

# Prevalence and Related Factors assessment of Osteoporotic Fracture in Rural Population: the Korean Genomic Rural Cohort study

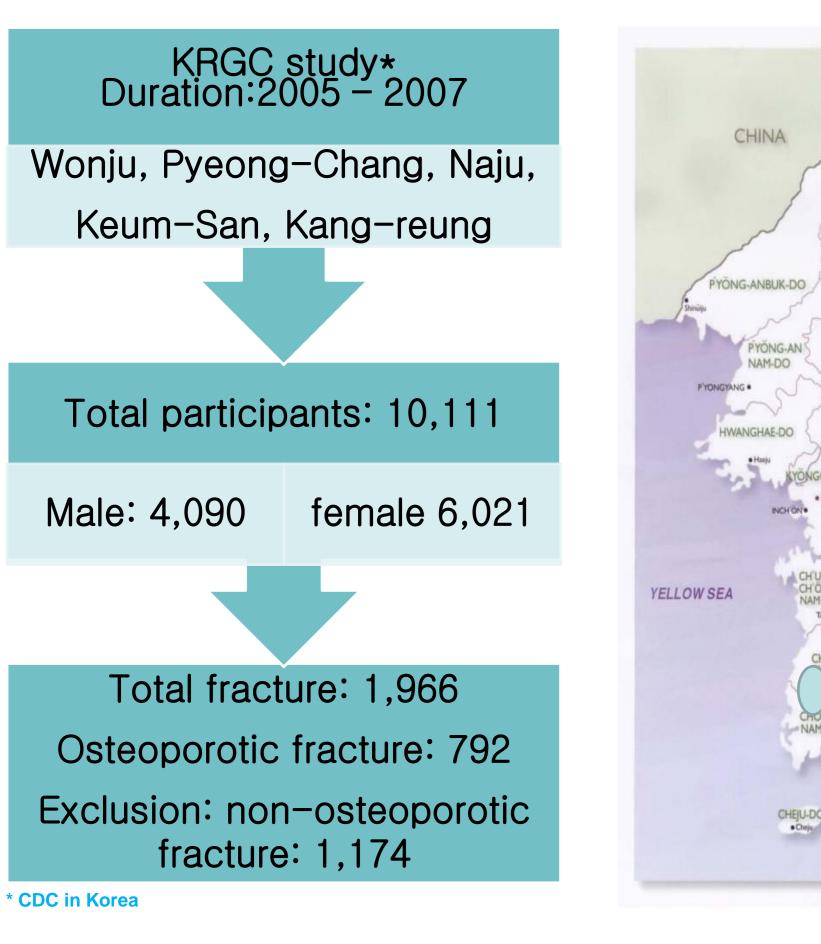
Young Jun Won, Soo In Choi<sup>1</sup>, Jung Soo Lim<sup>1</sup>, Min-Young Kim<sup>2</sup>, Young Goo Shin<sup>1</sup>, Choon Hee Chung<sup>1</sup>, Sae Jin Jang<sup>2</sup>, Bong Suk Cha<sup>2</sup>, So Yeon Ryu<sup>3</sup>, Tea Yung Lee<sup>4</sup>, Jea Suk Song<sup>5</sup>, Sang Beak Koh<sup>1</sup>

Department of Internal Medicine, Catholic Kwandong University College of Medicine: Department of Internal Medicine, Yonsei University Wonju College of Medicine<sup>1</sup>: Department of Preventive Medicine, Yonsei University Wonju College of Medicine<sup>2</sup>: Department of Preventive Medicine, College of Medicine, Chosun University<sup>3</sup>: Department of Preventive Medicine, Chungnam University College of Medicine<sup>4</sup>: Department of Preventive Medicine, Catholic Kwandong University College of Medicine<sup>5</sup>

#### INTRODUCTION

Objective: Due to the increase in the elderly population, osteoporosis and related fractures are increasing and causes serious social problems such as lower quality of life of seniors and economic loss. This study is aimed towards the general population in rural areas for prevalence and related risk factors of osteoporotic fracture.

