

Abstract Submission Form

TITLE	<u>Osteoporosis and Primary Biliary Cholangitis: Prevalence and Guideline adherence in North Glasgow</u>
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ABSTRACT DETAILS:	
Background:	Primary biliary cholangitis (PBC) is a chronic autoimmune cholestatic liver disease that can lead to progressive fibrosis and cirrhosis. Over 15,000 individuals live in the UK with the risks and consequences of chronic biliary inflammation. Osteoporosis is a common risk affecting 30 to 44% of patients with PBC with the resultant risk of fractures, while the majority of patients have osteopenia ⁱ . It is therefore highly important we identify and treat osteoporosis in this vulnerable group of patients. British Society of Gastroenterology (BSG) guidelines recommend that all patients with PBC should have a risk assessment for osteoporosis and vitamin D deficiency should be corrected ⁱⁱ . The aim of this study was to understand the prevalence of osteoporosis within the PBC population in North sector of Glasgow and assess our adherence to the BSG PBC guidelines.
Method:	Patients with diagnosis of PBC in the North Glasgow sector were identified through the local PBC registry that has been set up by their attendance in the consultant liver clinics. Baseline data including gender, duration of disease and presence of cirrhosis was collected. It was also determined whether, within the previous 5 years, bone health had been considered by an osteoporosis risk assessment (Q-Fracture or FRAX score) and/or dual energy X-ray absorptiometry (DXA) scan and finally whether Vitamin D levels had been checked.
Results:	Published data suggests that perhaps over 30% of PBC patients have osteoporosis. In our North Glasgow cohort we have significantly less with 15% osteoporotic in those whom had had a DXA scan. A possible explanation for this finding is the fact that PBC is now often diagnosed at an earlier stage before such complications have arisen. Regarding BSG guideline adherence, only 65% of our patients had evidence that bone health had been actively considered within the past 5 years and just 53% had a vitamin D level checked. Efforts will now be made to improve bone health management for PBC patients in the North Glasgow sector.
Conclusions:	Published data suggests that perhaps over 30% of PBC patients have osteoporosis. In our North Glasgow cohort we have significantly less with 15% osteoporotic in those whom had had a DXA scan. A possible explanation for this finding is the fact that PBC is now often diagnosed at an earlier stage before such complications have arisen. Regarding BSG guideline adherence, only 65% of our patients had evidence that bone health had been actively considered within the past 5 years and just 53% had a vitamin D level checked. Efforts will now be made to improve bone health management for PBC patients in the North Glasgow sector.
References:	¹ Guañabens N, Cerdá D, Monegal A, et al. Low bone mass and severity of cholestasis affect fracture risk in patients with primary biliary cirrhosis. <i>Gastroenterology</i> 2010;138:2348–56. ¹ Hirshfield GM, et al. The British Society of Gastroenterology/UK-PBC Primary Biliary Cholangitis Treatment and Management Guidelines. <i>GUT</i> 2018;0:1-27.