDAI <2.8). However, according to the ultrasound of the hands in some patients, synovial hypertrophy was still diagnosed: in the first group in 12 patients (33.3%), in the second group in 4 patients (12.5%) (p=0.043). Thus, patients with RA corresponding to remission by DAS28 and/or CDAI may have residual inflammatory activity, determined by ultrasound signs.

Conclusion: Combined background therapy has a more pronounced effect on the activity of RA, significantly reducing synovial hypertrophy. The presence and severity of ultrasonic signs of synovial hypertrophy can be used as additional criteria for the onset of clinical remission in patients with RA.

P1161

QUALITY OF LIFE AND RESPONSIVENESS TO TREATMENT IN A GROUP OF PATIENTS WITH PLANTAR FASCIITIS AND ACHILLES TENDINOPATHY FROM ORADEA, ROMANIA

D. M. Farcas[1], C. Suteu[1], F. Marc[1], A. I. Gasparik[2], L. Sachelarie[3]

[1]Faculty of Medicine Oradea, Oradea, [2]University of Medicine Targu Mures, Targu Mures, [3]University Apollonia, Iasi, Romania

Objective: To assess quality of life, efficacy and safety on a group of patients with plantar fasciitis and Achilles tendinopathy undergoing a physical rehabilitation therapy in Oradea, Romania.

Methods: 124 patients with plantar fasciitis and 64 patients with Achilles tendinopathy were included in a rehabilitation program for two weeks consisted in ESWT (shockwave therapy), two times per week, kinetotherapy and electrotherapy, daily. All the patients were assessed with VAS scale for pain, Roles Maudsley Index, VISA-A questionnaire and SF-36 at baseline, after finishing the treatment and 6 months later.

Results: In our group of study we noticed a lowering of pain on VAS scale at the end of the treatment and also 6 months later; the values of SF 36 questionnaire, the Roles Maudsley and VISA-A questionnaire improved statistically significant at the end of the treatment and also 6 months later.

Conclusion: The specific rehabilitation therapy on patients with plantar fasciitis and Achilles tendinopathy is efficient and safe. Due to the efficacy of the treatment in such patients, quality of their life improved also significantly.

P1162

THREE SPINE SURGERIES IN AN ADULT MALE

S. Naumesccu[1], A. Ene[1], E. Nagy[1], M. Carsote[2], C. E. Georgescu[3], A. Valea[3]

[1]Clinical County Hospital, Cluj-Napoca, [2]C.Davila University of Medicine and Pharmacy & C.I.Parhon National Institute of Endocrinology, Bucharest, [3]Clinical County Hospital & I.Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

Objective: PTH is a key player of mineral metabolism, also playing different roles at metabolic level and its clinical application as teriparatide is useful for severe cases of osteoporosis. **(1,2)** Similar to females, severe osteoporosis in men is associated with significant impairment quality of life and increased risk of morbidity and mortality. Choosing the optimal therapy often remains a real challenge in clinical practice.

Methods: A case of severe osteoporosis associated with multiple vertebral fractures and repetitive vertebroplasty is introduced. Bone was evaluated by central DXA and MRI. Phosphocalcic metabolism assay including bone turnover was performed. The informed consent was obtained.

Case report: A 63 years old male patient was admitted for further investigation at 2 months after vertebroplasty at level thoracic T10. His medical history revealed gastric ulcer operated at the age of 36, high blood pressure, lumbar L2-L4 osteosynthesis and L3 vertebral body fracture with vertebroplasty at the age of 55. The histopathological examination did not reveal specific elements for malignancy in the bone material collected after the two neurosurgical interventions. Hormonal profile showed normal PTH of 48.0 pg/mL (normal: 12-88 pg/mL), normal serum cortisol, normal thyroid function and low level of 25-hydroxyvitamin D of 19.6 ng/mL (normal: 30-120 ng/mL). Bone turnover revealed normal ß-CrossLaps of 0.41 ng/mL (normal: ≤0.704 ng/mL), normal circulating osteocalcin of 14.1 ng/mL (normal: 15-46 ng/mL), ionized calcium of 4.81 mg/dL (normal: 4.4-5.4 mg/dL), alkaline phosphatase of 113 U/L (normal: 30-120 U/L). MRI (Magnetic resonance imagery) examination of the dorsal-lumbar spine revealed angular dorsal kyphosis secondary to T 8 vertebral body fractures and significant reduction in height below to 70%, reduction of lumbar lordosis with L3 vertebral body fractures, and height loss of the vertebral body below to 50%. Teriparatide and vitamin D was recommended. Six months later the BMD measured at AP spine L1-L4 was 0.819 g/cm^2, with a T-score of -3.0 SD and the bone forming therapy is planned for 2 years according to national protocol. (3)

Conclusion: Teriparatide is the therapy of choice for severe forms of osteoporosis complicated with multiple vertebral fractures including in male without no apparent secondary cause of multiple vertebral fractures.

References:

1. Silaghi AC et al. Med Ultrason 2011;13:15.

2. Radu L et al. Revista de Chimie (Buc) 2018;69:2754.

3. Radu L et al. Revista de Chimie (Buc) 2018;69:3483.