

# *Comparative Analysis of Vitamin D level in Elderly Patients with or without Osteoporotic Spinal Compression Fracture*

**Ye-Soo Park<sup>1</sup>, Hong-Sik Kim<sup>1</sup>, Dong-Yi Kong<sup>1</sup>,  
Ye-Yeon Won<sup>2</sup>, Byung-Moon Kang<sup>3</sup>**

*<sup>1</sup>Department of Orthopaedic Surgery, Guri Hospital, Hanyang University College of Medicine*

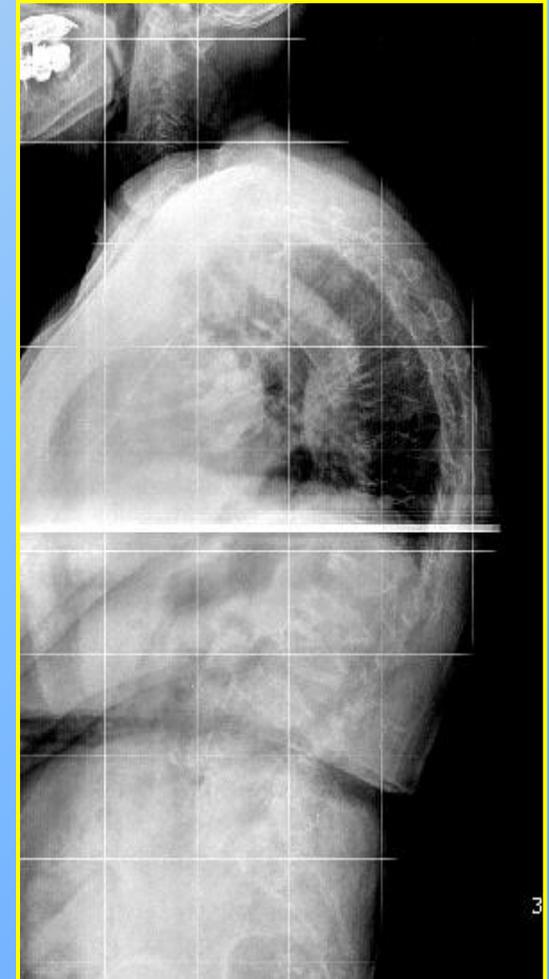
*<sup>2</sup>Department of Orthopaedic Surgery, Ajou University Hospital College of Medicine*

*<sup>3</sup>Department of Obstetrics and Gynecology, Asan Medical Center, Ulsan University College of Medicine*

# Introduction

## Osteoporosis

- **Characteristics**
  - Low bone mass
  - Structural deterioration of bone
  
- **Predisposing factor**
  - Deficiency of estrogen, **vitamin D**
  - Overproduction of PTH
  - Poor and absorption of calcium



# Introduction



## Osteoporosis

**Elderly population** ↑



**Osteoporosis** ↑



**Osteoporotic fracture** ↑

# Introduction

## Osteoporotic fracture

- Significantly associated with **decreased quality of life, shorter life expectancy, and increased health care costs**
- It is crucial to **prevent osteoporosis and fractures**

*Devine J et al, Osteoporosis Int, 2012*

## Vitamin D

- Low calcium intake and **poor vitamin D status** are key determinants of osteoporosis and fracture risk
- Calcium and **vitamin D supplementation** is an essential component of management strategies **for the prevention and treatment of osteoporosis and osteoporotic fracture**

*Lips P et al, Clin Endocrinol(Oxf), 2010*

# Purpose

- Studies that analysis correlation **vitamin D** between **osteoporotic vertebral fracture** are rare.

