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AbstractBook

sorption, and decreasing bone formation [1]. This study aimed to evaluate the status of bone health of children with hematologic disorders.

Methods: We conducted a cross-sectional study including children followed for hematological diseases, who were referred for an assessment of BMD. Sociodemographic data, disease history as well as treatment modalities were recorded. BMD was measured over the lumbar spine L1-L4 and the whole body. The results were expressed as Z-scores. A low bone mass (LBM) was defined as a Z-score of - 2 or more according to the International Society for Clinical Densitometry [1].

Results: The mean age of the studied population was 13±3.7 y [6-17], and 64% were males. The main hemopathies were β thalassemia major (n=7) treated with chelating agents and transfusions, metabolic disorder (n=1), lymphoproliferative disorder (n=1), IgG4 related disease (n=1), and primitive nephrotic syndrome (n=1). The prescribed immunosuppressive treatments included corticosteroids (n=4), Mycophenolate mofetil (n=1), and rituximab (n=1). The mean weight was 37±11.8 kg [23-65]. The mean height was 1.4±0.1 m [1.2-1.6]. The mean BMI was 18±3.8 [13-27] kg/m². The mean Z-score and bone mass at the femoral site were 1.2±1.8 SD [-2.9, 2] and 0.8±0.2 g/cm³[0.6-1.2] respectively. The mean Z-score and bone mass of the whole body were -0.5±1.5 SD [-3.2, 1.6] and 0.9±0.15 g/cm³ [0.6-1.1] respectively. The prevalence of low BMD was 63% at the lumbar spine and 18% at the whole body. The discrepancy in BMD concerned patients with B thalassemia. There was a significant correlation between the Z-score at the lumbar spine and the whole body (p=0.014) as well as the BMI (p=0.016). However, there was no association between low BMD and age (p=0.128), sex (p=1) as well as BMI (p=0.208). Similarly, patients with β thalassemia major had higher BMD according to the Z-score and bone mass than other hemopathies without reaching a statistically significant difference (p=0.792, p=0.662).

Conclusion: Our study showed a high prevalence of low BMD among children with hematological disorders. Particularly, this prevalence was higher at the lumbar spine in patients with B thalassemia, which is in accordance with previous studies suggesting that the lumbar spine may be more affected in thalassemia major patients in comparison to the other sites of BMD assessment.

Reference: 1. Bordbar M, et al. Arch Osteoporos 2020;15:148

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PSYCHOLOGICAL HEALTH OF PATIENTS WITH RHEUMATOID ARTHRITIS AND ARTERIAL HYPERTENSION

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Objective: Rheumatoid arthritis (RA) is a chronic inflammatory disease of the joints, often leads to disability and social restrictions, the presence of comorbid pathology further worsens the quality of life (QoL) of patients. We aimed to assess the psychological component of health, the level of anxiety and depression in RA patients with concomitant arterial hypertension.

Methods: The study involved 20 patients with RA receiving basic therapy and nonsteroidal anti-inflammatory drugs (100%), prednisolone (in dose up to 10 mg/d - 55%). The mean age was 52.6±12.8 y, the disease duration was 6.3±4.6 y. All patients had arterial hypertension of 1-3 degrees. RA was diagnosed according to the ACR/EULAR 2010 criteria; arterial hypertension was diagnosed according to the ESC/EOAH 2018 guidelines for the treatment of patients with arterial hypertension. The QoL of patients was determined according to the SF-36 questionnaire (Short Form-36-Item Health Survey), the level of anxiety and depression was determined according to HADS (Hospital Anxiety and Depression Scale).

Results: The SF-36 scale assessed the physical and psychological components of health, which were reduced (mean 34.82 and 36.56, respectively). Vitality and social functioning were decreased among the QoL indicators characterizing psychological health. Scales of physical and psychological health had moderate correlations with age, disease activity, number of tender and swollen joints. The study of the psychoemotional status revealed clinically pronounced anxiety in 30% of RA patients and subclinical anxiety in more than half (55%). The severity of anxiety on the HADS scale had direct positive correlation with age (r=0.32), disease activity according to DAS28-CRP(4) (r=0.34), disease duration (r=0.28), functional class (r=0.36); intensity of depression - with age (r=0.38) of patients.

Conclusion: The study of QoL in RA patients with concomitant arterial hypertension revealed the decreased indexes of psychological health component. Anxiety-depressive disorders were registered in 85% of patients. Indicators of QoL and level of anxiety correlated with age, degree of disease activity, its duration, and functional class. The presence of psychoemotional changes in comorbid patients requires a comprehensive approach to the correction of all spheres of life activity.