

NEW RISK FACTORS FOR FRAGILITY FRACTURES MUST BE CONSIDERED IN OLDER ADULTS WITH HIV

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Introduction: A higher and premature fracture risk has been demonstrated in people with HIV. Our aim was to know the bone health of older adults with HIV and the relationship of fragility fractures with classical and new risk factors.

Methods: cross-sectional study of the FUNCFRAIL Spanish multicenter cohort. Older adults with HIV, 50 year or over, were recruited. We recorded sociodemographic data, HIV infection-related data, medications, comorbidity, frailty, physical function, bone health data: fragility fractures history (FFH), bone mineral density (BMD) by DEXA, and estimated-risk of fragility fractures by FRAX.

Results: 30 (3.84%) from 801 subjects had FFH. BMD by DEXA was available from 275 participants (29.4%) and 81/275 (29.4%) had a BMD T-score under -2.5, significantly associated with FFH (p 0.007). 168 (20.9%) subjects were under calcium-vitamin D treatment and 9 (1.2%) were under bisphosphonates, only 10% of those who had FFH. 52 (6%) subjects had a 10-year estimated-risk of hip fracture FRAX >3%, and 9 (1.1%) a 10-year estimated-risk of any fragility fracture FRAX>20%. Age, sex, alcohol consumption, be smoker and body mass index were not found to be associated to FFH neither year of HIV diagnosis nor have been exposed to Tenofovir. SPPB score <10 or gait speed < 0.8m/s, low CD4/CD8, and ≥ 3 comorbidities, were significantly independent factors associated to FFH.

Discussion: Treatment for secondary prevention of fragility fractures in older adults with HIV is scarce. New risk factors for fragility fractures as physical function and CD4/CD8 should be considered more than classical ones among older adults with HIV.