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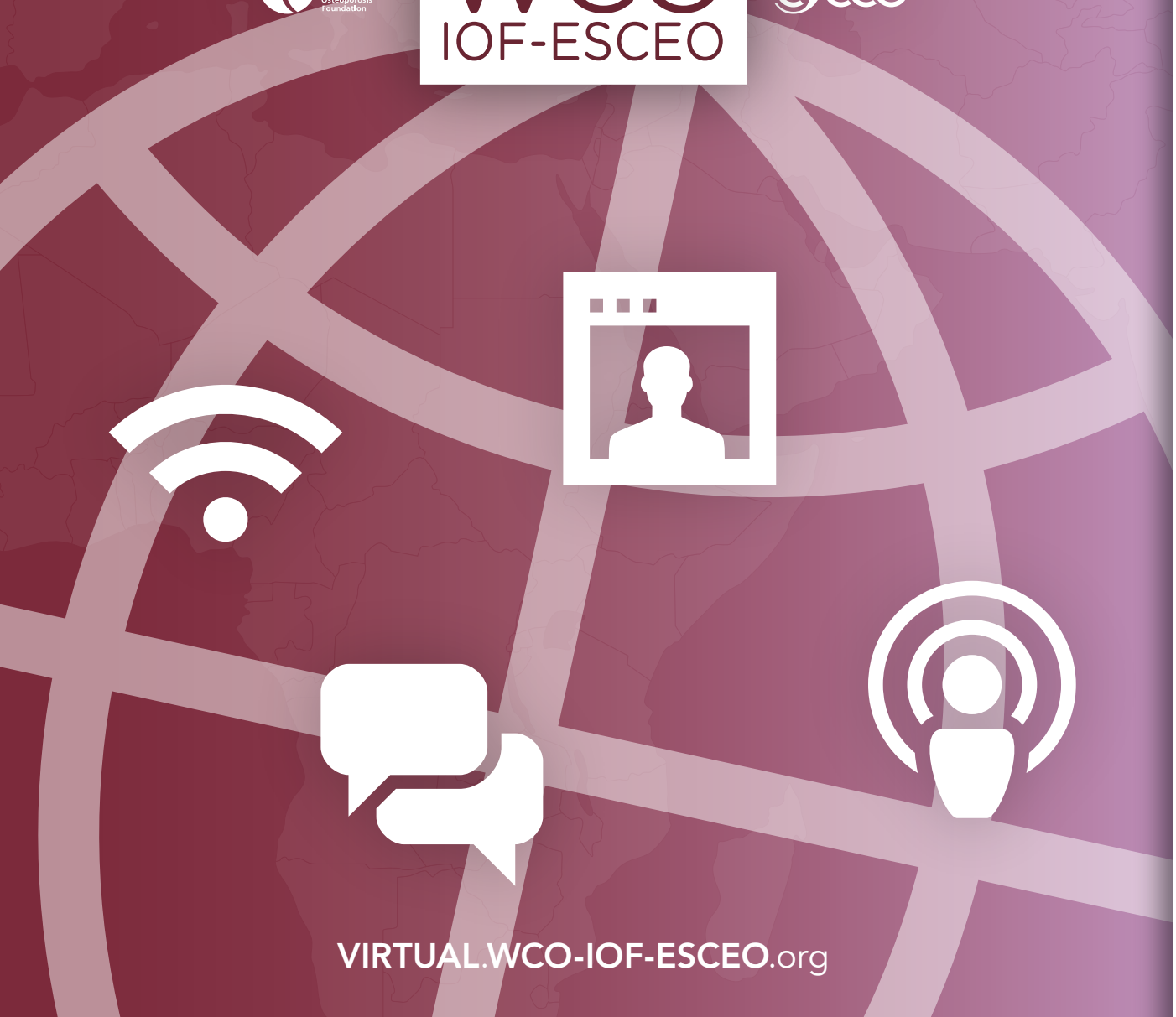

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AbstractBook

Arranging follow-up of these patients was difficult for many reasons.

