Methodology Systematic search by two independent reviewers of PubMed, EMBASE and CINAHL for prospective observational studies published in English from January 2005 to September 2018 and manual search of article references. The articles had to assess mortality, mobility or change in place of residence at 12 months follow-up in patients aged ±50 years with hip or vertebral fragility fractures.

Results Twenty-one prospective observational studies reported outcomes on osteoporotic hip and vertebral fractures. One-year mortality after hip fracture ranged between 9.2% and 33%. Forty to 71% of patients who did not use mobility aids pre-fracture, regained unaided mobility at 12 months. The number of immobile patients at 12 months varied from 2% to 19%. Discharge destination after hip fracture treatment varied widely, but at 12 months follow-up more than 53% lived back at their own home. We found no studies reporting on mobility, mortality or residency outcomes following osteoporotic vertebral fractures.

Conclusion Elderly people with hip fracture are a heterogeneous population with high risk of post-operative mortality and functional decline. Implementation of a comprehensive geriatric assessment (in a multidisciplinary consultation team or orthogeriatric wards) may play an important role in order to optimize medical care, post-operative rehabilitation and discharge process in order to improve outcome after osteoporotic fractures.

M14 Ondergebruik van opiaten in de terminale zorg voor WZC-residenten met pijn/dyspnoe in 6 EU landen.

Marc Tanghe, Nele Van Den Noortgate, Luc Deliens, Tinne Smets

Doel We bestudeerden de prevalentie en geassocieerde factoren van ondergebruik van opiaten, gedefinieerd als gebrek aan opiatavoorziening bij residenten met pijn en/of dyspnoe in de laatste 3 levensdagen in 6 Europese landen..

Methodologie In een post-mortem survey van alle residenten, gedurende 3 maand overleden in hun WZC werd pijn en dyspnoe bevraagd adhv CAD-EOLD en werd opiatavoorziening in de mediciatiefiches bekeken. Kenmerken van de resident, het WZC of de palliatieve dienstverlening die met opiaat-ondergebruik kunnen worden geassocieerd, werden berekend met multivariale regressie.

Resultaten Van 901 overleden residenten met pijn/ dyspnoe, had 10.6% dyspnoe, 34.4% pijn, 55.0% had beide symptomen. Ondergebruik van opiaten per land was 19.2% [95% CI 12.9 - 27.2] in Nederland, 25.2% (18.3 - 33.6) in België, 29.3% (16.9 - 45.8) in Engeland, 33.7% (26.2 - 42.2) in Finland, 64.6% (52.0 - 75.4) in Italië, 79.1% [71.2 - 85.3] in Polen (P < 0.001).

Ondergebruik van opiaten per symptoom was 57.2% (33.0 - 78.4) voor dyspnoe, 41.2% (95 % CI 21.9 - 63.8) voor pijn, 37.4% (19.4 - 59.6) voor beide symptomen (P = 0.013).

De kans op opiaat-ondergebruik was lager (OR 0.33; 95% CI 0.20 - 0.54) bij systematisch pijnassessment. Andere residentenkenmerken, palliatieve zorgvoorziening of voorafgaande zorgplanning toonden geen significante associaties.

Conclusion Ondergebruik van opiaten verschilt sterk per land. Systematisch assessment van symptomen als pijn en dyspnoe zijn geassocieerd met een geringere kans op ondergebruik.

M15 Osteosclerosis due to chronic fluorosis.

Anke Vanhauwaert, Henk Joosen, Wim Maurissen, Sven Martens

Purpose Discuss a very rare case of osteosclerosis

Methods Case report

Results We describe the case of a 78-year old male patient who presented with musculoskeletal pain, anemia and skeletal abnormalities. X-ray and computed tomography showed osteosclerosis. Skeletal scintigraphy revealed a picture similar to a metabolic ‘superscan’. Review of the medication list revealed the ingestion of fluoride 50mg/day, thereby suggesting the diagnosis of skeletal fluorosis. Subsequently we saw elevated serum fluoride levels and alkaline phosphatase levels. A bone marrow biopsy confirmed osteosclerosis. Remarkably was the bone densitometry which showed enormously elevated T scores +19 for the lumbar spine and +5 for the hip.

Fluorosis is an uncommon metabolic bone disorder in Western countries. It is most frequently associated with high fluoride levels in drinking water or industrial exposure. Endemic skeletal fluorosis is seen in India, Africa and China. In this case oral ingestion of fluoride for many years was the cause.

Symptoms are variable and can also be absent. Urinary and serum fluoride levels are elevated. Sometimes alkaline phosphatase is elevated. Radiological findings vary from osteosclerosis, osteopenia of long bones with increased cortex thickness to osteomalacie. Skeletal scintigraphy shows a metabolic ‘superscan’ caused by increased bone turnover.

Conclusion This case-report shows a very rare case of osteosclerosis and very high bone density due to chronic fluorosis.

M16 Paracetamol in older people towards evidence-based dosing?

Paola Mian, Karel Allegaert, Isabel Spriet, Mirco Petrovic

Doel Paracetamol is the most commonly used analgesic in older people, and is mainly dosed according to