✓ **Comparison** serum vitamin D levels in elderly patients

with or without osteoporotic spinal compression fractures

✓ **Correlation** between serum vitamin D level and age, bone mineral density

bone turnover markers, the number of fractured vertebral bodies in Fx. group

# Materials & Methods

Retrospective review

- Oct. 2008 ~ Sep. 2011

- Patients

- Age  $\geq 60$  years

- evaluated vitamin D and bone turnover markers

- separated by presence of spinal compression fracture

## Inclusion criteria

- ✓ BMD  $\leq -2.5$  (T-score)

## Exclusion criteria

- ✓ High energy trauma

- ✓ Osteoporotic medication Hx.

- ✓ Underlying Dz. that  
affects bone metabolism

- ✓ Hx. of osteoporotic fracture

- ✓ Hx. of spine operation

# Materials & Methods

## ➤ **Comparative analysis**

### *OSCF group VS. Control group*

- ✓ Serum Vitamin D level (Serum 25(OH)vitamin D3)
  - according to age, sex, season and living environment
- ✓ BMD (T-score)
- ✓ Bone turnover markers (Osteocalcin and C-telopeptide)

# Materials & Methods

## ➤ **Correlative analysis**

*Serum Vitamin D with*

- ✓ Age
- ✓ BMD
- ✓ Bone turnover markers
- ✓ Number of fractured vertebral bodies in fracture group

# Materials & Methods

- 78 patients with OSCF (fracture group)
- 84 age-matched patients without OSCF (control group)

## Demographic information & clinical data

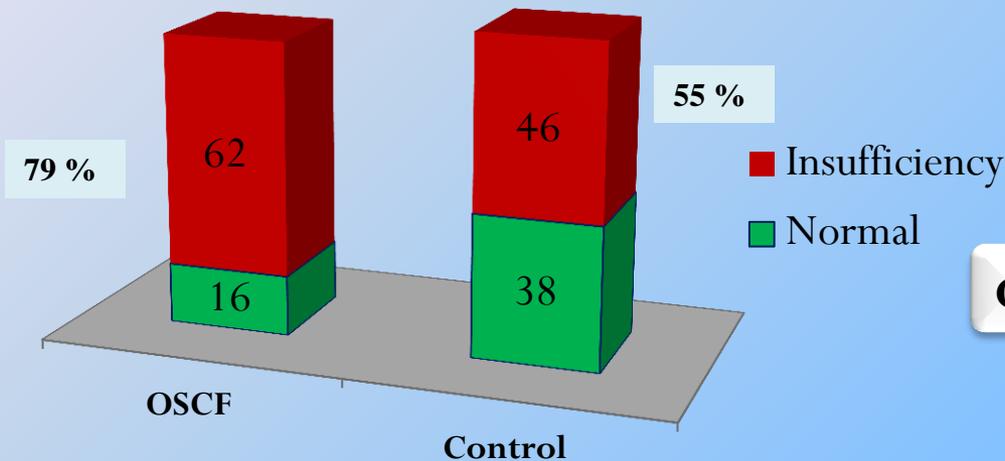
Sex	
Male	20
Femal	142
Mean age	years
OSCF group (n = 95)	72.07 ± 5.28
Control group (n = 118)	70.09 ± 7.84
	p = 0.063