P1079

A RETROSPECTIVE OBSERVATIONAL STUDY TO ESTIMATE PREVALENCE OF FRAGILITY FRACTURES IN SPANISH PRIMARY CARE (PC) (PREFRAOS STUDY): RESULTS FROM THE FIRST PATIENTS AND PARTICIPATING CENTERS

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Objective: Estimate the prevalence of fragility fractures among subjects ≥70 years old seen in Spanish PC and describe risk factors, and OP diagnosis and treatment in subjects with at least one fragility fracture.

Methods: Observational, retrospective chart review in Spanish PC centers. The study comprises of two phases (A and B). Phase A includes subjects ≥70 years old listed in the participating center´s medical records from November 2018-January 2020. Phase B selects approximately 20 consecutive consented subjects per center with a recorded fragility (osteoporotic) fracture (defined as a 'low energy' trauma) and prior consultation at the center for any reason. Phase A will estimate the prevalence of fragility fractures in the PC setting. Phase B will describe the main characteristics of OP (risk factors, diagnosis and non-pharmacological / pharmacological interventions) in subjects with at least one fragility facture. We will report interim data from the study.

Results: 37 PC centers in 15 Spanish Regions will participate. As of 2 December 2019, 26 centers had started the study. Of 37,984 medical records reviewed in Phase A, 20.9% (7944) subjects were ≥70 years old and the majority were women (4787 [60.3%]). Among all subjects ≥70 years old, 17.8% (1412/7944) had a fragility fracture and were eligible for Phase B. The majority of eligible patients (1172/1412 [83.0%]) were women. 367 (45.9%) of the planned 800 subjects have been enrolled into Phase B (303/367 [82.6%] women).

Conclusion: This observational, retrospective, chart review will estimate the prevalence of fragility fractures in subjects ≥70 years old seen in Spanish PC centers, and provide data on the sociodemographic characteristics, risk factors, OP diagnosis and treatment after a fragility fracture in this population.

Disclosures: DML: personal fees from Amgen, Lilly, Novartis, Ferrer, Rubió and Italfarmaco. MB and LC: Amgen employees.

P1080

ASSOCIATION OF SERUM FETUIN-A LEVELS AND RHEUMATOID ARTHRITIS CLINICAL AND IMMUNOLOGICAL FEATURES

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Objective: Rheumatoid arthritis (RA) is one of the most common rheumatic diseases. In order to improve the understanding of RA pathogenesis and diagnostic and therapeutic approaches numerous studies are performed [1]. In recent years the role of tissue cytokines, such as fetuin-A (FA), is thoroughly investigated [2]. This study aimed to determine the association between serum FA levels and RA clinical and immunological features.

Methods: This study included 140 patients, who were divided into 2 groups including 110 patients with RA and 30 healthy individuals. Serum FA was measured in each group using an ELISA. C-reactive protein (CRP), rheumatoid factor (RF), antibodies against cyclic citrullinated peptides (anti-CCP), urines cartilaps and creatinine were measured in group with RA. All data performed

Results: The references for FA were 653.55-972.19 μg/ml determined from healthy controls. All patients were divided into two subgroups. Subgroup 1 consisted of 23 patients with low FA levels (≤653.55 μg/ml). Subgroup 2 included 87 patients with normal level of FA (>653.55 μg/ml). Patients with low FA were more often positive on anti-CCP (95% vs. 58%, χ^2=10.63; p=0.0049), had higher disease activity (χ^2=19.39; p<0.001), x-ray stages (χ^2=9.43; p=0.023), functional status (χ^2=12.384; p=0.0061) and complications (χ^2=18.56; p<0.001). These data was obtained by using chi-square analysis. Patients with low FA level had significantly higher concentration of CRP (31.1±24.8 vs. 13.4±16.7 mg/l respectively; F=16.4; p<0.001) and urine CartiLaps/creatinine (598.9±223.7 vs. 481.1±226.9 respectively; F=4.924; p=0.028).

Conclusion: The low FA level associates with the presence of anti-CCP, higher disease activity, x-ray stages, functional status and complications of RA, as well as higher serum CRP levels and cartilage destruction rate.

References:

1. McInnes IB, Schett G. Lancet 2017;389:2328.

2. Polyakova J et al. Ann Rheum Dis 2019;78 (Suppl 2):1497.