Korean Rural Genomic Cohort(KRGC) study





## METHODS

The research comes from the Korean Rural Genomic Cohort study consisting of 10,111 people, 4,090 men and 6,021 women, ranging from 40 to 70 years old from rural areas in Korea. The questionnaire results show that 907 men experienced fractures with 208 fractures due to osteoporosis. 1,058 women experienced fractures with 603 fractures due to osteoporosis. Fractures and related clinical factors were collected through questionnaire, bone mineral density was measured with heel quantitative ultrasound, and osteoporotic fracture groups were statistically analyzed.

#### Risk factors assessment

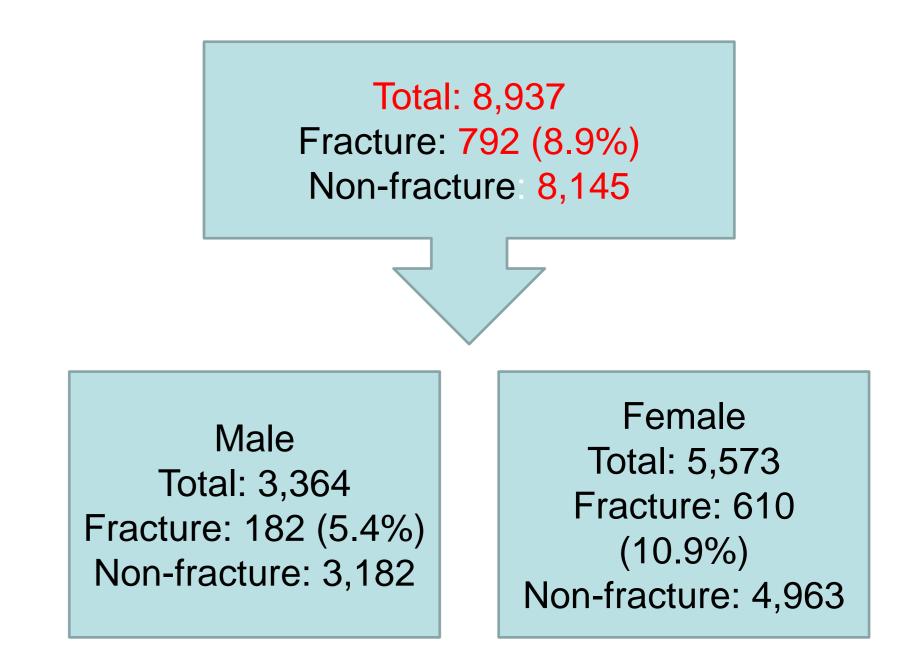
Risk factor questionnaire - Alcohol intake, Smoking, Parental history of fracture, medical disease affected osteoporosis, medications related osteoporosis, menstural history

Clinical examination – weight, height, weist and hip ratio Body fat assessment – impedance method (Inbody 2.0) QUS measurement – heel ultrasound (GE lunar, achilles)