*No significant difference on age*

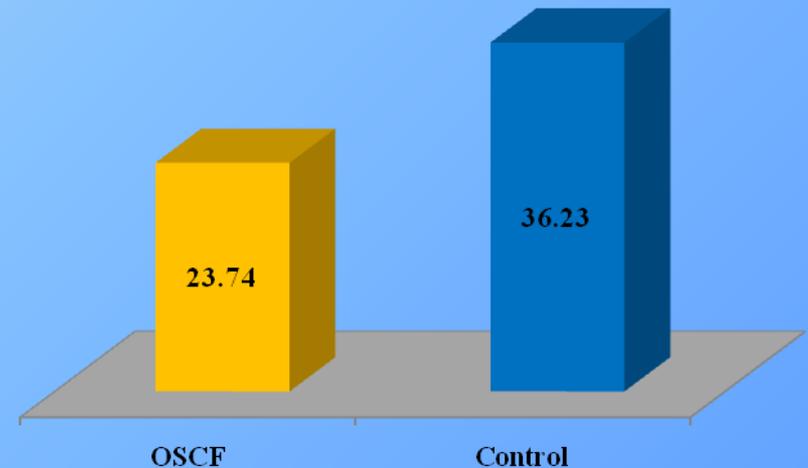
# Results

Serum 25(OH) Vitamin D3 : **Normal range : >30ng/ml**

*Dawson-Hughes B et al, Osteoporos Int, 2005*



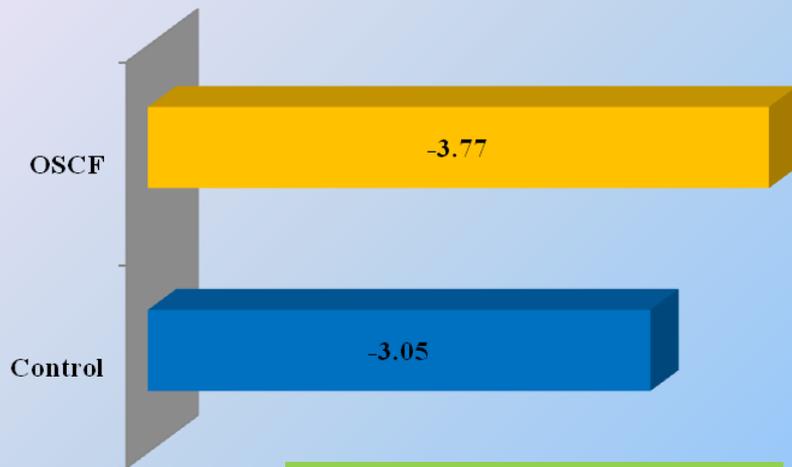
**Comparison of Serum Vit D (ng/ml)**



*Significant difference (p < 0.0001)*

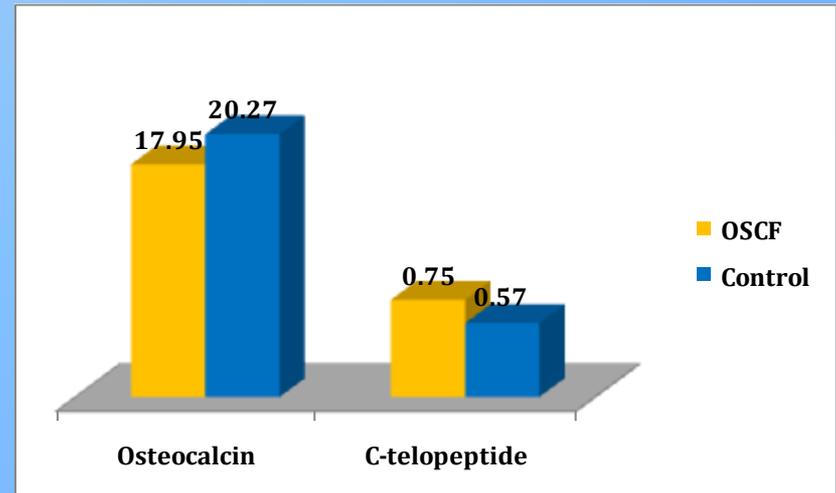
# Results

## Comparison of BMD (T-score)



Significant difference ( $p < 0.0001$ )

