



AFLAR & SARAA CONGRESS 2013

7th Congress of the African League of Associations for Rheumatology (AFLAR)
&
23rd Congress of the South African Rheumatism and Arthritis Association (SARAA)

Certificate of Attendance

This is to certify that

*Dr Radiyati Umi
Partan*

Attended the

AFLAR & SARAA CONGRESS 2013

3 – 6 April 2013

Elangeni Hotel, Durban, South Africa

P.P. 

Professor Girish M Mody
Chairman: Organising Committee
6 April 2013

AFRICAN LEAGUE OF ASSOCIATIONS FOR RHEUMATOLOGY
AND
SOUTH AFRICAN RHEUMATISM AND ARTHRITIS ASSOCIATION

3rd to 6th April 2013, Elangeni Hotel, Durban, South Africa

Telephone: + 27 11 768 4355 Fax: 00 27 11 768 1174
E-mail: dine@londocor.co.za
Website: www.aflar.net OR www.saraa.co.za



27th February 2013

Dear Prof/Dr Partan, Radiyati Umi

RE: Abstract submission for AFLAR & SARAA 2013 Congress

Thank you for submitting an abstract for the AFLAR & SARAA Congress 2013.

On behalf of the Organising committee, we have pleasure confirming that your abstract entitled.

"Prevalence and Osteoporosis risk factors on Patients with chronic obstructive lung disease"

Please note the following:

- 1) Please confirm your acceptance in writing by 8th March 2013
- 2) The poster will be displayed in the portrait format. The size of the poster should be SIZE A0 which is 1141 cm LONG and 840 cm WIDE.
- 3) All posters must be on display from 08.00 hours on Thursday 4th April until 13.00 hours on Saturday 6th April 2013.
- 4) Please ensure that you have completed your registration form and also booked your accommodation. All delegates who have presentations at the congress must have completed their registration by 8th March 2013.
- 5) Acceptance of the abstract is not associated with any offer of financial assistance for registration, travel or accommodation.

Further information about the congress is available on the congress websites www.saraa.co.za or www.aflar.net. All enquiries should be addressed to dine@londocor.co.za

THANK YOU

The Organising Committee

ORGANIZING COMMITTEE FOR AFLAR & SARAA 2013

GM Mody (Chairman), N Patel, K Chinniah (Paediatric Rheumatology), Sr NG Mkhize (SA Health Professionals in Rheumatology), T. Dubula, R Maharaj, MY Akhalwaya, A Budhoo, Keith Chinniah and D Poulton (Londocor).

Schedule At A Glance

Wednesday 3rd April 2013

14h00 - 16h00
16h00 - 18h00
18h00

Exhibition set up
SARAA: Biennial General Meeting
AFLAR: Biennial General Meeting
Welcome and Dinner symposium (Sponsored by Pfizer)
Venue: Elangeni Hotel, Durban

Thursday 4th April 2013

18h00

Full day scientific program
Dinner symposium (Sponsored by Abbott)
Venue: International Convention Centre, Durban

Friday 5th April 2013

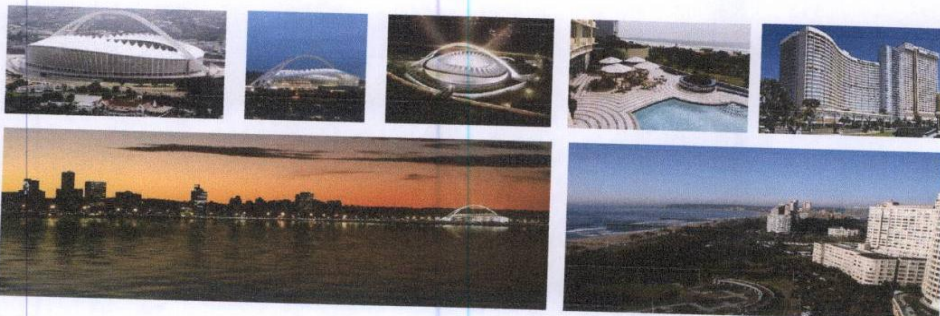
18h00

Full day scientific program
Dinner symposium (Sponsored by Roche)
Venue: Moses Mabhida Stadium, Durban