#### Statistical analysis

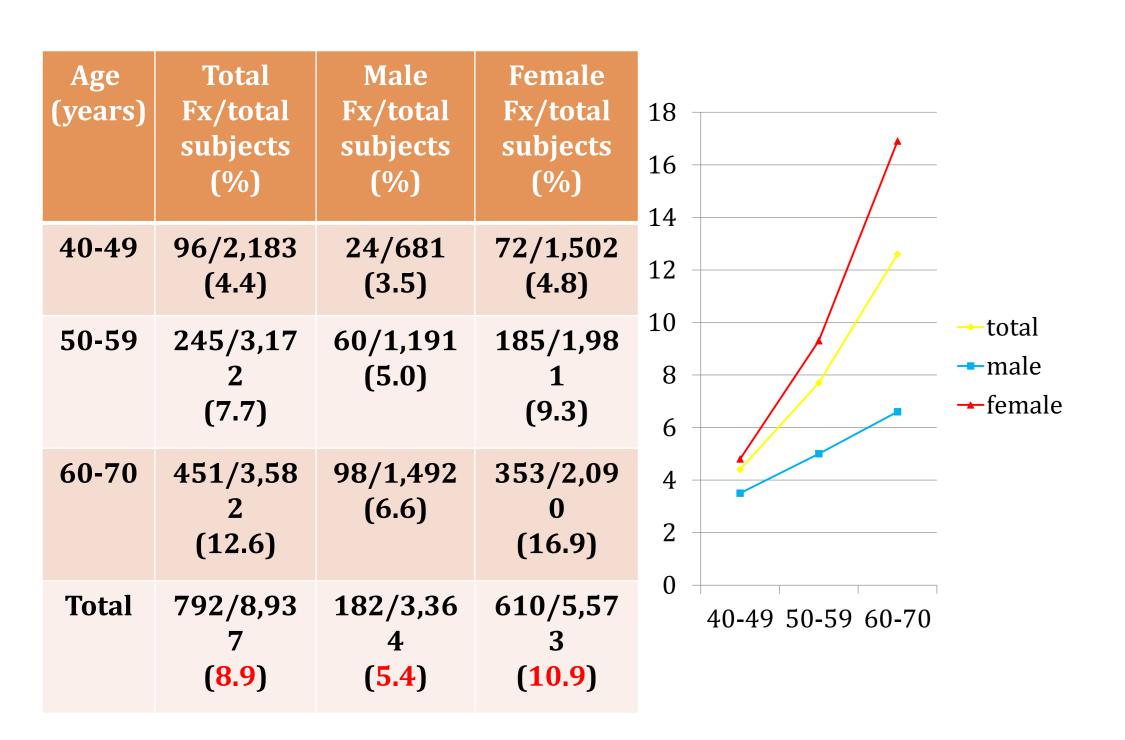
- Univariate chi-square, unpaired t-test, and ANOVA test between osteoporotic fracture group and non-fracture group
- Multivariate Logistic regression analysis of risk factors
- P-value < 0.05

### Osteoporotic fracture subjects of study participants



#### RESULTS

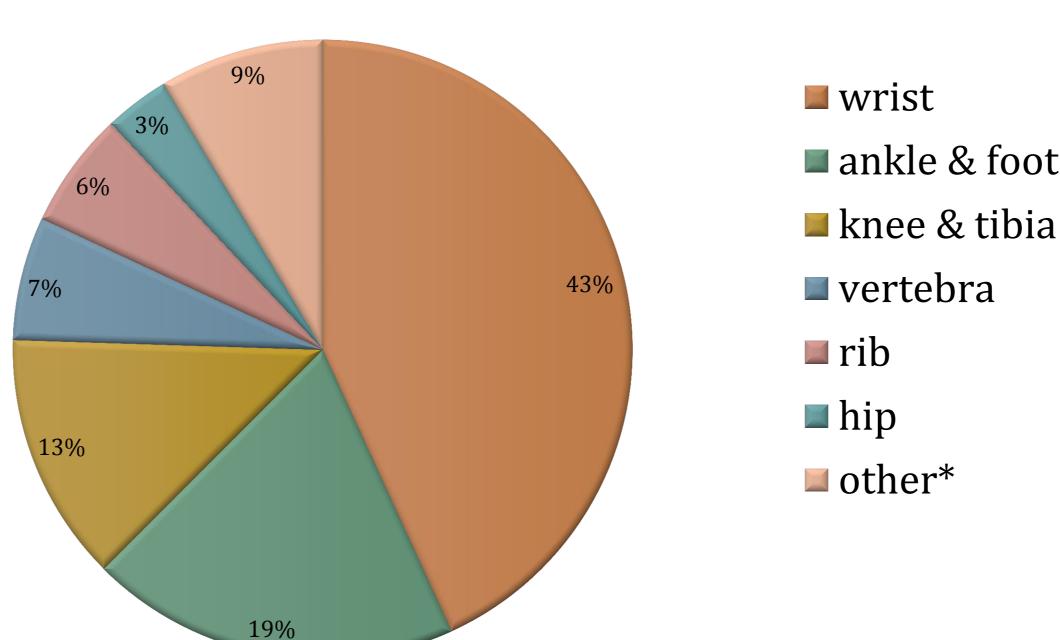
#### Prevalence of osteoporotic fracture in ages



