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AbstractBook

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PSYCHOLOGICAL STATUS OF PATIENTS SUFFERING FROM SYSTEMIC SCLEROSIS DEPENDING ON ACTIVITY, DURATION OF THE DISEASE AND AGE OF THE PATIENTS

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Objective: To study the correlations between some features of psychological status of systemic sclerosis (SS) patients and clinical variants of the disease.

Methods: There were 70 patients suffered from SS according to 2013 ACR/EULAR classification criteria. The patients were represented by women (94%) of average age=38±3.3 y with average disease duration=14±2.6 y. To carry out the psychological examination we used the method for the formalized assessment of neurotic manifestations (L.L. Dmitrieva, 1990) [1], developed on the basis of the MMPI questions bank in the Bekhterev's Psychoneurological Institute. The questionnaire consists of 39 statements that contain such signs of neurotic conditions as fatigue, sleep disturbances, hypochondriac fixation on unpleasant somatic sensations, decreased mood, increased irritability, fears, anxiety, and selfdoubt. There are four scales: anxiety, depression, asthenia, and hypochondria, which are ranked according to a 10-point scale.

Results: The presence of neurotic disturbances was revealed in SS patients: the increase of anxiety (6.63±0.25 points), hypochondria (6.31±0.26) and asthenia (6.36±0.28 points) scales. Depression varied in the subclinical range (4.98±0.2). The main clinical manifestations of neurotic disorders were fatigue, emotional instability, anxiety and depressed mood. Particular attention was paid to the following clinical features of SS: degree of activity of the pathological process, duration of the disease, and age of the patients. In patients with 2nd degree of activity, there was a significant increase of the depression scores. In patients with the 3rd degree of disease activity, depression, asthenia and hypochondria come to be increased ($p<0.05$). Correlation analysis showed the direct moderate relationship between SS activity and the severity of asthenia, depression and anxiety. In patients with a disease duration of 5-10 y, a significant increase ($p<0.01$) of asthenia and depression scores was noted. A subsequent increase in the duration of the disease was accompanied by a significant increase in the average values of the scales of depression, anxiety and hypochondria ($p<0.05$). The correlation analysis indicates direct moderate relationship between the neurotic symptoms and SS duration. Also, the increase of hypochondria score showed direct correlation with age of SS patients. Thus, according the results of correlation analysis, one of the factors predisposing to the development of neurotic disorders in SS are the activity of the disease itself, the duration of the disease, and the age of the patients.

Conclusion: The data we obtained indicate that some features of the clinical condition are directly related to the development of neurotic symptoms of the disease, which can lead to the appearance of negative psychosocial consequences of the disease and, therefore, complicate the process of patient adaptation and making the coping process more difficult. The importance of assessment of the SS patients' emotional state should be recognized, it is necessary to take into account the patients' beliefs, their perception of the existing disease and related problems. If the psychosocial problems of patients are not adequately solved, this can lead to a decrease in compliance and to a decrease in the effectiveness of the therapy.

Reference: 1. Dmitrieva LL. Zh Nevropatol Psikhiatr Im S S Korsakova 1990;90:77.

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ADHERENCE TO ANTIOSTEOPOROTIC MEDICATION AFTER ONE YEAR FOLLOW-UP WITH FRACTURE LIAISON SERVICE IN TERTIARY UNIVERSITY HOSPITAL, MALAYSIA

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Objective: Adherence to medication for osteoporotic patients and those who are high risk of refracture has become a challenge as patients are required to take for long term. Fracture Liaison Service (FLS) which is a multidisciplinary approach has been implemented to ensure osteoporotic patients are on treatment and comply to their medications. Our objective is to investigate the compliance of antiosteoporosis medication, calcium and vitamin D supplementation among patients who are under our FLS.

Methods: Patients under the follow-up of Fracture Liaison Service from May 2019 to May 2020 taking their anti-osteoporotic medication such as bisphosphonate, denosumab, teriparatide and supplement of calcium and vitamin D were identified. Compliance on medication were evaluated after one year starting medication.

Results: A total of 139 patients were identified. After a year initiating antiosteoporotic treatment, 121 (87%) patients still comply taking their antiosteoporotic medication and 18 (13%) stopped taking the medication. Meanwhile, 127 (91%) patients continued taking both calcium supplement and vitamin D. Patients taking denosumab (85%) have shown better compliance of continuing their medication compared with those taking bisphosphonate (71%) and teriparatide (80%) after one year. The common reason for not continuing the medication was attributed to financial difficulties buying their medication, not necessary to take it because