Saturday 6th April 2013

08h00 to 16h00
16h00

Scientific Program
Closure: AFLAR and SARAA Presidents



General Information

REGISTRATION INFORMATION

YOUR REGISTRATION FEE INCLUDES

- Admission
- Congress bag, final program which will include the abstracts and other conference material
- Morning and afternoon teas and lunch from 4th April to 6th April 2013

CANCELLATION POLICY

Notice of cancellation must be given in writing. Cancellations received by 25th February 2013 will result in a 25% penalty. All cancellations received after 25th February 2013 will not be eligible for any refund and will result in a 100% cancellation fee.

PERSONAL INSURANCE

Please note that all delegates are responsible for their own travel insurance, medical insurance and cancellation fees. All vehicles used as congress shuttles will carry personal insurance of R5 million per vehicle.

NAME BADGES

All participants must wear their Congress badges during the congress, whilst visiting the exhibition area and during social functions. For security reasons your co-operation will be appreciated.

LANGUAGE

The congress will be conducted in English. Translation from English to French will be provided if there are a sufficient number of delegates who require this service. A final decision will be made by 23rd January 2013.

CPD ACCREDITATION

The scientific sessions for the congress will be accredited for CPD.

TRANSFERS

Please note that the hotels do not provide complimentary transfers from King Shaka International Airport in Durban. Delegates are responsible for their own transfers which should be booked beforehand – further details will be provided with the second announcement.

FLIGHT ARRANGEMENTS

Club Travel has been appointed as the official travel agent for this congress, please feel free to use them should you require any travel assistance. Their contact details are as follows: -
Karen Ashley Tel: +27 (0)11 675 7577 Fax: +27 (0)11 675 7570 Email: karena@clubtravel.co.za

ACCOMMODATION

Delegates are required to make their own reservations with the hotel. Reservation forms are enclosed with this announcement. The Congress Hotel is the Elangeni Hotel, Durban.

DISCLAIMER

Neither the Organising committee of SARAA & AFLAR 2013 nor Londocor Event Management will accept liability for death, injury, any loss, cost of expense suffered or incurred by any person if such loss is caused or resulted from the act, default or omission of any person. In particular neither Organising committee of SARAA & AFLAR 2013 nor Londocor Event Management will accept any liability for losses arising from the provision or non-provision of services provided by local companies or transport operators. Neither Organising committee of SARAA & AFLAR 2013 nor Londocor Event Management will accept liability for losses suffered by reason of war, including threats of war, riots and civil strike, terrorist activity, natural disasters, mechanical or electrical breakdown within any premises visited by delegates and/or partners. Neither Organising committee of SARAA & AFLAR 2013 nor Londocor Event Management will be able to give warranty that any particular person will appear as a speaker or panellist. Right of admission to SARAA & AFLAR 2013 is reserved. Trade companies who do not exhibit at SARAA & AFLAR 2013, may not register for SARAA & AFLAR 2013 nor may they enter the exhibition area.

THE PREVALENCE AND RISK FACTORS OF OSTEOPOROSIS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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ABSTRACT

Background: Osteoporosis is a systemic comorbidities in chronic obstructive pulmonary disease that increases the risk of osteoporotic fractures. There are several risk factors that become the background of osteoporosis in patients with COPD, such as body mass index (BMI) is low, physical activity, smoking, and corticosteroid treatment.

Objective: To evaluated prevalence and risk factors of osteoporosis in patients with chronic obstructive pulmonary disease (COPD).

Method: This study was a descriptive analytic cross sectional design. The study population were all patients with COPD treated at the Outpatient Clinic Department of Internal Medicine RSMH Palembang. Sample as much 40 people were taken by purposive sampling. Analyzes the relationship with risk factors for osteoporosis in COPD was determined by chi-square test using SPSS. While the distribution of the disease based on risk factors is presented in tabular form and descriptively presented in narrative form.

