Urban-Rural Differences In Hip Fracture Mortality

A NOREPOS Study

Solbakken, Siri Marie; Magnus, Jeanette H.; Meyer, Haakon E.; Sogaard, Anne Johanne; Tell, Grethe S.; Emaus, Nina; Holvik, Kristin; Forsmo, Siri; Gjesdal, Clara G.; Schei, Berit; Vestergaard, Peter; Omsland, Tone Kristin

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Urban-Rural Differences In Hip Fracture Mortality. A NOREPOS Study

SUN-0778

Factor associated with delayed wound healing beyond 8 weeks after extraction in Japanese patients >60 years of age Akira Taguchi,*1, Mikio Kaminura,*2 Shigeharu Uchiyama,*3 Hiroyuki Kato,*4 Department of Oral and Maxillofacial Radiology, School of Dentistry, Matsumoto Dental University, Japan, 1Center for Osteoporosis and Spinal Disorders, Kamikura Orthopaedic Clinic, Japan, 2Department of Orthopedic Surgery, Okayama City Hospital, Japan, 3Department of Orthopedic Surgery, Shinshu University School of Medicine, Japan

Little is known about whether osteoporosis, use of antiresorptive medication, or duration before tooth extraction is a main risk factor for osteonecrosis of the jaw. We evaluated whether use of bisphosphonate (BP) and/or denosumab (Dmdb), self-reported kyphosis, or duration before tooth extraction was associated with an incidence in delayed wound healing beyond 8 weeks after tooth extraction during the past year in Japanese men and women 60 years of age and older. Among the 586 patients who responded to the structured questionnaire survey, 426 patients (151 men and 275 women) aged 60-96 years participated in this study. Subjects who had waited >2 months for tooth extraction had a significantly higher risk of delayed wound healing compared with those whose tooth was extracted within 1 month (Odds ratio [OR] 7.23, 95% confidence interval [CI] 2.19-23.85). The presence of self-reported kyphosis was significantly associated with an increased risk of delayed wound healing (OR 5.08, 95%CI 1.11-23.32). BP and/or Dmdb use was not significantly associated with delayed wound healing (p=0.17). A long waiting time before tooth extraction and self-reported kyphosis but not use of antiresorptive medication may be risk factors for delayed wound healing beyond 8 weeks after extraction.

Disclosures: Akira Taguchi, None

Prevalence of Morphometric Vertebral Fractures Does Not Differ in Patients With and Without Clinical Fractures in a Fracture Liaison Service Open Model

SUN-0780

Prevalence of morphometric vertebral fractures does not differ in patients with and without clinical fractures at a center with a Fracture Liaison Service. From August to December of 2017, 126 Mexican patients aged 50 to 80 years visited our osteoporosis center. 35 patients with clinical fracture where evaluated according to the IOF Capture the Fracture Program Best Practice Framework, and 91 patients with low bone mineral density (BMD) and without clinical fracture were evaluated at primary prevention unit (PPU). For detection of vertebral fractures, a vertebral morphometry was performed in all patients utilizing the High Definition Instant Vertebral Assessment (Hologic) on images obtained from DXA scans. BMD were defined according the Genant’s semiquantitative method. For analysis, sample was stratified in decennums. We compared the prevalence of MVF and BMD at three sites between groups using X2 and ANCOVA, respectively, both with a significant level of p<0.05. Results: The overall prevalence of MVF was 46.8% (IC95% 38.0 – 55.6). For the FLS group we observed a prevalence of 51.4% (IC95% 34.0 – 68.9), and 45.1% (IC95% 34.7 – 55.5) for the PPU group. The prevalence per decennium was extended from 18.4% to 66.7% in both groups. No significant differences were observed in prevalence between groups (Table 1). There were significant differences in BMD between the patients with and without MVF. We observed significantly lower BMD at lumbar spine, total hip and femoral neck in patients with MVF.Conclusions:Prevalence of MVF were similar independently of presence or absence of clinical fracture at the moment of initial evaluation. Our findings suggest that evaluating for vertebral fracture is necessary in patients with low BMD with or without clinical fractures at the moment of initial evaluation.

Disclosures: Francisco Torres-Naranjo, None

Increase in Bone Mineral Density in Transwomen and Transmen During the First Ten Years of Gender-affirming Hormonal Treatment

SUN-0781

Sunil Kapur, Chantal Wiepjes,*1 Christel De Blok, Mariska Vlot, Paul Lips, Renate De Jongh, Martin Den Heijer, VU University Medical Center, Netherlands

Purpose: Concerns about the effects of gender-affirming hormonal treatment (HT) on BMD exist, particularly regarding the decrease in estrogen concentrations in transmen. HT in transgender people affects BMD on short term, but long-term follow-up studies are lacking. Therefore this study aimed to investigate the change in BMD during the first 10 years of HT in transwomen and transmen, in order to determine whether it is necessary to assess BMD during HT.Methods: A retrospective cohort study was performed in adult transgender