

OSTEOPOROSIS RISK FACTORS PREVALENCE IN POSTMENOPAUSAL WOMEN WITH ARTERIAL HYPERTENSION

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Objectives. The study of age effect on the prevalence of osteoporosis (OP) risk factors development in postmenstrual women with arterial hypertension (AH) is of particular interest.

Aim. To evaluate age effect on clinical factors (CF) and risks for OP development in postmenopausal women with AH.

Materials and methods. We have investigated 76 postmenopausal women with AH who were divided into 2 age groups: group I – women aged 45–55 (n=37), group II – aged 56–65 (n=39). The groups were comparable by systolic and diastolic arterial pressure (SAP and DAP) and by the heredity of cardiovascular diseases (CVD). Several anthropometric parameters and body mass index (BMI) have been evaluated. By means of questionnaire survey using the Adapted International Osteoporosis Risk Test (IOF) CF and OP risks in the assessed females have been analyzed. Statistical analysis was performed by means of “STATISTIKA 7.0” programme.

Results. Women in both groups had I-II stage AH and showed no statistically subjects in CVD or OP parameters.

Assessment of CF of OP prevalence in both groups showed the following differences: group II showed higher prevalence (17.9% vs. 2.7% in group I; $p<0.03$) of OP heredity (fractures or diagnosed OP in parents); lower dairy products intake (15.7% vs. 2.7% respectively; $p<0.04$); visual disturbances (71.8% and 32.4% ($p<0.001$); backache (92.3% vs. 63.2%; $p<0.003$), these were the factor contributing to the increased amount of medications taken by females in group II – 2.6 ± 1.6 as compared to group I – 1.8 ± 1.2 ($p<0.004$). The fact is proved by the established moderate correlation ($r=0.34$; $p<0.05$) between visual analog pain scale and the amount of taken medications in group II only. Psychotropic drugs were taken only by group II respondents – 5.3%. High prevalence accompanied by secondary OP was marked in both groups (27.0% and 30.8% respectively). High OP risk (more than 3 CF) had 24.6% of the respondents, moderate risk – 37.7% (2–3 CF), low risk – 24.6% (1CF); differences in both groups were not found. History of fractures in minor traumas had 7.9% of postmenopausal women.

Conclusions. In postmenopausal women with AH under 56 years of age prevalence OP development is not age-dependent. With older age females show lower dairy products intake, visual

disturbances, backache, OP heredity (fractures or diagnosed OP in parents) and increased medications intake.

Postmenopausal women with AH having high OP risk (32.5%) require prophylactic OP medications.