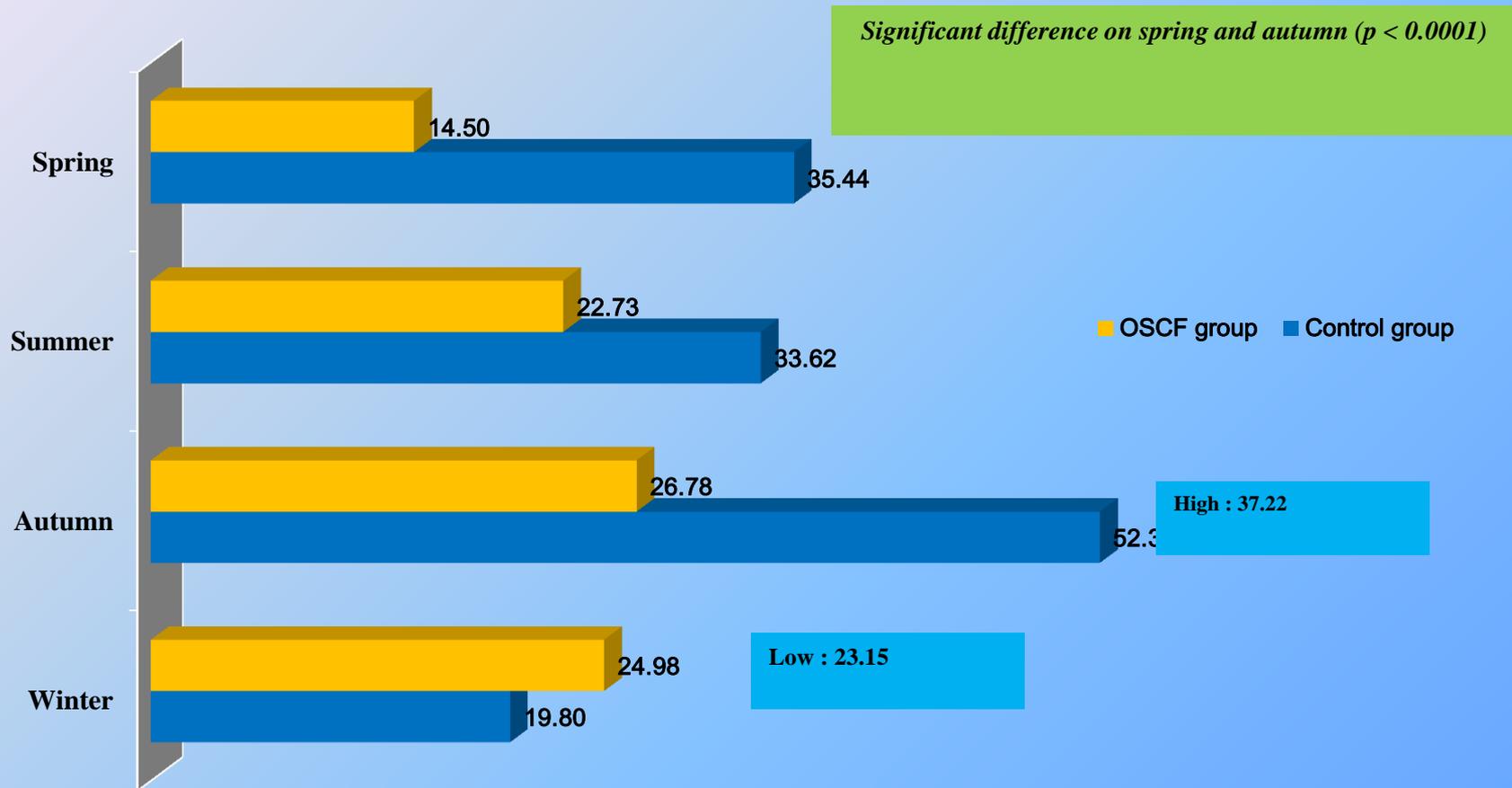
## Comparison of Bone Turnover Markers



Significant difference on C-telopeptide ( $p = 0.003$ )

