

WORLD CONGRESS  
ON OSTEOPOROSIS,  
OSTEOARTHRITIS AND  
MUSCULOSKELETAL  
DISEASES

# VIRTUAL CONGRESS

March 24-26, 2022



2022 VIRTUAL



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AbstractBook

patients (9/46; 19.6% vs. 2/42; 4.8%,  $p=0.036$ ). The possible benefits of therapeutic effects on MS components in such patients remain to be evaluated.

**Conclusion:** The high incidence of comorbidities (MS, OS, SH) in patients with IRD requires following the existing recommendations for their timely detection and treatment, as well as endocrinologist consultation. The frequent combination of hypothyroidism with RA and PsA characterizes it predominantly as a concomitant pathology rather than as an isolated chronic thyroid disease.

## P753

### ASSESSMENT OF QUALITY OF LIFE IN PATIENTS WITH LOW-ENERGY FRACTURES USING THE RUSSIAN NATIONAL REGISTRY FOR THE PATIENTS ENROLLED INTO FRACTURE LIAISON SERVICES

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**Objective:** The results of many studies show that fragility fractures cause the significant loss of quality of life and prolonged recovery from injury. We aimed to assess quality of life in patients before osteoporotic fracture and 4-6 months after trauma.

**Methods:** Russian Association on Osteoporosis (RAOP) developed of a registry PROMETHEUS of the patients recruited into fracture liaison services. We used the EQ-5D questionnaire to assess patients' quality of life before the fracture and 4-6 months after injury, using the data from the registry. We used Fisher exact test, analysis of variance (ANOVA) and Student t-test.

**Results:** As of 29.12.2021, data on 521 patients were introduced in the registry, mean age is  $72.6 \pm 10.00$  y. Prefracture quality of life score was significantly lower in women compared with men (0.71 vs. 0.79,  $p<0.05$ ). Depending on the patient's age, no significant differences were obtained. Patients with hip fracture had an EQ-5D score 0.70, it was lower than in patients with humerus (0.78,  $p<0.01$ ) and distal forearm (0.77,  $p<0.05$ ) fractures. Patients with

vertebral fracture had an EQ-5D score 0.72, it was lower than in patients with humerus fracture,  $p<0.05$ . In the presence of 3 or more chronic diseases, quality of life was significantly lower than in patients without any other diseases or in presence of 1-2 diseases,  $p<0.05$ . 196 patients were interviewed in the period 4-6 months after fracture. We revealed significantly decreased quality of life in men comparing with the data before the fracture (0.61 vs. 0.77,  $p<0.05$ ). Also it was significantly reduced in patients with hip fracture (0.60 vs. 0.69,  $p<0.05$ ) and in patients over 80 years old (0.53 vs. 0.61,  $p<0.05$ ). In women, patients in younger groups, in those who fractured vertebrae or bones of upper extremity, EQ5D score in 4-6 months after the fracture was similar to the data before the fracture.

**Conclusion:** In patients with low-energy fractures quality of life measured by EQ-5D before the fracture was significantly lower in women, in patients who had more chronic diseases and who got hip and vertebrae fractures. During the period of 4-6 months after fracture, quality of life remained significantly lower than it had been marked before injury in men, patients aged 80 years and over, and those who suffered from hip fracture.

**Acknowledgement:** The PROMETHEUS Registry has received support from Amgen Grant for Russian Association on Osteoporosis

## P754

### SEASONALITY OF HIP FRACTURES BEFORE AND DURING COVID-19 PANDEMIC: A RETROSPECTIVE STUDY

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**Objective:** Osteoporotic fractures are prevalent worldwide. Regarding hip fractures, some studies suggest a seasonal pattern, namely higher rates in the Winter, probably attributed to adverse climacteric conditions. With the advent of the pandemic, people were forced to stay at home, which theoretically decreased their susceptibility to those adverse conditions.

The purpose of our study is to evaluate whether there is a seasonal pattern in hip fractures occurrence before the COVID-19 pandemic and whether that pattern remains present in the first year post-COVID-19.

**Methods:** Retrospective study of patients with hip fractures between January 2019 to March 2021. Patients were divided into two groups according to fracture timing: pre-pandemic (January-December 2019) and pandemic (April 2020-March 2021). Fractures happening between January-March 2020 were excluded. Number of fractures, demographic data, comorbidities, and clinical results were collected. Descriptive analysis was performed, using medians and interquartile range for continuous data and frequencies