Background: Osteoporosis is a multifactorial systemic skeletal disease, characterized by low bone mass and microarchitectural modifications of bone tissue, with a consequent increase in fragility fractures [1]. Vertebral fractures are the most prevalent osteoporotic fractures and osteoporotic hip fractures are the most serious complication of osteoporosis resulting in increased mortality and high socio-economic cost [2,3]. The coexistence of these two pathological conditions in elderly patients has been previously described, leading to even worse functional outcomes than each one alone [4].

Objectives: To determine the prevalence of vertebral fractures in osteoporotic hip fractured women and to evaluate the relationship between prevalence of vertebral fractures and pre-existing factors such as autonomy in daily life activity, quality of walking, numbers of falls, cognitive aspects and comorbidities.

Methods: 946 osteoporotic hip fractured women aged more than 60 years and with an X-ray evaluation of spine were consecutively enrolled in 25 Orthopaedic, Physical Medicine and geriatric centers in Italy. After spine X-ray morphometry patients were divided in two groups: previous vertebral fracture (F) and no previous fracture (NF). Moreover anamnestic, demographical and outcome related data (ADL, IADL, CIRS, SPMSQ, FAC and RANKIN scale) were collected.

Results: Prevalent vertebral fractures were present in 502 (54%) patients. 119 (13.7%) patients had at least one severe fracture. The F compared to NF group showed statistically significant worse scores regarding the pre hip fracture values of RANKIN, CIRS, SPMSQ, IADL and the overall number of falls (p<0.001). Moreover the F group showed statistically significant lower values of serum 25(OH)D than NF group (p<0.001).

Conclusions: Previous Vertebral fractures in hip fractured patients are a common issue and negatively influence several functional and cognitive outcome measures in these patients.

References:
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