Results: From a total of 40 respondents COPD patients, there were (60%) with osteoporosis, most aged ≥ 60 years (79.2%). Most people with COPD who have been taking corticosteroids osteoporosis in > 6 months (77%). Almost all patients with COPD who have osteoporosis in the underweight BMI categories - normal (< 23 kg/m²), namely (87,5%) and most patients have no complaints (45,8%).

Conclusion: From these results it can be concluded that patients with COPD who have osteoporosis are found in the age ≥ 60 years. Exercise habits, smoking, corticosteroid treatment, body mass index (BMI) tend to have any impact on the occurrence of osteoporosis in patients with COPD, and most patients have no complaints bone loss.

Keywords: Prevalence, risk factors, Osteoporosis, COPD



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Background:

Osteoporosis is a systemic comorbidities in chronic obstructive pulmonary disease that increases the risk of osteoporotic fractures. There are several risk factors that become the background of osteoporosis in patients with COPD, such as body mass index (BMI) is low, physical activity, smoking, and corticosteroid treatment.

Objective:

To evaluate prevalence and risk factors of osteoporosis in patients with chronic obstructive pulmonary disease (COPD).

Material and Method:

This study was a descriptive analytic cross sectional design. The study population were all patients with COPD treated at the Outpatient Clinic Department of Internal Medicine RSMH Palembang. Sample as much 40 people were taken by purposive sampling.

COPD patients were diagnosed by spirometry based on GOLD guidelines. measurement of BMD on the lumbal and femur and/ or forearm were by DXA (STRATOS) during January to July 2012. Information about smoking, physical activity and corticosteroid treatment were by questionnaire. While the distribution of the disease based on risk factors is presented in tabular form and descriptively presented in narrative form.

RESULT :

From the 40 patients fulfilled the inclusion criteria of COPD, to all of them have been performed DXA scans on the hip and lumbar spine. Subjects are grouped according to the WHO criteria, and diagnosed as osteoporotic, osteopenic, or normal bone mass according to T-score for BMD. The lowest T-score at either region determined the diagnosis. Thus, if the T-score at either region is below -2.5, the individual is diagnosed as having osteoporosis.

COPD patients examined bone mineral density are categorized as suffering from osteoporosis and osteopenia or not. Based on the characteristics, majority of the patients aged over 60 years (77.14% and 60%), has no physical activity (51.42% and 40%), has smoking habit (85.71% and 80%), and has body mass index lower than 23 kg / m² (88.75 5% and 80%). Most patients (77,14%) with COPD who have been given corticosteroids > 6 months suffer from osteoporosis. See Table 1.

Tabel 2. Distribution of muskuloskeletal complains of subject with COPD

Complaint	N	%
No Complaint	19	47,5 %
Kyphosis	3	12,5 %
Back pain	10	25 %
Kyphosis and pain	8	20 %

From a total of 40 respondents COPD patients, there were (60%) with osteoporosis, 27,5 % with osteopenia and 12,5 % normal (12,5%) (table 3).

Tabel 4. Osteoporosis Distribution on Patients with COPD

COPD Patients	Amount	Percentage
Osteoporosis	24	60%
Osteopenia	11	27,5%
Without Osteoporosis	5	12,5%
Total	40	100%

Discussion:

Based on the data collected from 40 respondents suffering from COPD, more than half of them (60 %) are with osteoporosis. It suits the research held by Bolton (2004) in which about 35-72 % patients suffer from osteopenia and 36-60% has osteoporosis.

There are some factors causing osteoporosis on patients with COPD, such as low Body Mass Index, inactivity, smoking habit and corticosteroid use (Vrieze, 2007). All existing risk factors fit to theory, in which many COPD patients aged more than 60 years, inactivity, smoking habit and corticosteroid use more than 6 months.

Conclusion:

From the results, it can be concluded that patients with COPD who have osteoporosis (60 %) are found in the age \geq 60 years. Exercise habits, smoking, corticosteroid treatment, body mass index (BMI) tend to have any impact on the occurrence of osteoporosis in patients with COPD, and most patients have musculoskeletal complaints.

References :

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