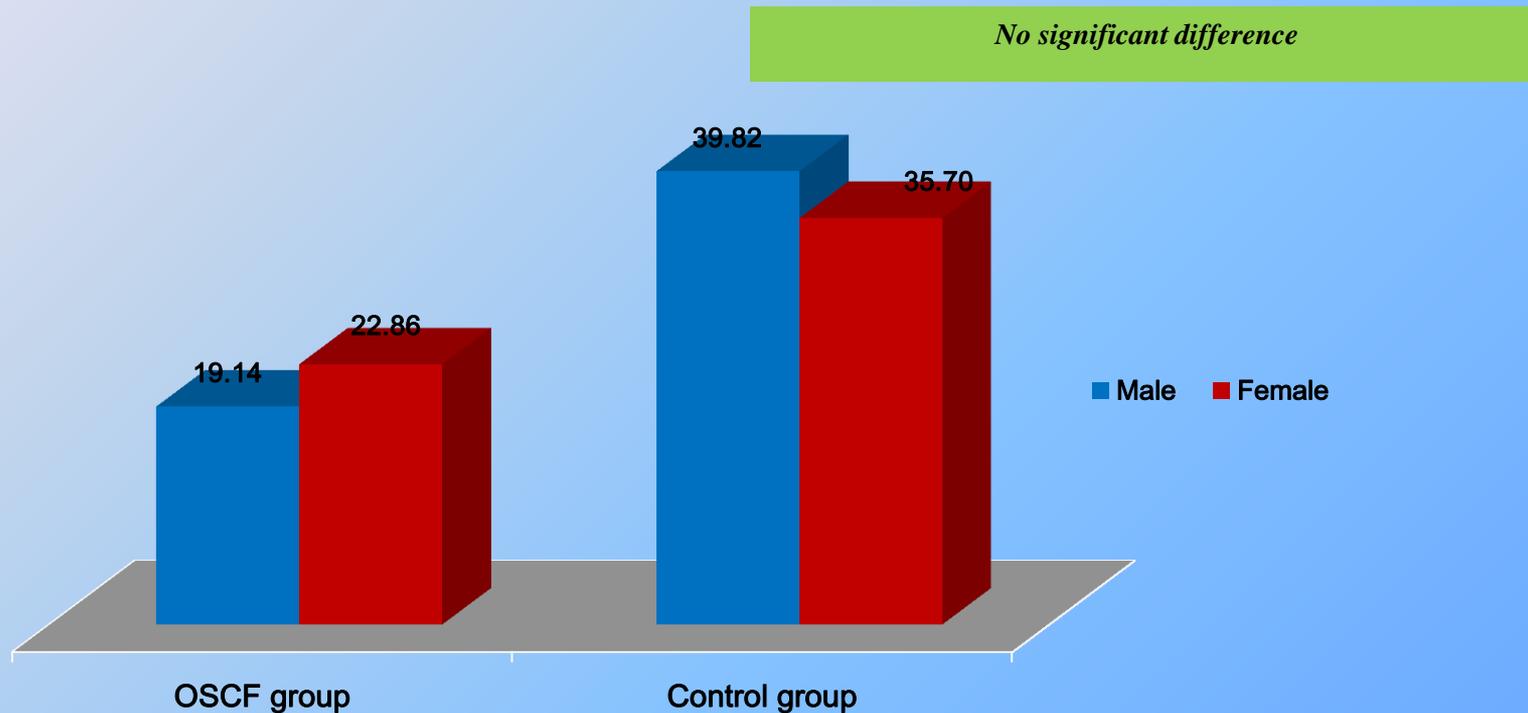
# Results

## Comparison of Serum 25(OH)D3 (ng/ml) according to Season



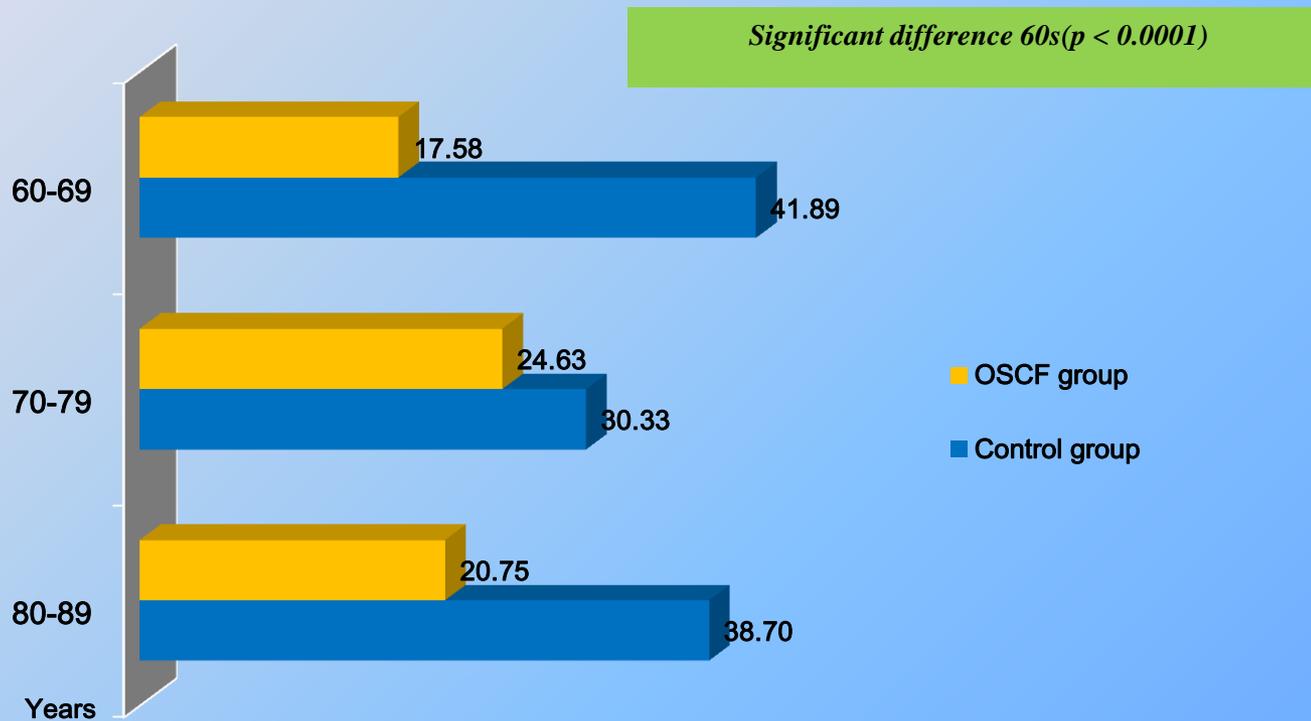
# Results

Comparison of Serum 25(OH)D3 (ng/ml) according to **SEX**



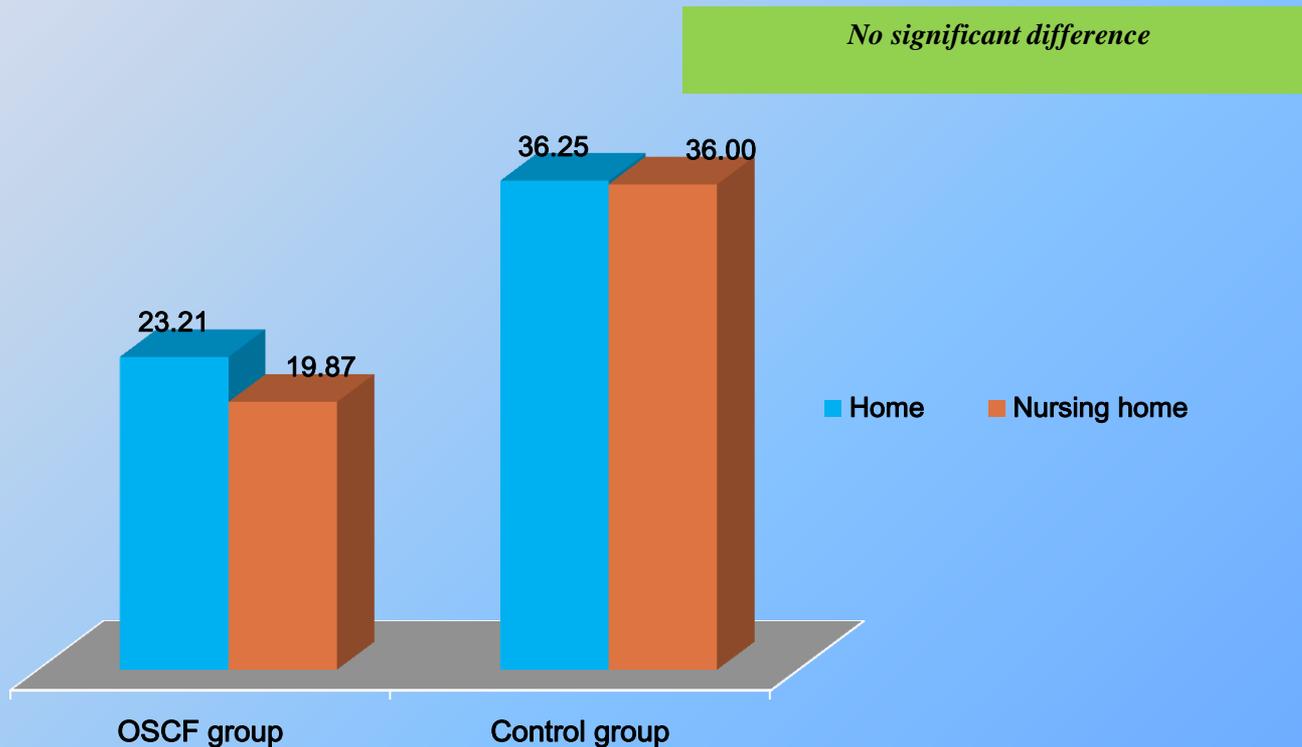
# Results

Comparison of Serum 25(OH)D3 (ng/ml) according to Age



# Results

Comparison of Serum 25(OH)D3 (ng/ml) according to Living environment



# Results

## Correlation with Serum 25(OH)D3 (ng/ml) and variables

	Age	Osteocalcin	C-telopeptide	BMD total	L-spine	Lt. hip	Rt. hip	No. of fractured vertebral bodies
r	-0.183	-0.008	-0.195	0.251	0.224	0.320	0.154	-0.217
p-value	0.020	0.915	0.013	0.001	0.005	<0.0001	0.054	0.048

