

However, for OA patients with worse symptoms, additional interventions are needed to control the comorbidities instead of recommending aerobic physical activity.

PMS45

CLINICAL CHARACTERISTICS AND HEALTH OUTCOMES IN A GROUP OF ELDERLY PATIENTS WITH HIP FRACTURE IN MANIZALES, COLOMBIA.

Machado-Duque M,¹ Castro E,² Castro-Rodriguez A,³ Arce-Fajardo JC,³ Gaviria-Mendoza A,⁴ Machado-Alba J⁴

¹Universidad Tecnológica de Pereira - Audifarma S.A, Pereira, Colombia, ²SES Hospital de Caldas, Manizales, CAL, Colombia, ³Universidad Tecnológica de Pereira, Pereira, Colombia, ⁴Universidad Tecnológica de Pereira-Audifarma S.A., Pereira, Colombia

Objectives: To determine the sociodemographic and clinical variables associated with hip fracture and its complications on ambulation, functionality and survival in a population of older adults in Caldas, Colombia. **Methods:** Descriptive study. Adults of any sex over 65 years who entered the emergency department at SES Hospital de Caldas with a diagnosis of hip fracture, between January/2016-February/2018 were included. The information was obtained from the clinical records. Sociodemographic and clinical variables regarding the mechanism of fall, type of fracture and outcomes (complications, gait status and survival) were obtained. **Results:** A total of 229 patients were identified, with a mean age of 80.4 ± 7.8 years and female predominance ($n=151$, 65.9%). The main cause of falls during everyday activities (82.5%) mainly by slip or stumble and 29.7% had a previous diagnosis of osteoporosis. The main comorbidity was hypertension (68.6%). The average Barthel score at admission was 37.5 ± 18.5 . In addition, 95.6% of the patients were admitted to osteosynthesis or hip replacement surgery, with a mean of days from admission to procedure of 6.2 ± 25.2 days. When evaluating in-hospital complications, 37.6% of the patients presented hydroelectrolytic alterations, 31.0% delirium and 10.0% pneumonia. Among the outcomes evaluated, it was found that 44.5% of the patients had stood up at 48 hours and 69.4% were already walking at hospital discharge. It was possible to follow up 90 patients at 90 days, of those 67.8% were alive. **Conclusions:** Hip fractures in the elderly are a major public health problem. The timing of surgical intervention was prolonged and only two thirds of patients could walk at discharge. Research in this area is essential to identify and formulate strategies aimed to achieve the best health outcomes in this population.



PMS46

USE OF HEALTHCARE RESOURCES IN A COHORT OF COLOMBIAN PATIENTS TREATED WITH BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS OR TOFACITINIB, 2014-2018

Machado-Duque M,¹ Castañón Gamboa N,² Reyes Sanchez JM,³ Gaviria-Mendoza A,⁴ Machado-Alba J⁴

¹Universidad Tecnológica de Pereira - Audifarma S.A, Pereira, Colombia, ²Pfizer SAS, Bogotá, Colombia, ³Pfizer SAS, Bogotá, CUN, Colombia, ⁴Universidad Tecnológica de Pereira-Audifarma S.A., Pereira, Colombia

Objectives: To compare the treatment patterns and use of healthcare resources in a cohort of Colombian patients with rheumatoid arthritis treated with biologic disease-modifying antirheumatic drugs (B-DMARDs) or tofacitinib. **Methods:** Descriptive study from a retrospective cohort of adult patients diagnosed with rheumatoid arthritis (RA) in a Colombian healthcare service provider (HSP) who are being treated with B-DMARDs or tofacitinib after failure conventional DMARDs (C-DMARDs) or first B-DMARD. Patients, aged ≥ 18 years, who were receiving pharmacological treatment for RA at HSP between 01 January 2014 and 30 June 2018 were included. Data were collected since patients index date defined as prescription of the drug of interest until 12 post-index date. Demographic, and clinical data were collected. The cost of healthcare resource were estimated from the billing expense of HSP. **Results:** We evaluated 588 RA patients on treatment with B-DMARDs (505 patients) or tofacitinib (83 patients), most of them were in combination with C-DMARDs (85.4%). Female patients were more frequent (88.1%) and mean age of 57.3 ± 12.5 years. The median evolution of the disease was 9 years (IQR: 4-17.2 years). The mean duration of use during follow up of the B-DMARDs or tofacitinib was similar with a mean of 9.8 ± 1.9 months (292.7 ± 61.3 days covered). It was identified that 394 (67.0%) discontinued therapy. The average annual direct cost for the care of RA per patient was USD $8,996.8 \pm 2,171.7$ where 97.2% was due to drug costs. The average annual cost of treatment per patient with B-DMARDs was US\$ 8,604 and tofacitinib was US\$ 6,377. **Conclusions:** In the face of a first failure of C-DMARD, B-DMARD are frequently added, with a high rate of clinical improvement, but a high frequency of patients do not persist or stop treatment during the first year of follow-up. The pharmacological treatment is the most representative cause of healthcare resource in the management of RA.