Multivariate logistic regression analysis of clinical risk factors in whole study population

parameters	Odds ratio	P-value	95% CI
age	1.052	.000	1.041-1.064
sex	2.665	.000	1.872-3.794
Ex-smoker	1.946	.000	1.595-2.374
Current smoking	1.268	.139	0.926-1.737
Current drinking	1.155	.098	0.974-1.370
Body mass index	0.990	.492	0.962-1.019
Muscle amount	1.001	.945	0.979-1.023
Stiffness index	0.982	.000	0.977-0.988
Fracture Hx. of parent	1.525	.000	1.235-1.882

#### Proportion of fracture site in whole study population



\*other included in fracture of shoulder, clavicle, and hand

ankle & foot ■ knee & tibia

#### Baseline characteristics in whole study population by fracture status

	Fracture group (n=792)	Non-fracture group (n=8,145)	P-value
Age (years)	<b>59.43</b> ±7.33	<b>56.01</b> ±8.16	.000
Weight (kg)	<b>59.09</b> ±9.61	<b>61.58</b> ±9.98	.000
Height (cm)	<b>155.60</b> ±7.92	<b>158.59</b> ±12.98	.000
Body mass index(kg/m²)	24.43±3.47	<b>24.58</b> ±3.29	.246
Waist circumference (cm)	<b>88.14</b> ±66.30	<b>90.86</b> ±82.83	.376
Hip circumference (cm)	<b>100.29</b> ±72.94	<b>102.29</b> ±82.19	.514
*W/H ratio	$0.8832 \pm 0.77$	<b>0.8801</b> ±0.68	.227
Muscle amount (kg)	<b>37.62</b> ±6.39	40.24±7.25	.000
Body fat amount (kg)	<b>18.22</b> ±5.12	$18.00 \pm 5.48$	.275
Visceral fat amount (kg)	<b>2.44</b> ±1.25	<b>2.45</b> ±2.13	.900

\*W/H ratio stand for waist circumference /hip circumference ratio

#### Multivariate logistic regression analysis of clinical risk factors in men

parameters	Odds ratio	P-value	95% CI
age	1.024	.028	1.003-1.047
Ex-smoker	0.840	.352	0.582-1.213
<b>Current smoking</b>	0.679	0.051	0.460-1.002
Current drinking	1.184	.307	0.856-1.636
<b>Body mass index</b>	1.012	.687	0.953-1.075
Muscle amount	0.987	.478	0.950-1.024
Stiffness index	0.985	.002	0.976-0.995
Fracture Hx. of parent	1.558	.055	0.991-2.451

Multivariate logistic regression analysis of clinical risk factors in women

parameters	Odds ratio	P-value	95% CI
age	1.055	.000	1.033-1.078
Ex-smoker	2.814	.000	2.218-3.570
<b>Current smoking</b>	2.373	.005	1.296-4.346
Current drinking	1.089	.443	0.876-1.355
<b>Body mass index</b>	0.984	.355	0.951-1.018
Muscle amount	1.009	.552	0.980-1.038
Stiffness index	0.980	.000	0.973-0.987
Fracture Hx. of parent	1.453	.004	1.126-1.875
Duration after menopause	1.008	.373	0.990-1.027

### CONCLUSION

Osteoporotic fracture prevalence is 8.9%, with women having significant correlation factors in age, bone density T-score, family history of osteoporotic fracture, and smoking habits

#### Acknowledgement

The authors thank that researchers of Institute of Lifelong Health in Yonsei University Wonju College of Medicine and Department of Preventive Medicine in Catholic Kwandong University College of Medicine, Chosun University College of Medicine, and Chungnam University College of Medicine for collecting data. We are thank to CDC in Korea for supporting this study.