# Discussion

- ✓ Vitamin D deficiency in adults can precipitate or exacerbate osteopenia and osteoporosis, cause osteomalacia and muscle weakness, and increase the risk of fracture.
- ✓ A meta-analysis revealed that increased vitamin D intake reduced the risk of falls.

*Holick MF, NEJM, 2007*

# Discussions

- ✓ **Daily intake** of at least 700 to 800 IU of **vitamin D** is shown to prevent **hip fractures** and **nonvertebral fractures** in elderly persons.

*Bischoff-Ferrari HA et al, JAMA, 2005*

- ✓ **Post-menopausal Korean women** with a **distal radius fracture** were found to have **significantly lower serum vitamin D levels** than the control group.

*HS Gong et al, Injury, 2012*

# Summaries and Conclusions



## In this study

- ✓ Vitamin D level was insufficient in most patients with OSCF.
- ✓ Patients with OSCF were found to have significantly lower vitamin D levels than patients without fracture.
- ✓ Vitamin D level is correlated with age and BMD.

# Conclusions

- ✓ Vitamin D level was insufficient in most patients with OSCF.  
**Patients with OSCF** were found to have **significantly lower vitamin D** levels than patients without fracture.
- ✓ So, the **optimal range of serum vitamin D level** in elderly patients with osteoporosis is considered as a factor for **prevention of OSCF**.
- ✓ Further studies are necessary to determine whether vitamin D supplementation can be helpful in preventing OSCF in patients with osteoporosis.



*Thank you for  
your attention!*

