

Medical or Research Professionals/Clinicians

Topic area: Clinical topics by disease

Topic: 24. Osteoporosis

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FALLS : RISK AND PREVENTION IN PRIVATE RHEUMATOLOGY PRACTICE

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My abstract has been or will be presented at a scientific meeting during a 12 months period prior to EULAR 2017:

Yes

Abstract presented or will be presented at (meeting): Congrès annuel de la Société Française de Rhumatologie

Is the first author applying for a travel bursary and/or an award for undergraduate medical students?: No

Background: Menopausal and osteoporotic women have a higher risk of fractures when falling. Fall prevention is important when taking care of those women.

Objectives: After identifying fall risk factors, defining the % of fractured fallers and the part of osteoporotic women in this population, we want to evaluate the relevance of balance tests and to favor prevention measures for those patients.

Methods: 110 patients, 60 years and older (including 24 controls), having fallen within a year, have seen 28 private practice rheumatologists in the larger Paris area and were subject of our multicentre retrospective study.

Results: Fallers mean age was 75 years.

37% of the fallers within a year fractured after falling. Among them, 95% were post-menopausal fractures versus 64% when including the control group.

Post-fall or post menopausal fracture sites are identical. In order : spine 26%, wrist 18%, ribs 6%.

The circumstances of the falls are : 1) lack of attention 2) slipping 3) stumbling.

61% of the fallers have at least one physical activity, among them 71% a weight-bearing physical activity. The most common physical activity was walking (46%).

Among the fractured, 32% had physical activity, 42% hadn't.

72% of the fallers had at least one fall risk factor : 94% had intrinsic risk factors, 28% extrinsic, and an average of 2 risk factors within the older than 80 years.

Intrinsic factors : 1) osteo-articular 2) eye-vision 3) postural 4) drugs, out of 13 items.

Extrinsic : 1) obstacles 2) footwear out of 7 items.

45% of the fallers within a year had at least one osteoporosis risk factor : 1) low body mass index

2) cortico-steroids 3) early menopause 4) smoking, out of 9 items.

70% of our patients had vitamin D level >30 ng/l (as recommended)

69% of the patients had recent bone density measures : bone density was lower only at femoral neck of fractured fallers versus non fractured fallers.

The unipedal balance test (positive when standing less than 5 seconds) was relevant in 42% of the patients with or without fractures.

Get up and go test was not relevant in our study population.

94% of the rheumatologists participating in the study recommend at least 2 fall prevention measures : 1) correct vitamin D levels 2) physical activity 3) reeducation 4) eye vision correction, out of 12 items.

Conclusions: A significant part of menopausal women with anteriority of falls and fractures will refracture after falling again.

Beside treating osteoporosis, we should identify potential fallers by doing unipedal tests, consider and correct fall risk factors, encourage those patients to keep on physical activity and prescribe reeducation.

Disclosure of Interest: None declared