PMS47

CONSISTENCY BETWEEN ANTICHOLINERGIC BURDEN SCALES IN THE ELDERLY WITH FRACTURES

Valladales Restrepo L,¹ Duran Lengua M,² Castro E,³ Machado Alba J⁴

¹Universidad Tecnológica de Pereira, Pereira, RIS, Colombia, ²Universidad de Cartagena, Cartagena, Colombia, ³SES Hospital de Caldas, Manizales, CAL,



Colombia, ⁴Audifarma S.A. Universidad Tecnológica de Pereira, Pereira, Colombia

Objectives: Falls and bone fractures are important causes of morbidity and mortality in the elderly. The objective of this study was to identify the degree of consistency between the anticholinergic scales used for patients diagnosed with fractures.

Methods: This was an analytical agreement study conducted in patients diagnosed with vertebral and nonvertebral fractures in Colombia. The quadratic-weighted kappa coefficient was used to identify the consistency between the Anticholinergic Drug Scale-ADS, Anticholinergic Cognitive Burden Scale-ACB and Anticholinergic Risk Scale-ARS in assessing the prescriptions of fracture patients during the month prior to the fracture, during their stay as an inpatient and at discharge. **Results:** 220 patients with fractures were included, with a mean age of 75.3 ± 10.3 years, and 68.2% were women. The ACB scale identified the highest anticholinergic burden (26.8%) in prescriptions made the month before the fracture, and the highest agreement was between ACB and ADS (0.717); during hospitalization and at discharge, the cholinergic antagonists were best identified with ADS (77.7% and 72.1%, respectively), with the best agreement between ACB and ARS (0.613 and 0.568, respectively). The prescription of tramadol was found in 64.1% of hospitalized patients and in 61.4% of patients at the time of discharge. **Conclusions:** The scales evaluated show marked discrepancies between them, with highly variable frequencies of anticholinergic drugs identified at the different prescription times, and with low agreement among them, which is why the scales are not interchangeable in patients with bone fractures.

PMS48

EPIDEMIOLOGICAL DISEASE BURDEN OF INJURIES TO THE ANKLE AND FOOT BASED ON ROUTINELY COLLECTED HEALTH INSURANCE CLAIMS DATA

Varga V,¹ Boncz I,¹ Gazsó T,¹ Kajos L,¹ Szóts B,¹ Danku N,¹ Endrei D,¹ Horváth L,¹ Sebestyén A,¹ Molics B,²

¹University of Pécs, Pécs, Hungary, ²University of Pécs, Pécs, BA, Hungary

Objectives: Traumatological injuries affecting the musculoskeletal system significantly influence quality of life. The aim of our study was to determine the epidemiological disease burden of injuries to the ankle and foot. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual patient numbers, case numbers and prevalence of care utilisation per 100,000 population according to age groups and sex. The following health insurance treatment categories were included into our study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, drugs and medical aids. Patients with injuries to the ankle and foot were identified with the following code of the International Classification of Diseases 10th revision: S90-99. **Results:** The highest national patient numbers were in outpatient care: 113,948 men and 110,805 women, in total 224,753 patients, followed by general practice care (52,332 men and 45,218 women, in total 97,550 patients), and use of medical aids (13,427 men and 14,851 women, in total 28,278). Based on patient numbers in outpatient care, prevalence in 100,000 among men was 2,439.2 patients, among women 2,169.8 patients, in total 2,298.5. Average age of patients in outpatient care was 36.2 years, there was a significant difference (6.3 years) between men (33.1 years) and women (39.5 years). As regards sex distribution in outpatient care: 50.7% of patients were men, 49.3% were women, in acute inpatient care men accounted for 65.9%, women for 34.1% of patients. **Conclusions:** Prevalence of injuries to the ankle and foot was 1.12-times higher among women than among men. Acute inpatient care showed significant differences; prevalence among men was 1.9-times higher. Average age of women was 6.3 years higher than that of men.



PMS49

EPIDEMIOLOGICAL DISEASE BURDEN OF SUBTROCANTERIC FRACTURE BASED ON ROUTINELY COLLECTED HEALTH INSURANCE CLAIMS DATA

Gazsó T,¹ Sebestyén A,¹ Kivész Z,¹ Ács P,¹ Varga V,¹ Danku N,¹ Endrei D,¹ Horváth L,¹ Molics B,² Boncz I¹

¹University of Pécs, Pécs, Hungary, ²University of Pécs, Pécs, BA, Hungary

Objectives: One type of hip fracture is the so-called subtrocantetric fracture of the femur. The aim of our study was to determine the epidemiological disease burden of subtrocantetric fracture. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual patient numbers, case numbers and prevalence of care utilisation per 100,000 population according to age groups and sex. The following health insurance treatment categories were included into our study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, drugs and medical aids. Patients with subtrocantetric fracture were identified with the following code of the International Classification of Diseases 10th revision: S7220. **Results:** The highest national patient numbers were in outpatient care: 507 men and 672 women, in total 1,179 patients, followed by acute inpatient care (357 men and 853 women, in total 1,210), and general practice care (285 men and 592 women, in total 877). Based on patient numbers of in-patient care, prevalence in 100,000 among men was 7.6 patients, among women 16.7 patients, in total 12.1. Average age of patients in acute inpatient care was 74.6 years, there was a significant difference (12.8 years) between men (65.6 years) and women (78.4 years). As regards sex distribution in outpatient care: 34.3% of patients were men, 65.7%

