

## Introduction

GIO is the second cause after postmenopausal osteoporosis, and the most frequent of secondary osteoporosis. The guidelines of American College of Rheumatology (ACR), American Society of Bone and Mineral Research (ASBMR) and International Osteoporosis Foundation (IOF) show some differences to recommend treatment as: the age of the patients, the presence of a fragility fracture, low or high doses of glucocorticoids (GC), the stratification by FRAX tool, the presence of fracture risks; the time of GC.

## Aim

To compare the international GIO guidelines in patients with rheumatologic diseases treated with GC and the impact in the diagnosis and treatment.

## Patients and methods

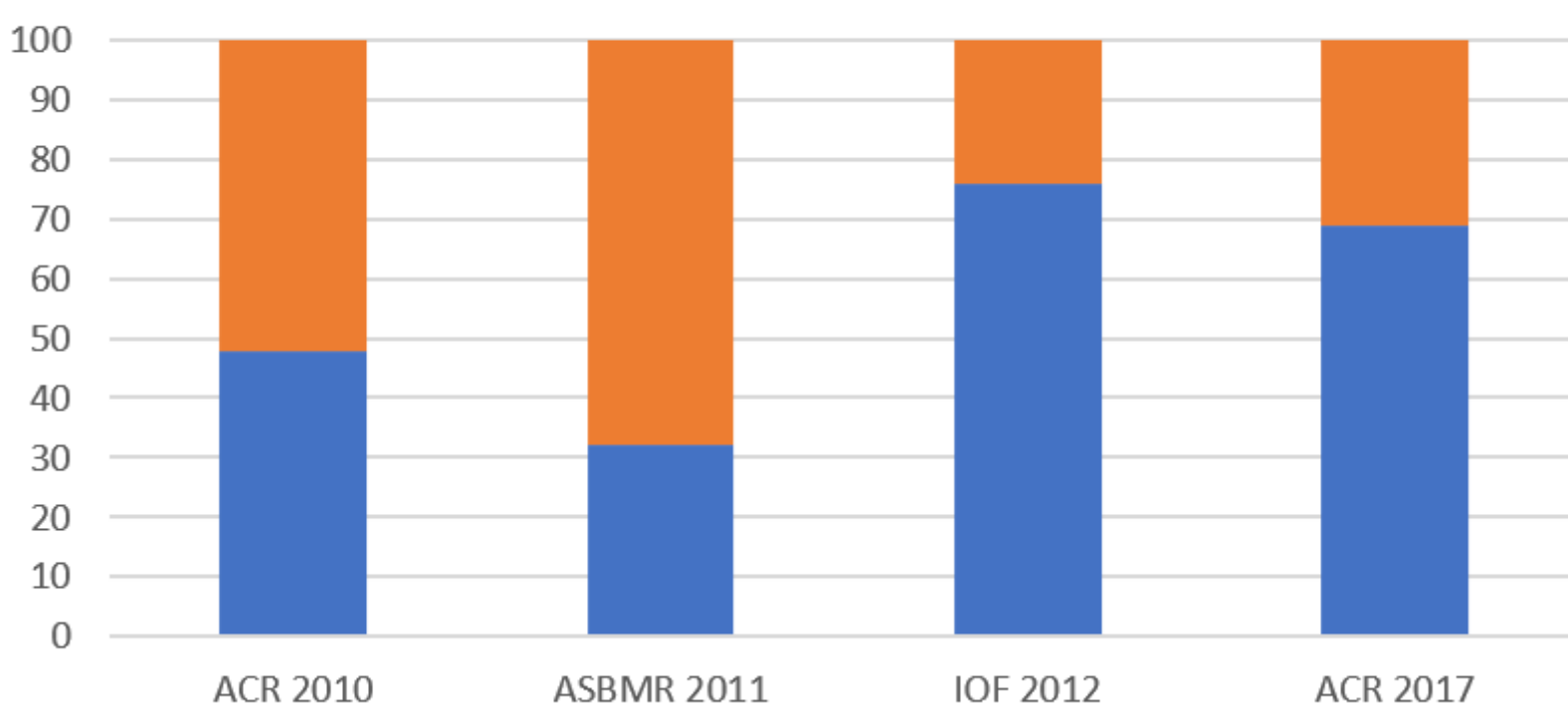
An observational, retrospective and descriptive study in patients  $\geq 18$  years old with rheumatologic diseases treated with GC was carried out. 500 clinical records were revised and only 283 patients were included in this study.

*Exclusion criteria:* diagnosis of other autoimmune disease, malabsorption disease, hepatic or renal chronic failure, diabetes, other bone disease, patients with AIDS, tuberculosis, hypertiroidism or treated with anticonvulsivant. FRAX, and FRAX with GC correction was calculated in each patient which were classified according the different stratification of the three mention guidelines. With FRAX tool 17.6% of the patient couldn't be analyzed because they were younger than 40 years old or they have got only lumbar spine BMD.

## Results

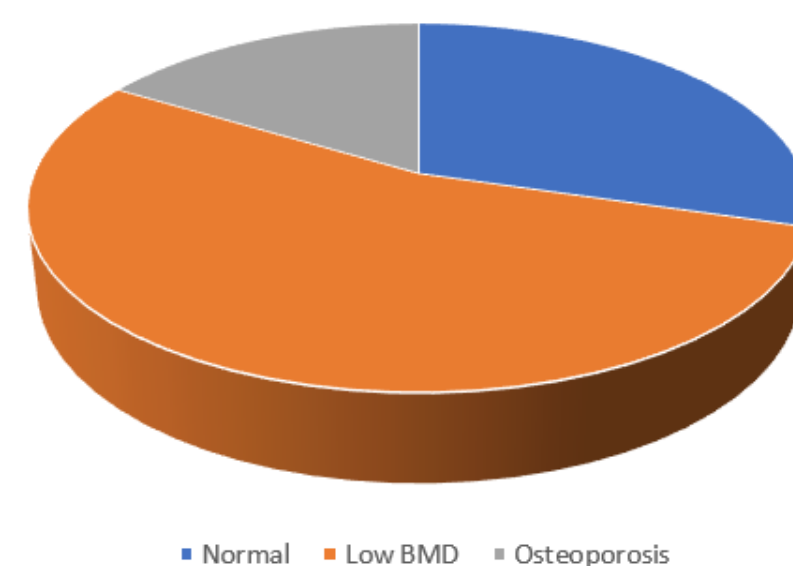
Main Characteristics	
Women	85,8%
Men	14,2%
Pre-menopausal women	14%
Age (years)	57,1 (range: 18-86)
Rheumatoid arthritis	66,4%
Conective tissue diseases (vasculitis, ESL)	27,2%
Seronegative spondiloarthropathies	6.4%

### Analysis according the different GIO guidelines



Orange: % patients had criteria for treatment  
Blue: % patients had not criteria for treatment

### Bone Mineral Density According DXA



### Classification of Osteoporotic Fractures According BMD

Osteoporotic fractures	22,9%
Osteoporosis	23,2%
Low bone mineral density	

#### Vertebral fractures (20,1%)

symptomatic 30%

#### Non vertebral fractures (13,1%)

wrist 45%      hip 16%      others 39%

## Conclusion

We found relevant difference in GIO guidelines. The limitation of FRAX in young patients, the need of fracture in young patients previous treatment, the consideration of Z-score  $\leq 3$ , the long time period of control of the BMD are aspects that should be study to a better approach and avoid a fragility fracture in GIO.