attention in adult and adolescent trans women because of increased risk of low BMD and osteoporosis. Strategies to optimize bone health include monitoring of adequacy of sex steroid exposure and patient compliance for GAHT in addition to the general bone health-promoting measures such as adequate intake of calcium and vitamin D, adequate physical activity, avoidance of alcohol and smoking. Systematic DXA screening is not advised, but in presence of risk factors for osteoporosis the threshold to perform DXA should be low, in particular in trans women. Treatment decisions for trans persons can be based on the guidelines for osteoporosis in the general population.

MTE12
DIETARY PATTERNS AND BONE HEALTH

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Nutrition is an important modifiable factor for several non-communicable diseases, such as cancer and cardiovascular diseases. Increasing literature is showing that nutrition plays an important role in bone health. Diet is a complex mixture of nutrients and foods that correlate or interact with each other: therefore, unless focusing on a single nutrients as made in older literature, dietary pattern approaches have gained in importance in nutritional epidemiology, including bone health research. Altogether, recent literature suggests that dietary patterns higher in fruits, vegetables, legumes, nuts, low-fat dairy, whole grains, and fish, and lower in processed meats, sugar sweetened beverages, and sweets are associated with favorable bone health outcomes in adults, in particular decreased incidence in hip fracture. On the contrary, insufficient evidence is available to determine the relationship between dietary patterns consumed during childhood and bone health, even if the question has important public health priorities. Among the dietary patterns usually investigated, a special role is dedicated to Mediterranean diet. The combination of the nutrients included in the Mediterranean diet, including high presence of antioxidants and anti-inflammatory components, leads to a favorable bone health. On the contrary, too selective diets, such as veganism, lead to an increased risk of osteoporotic fractures, as shown by several recent works indicating that (animal) proteins are necessary for a good bone health.

MTE13
HOW CAN HEALTH ECONOMICS HELP TO OPTIMIZE PATIENT CARE IN OA

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Osteoarthritis (OA) is associated with a substantial and increasing burden on patients and society as a whole. In a world with limited resources, it is of crucial importance to efficiently allocate scarce healthcare resources available in order to optimize OA patient care. Health economics has therefore gained importance in healthcare policy-making in recent years. In addition to be safe and effective, a health technology (such as a drug) should also be cost-effective and affordable. Cost-effectiveness analysis assesses the costs and outcomes (typically expressed in quality-adjusted life years) of health technologies to derive their economic value, while affordability is typically assessed through budget impact analysis. During this Meet-the-Expert session, you will first learn about the rationale and roles of health economics in decision-making, with a focus on OA. Then, both cost-effectiveness and budget impact analyses will be briefly introduced and their methods described. The results of these analyses will then be discussed as well as the need for sensitivity analyses. The Meet-the-Expert session will also include an example on the cost-effectiveness of a single intra-articular injection of a high and low molecular weight hyaluronic acid formulation (HA-HL) as illustration.

MTE14
AN EXAMPLE OF HEALTH ECONOMIC EVALUATION: THE CASE OF I.A. HL-HA FORMULATION

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In a world with limited resources and healthcare budgets, the allocation of cost-effective treatments is very important, and in that perspective, economic evaluations are playing an increasingly important role in pricing and reimbursement decisions. Indeed, regulatory authorities take into account, at least partly, pharmaco-economic evaluations in guiding their decisions. During this Meet-the-Expert session, we will take an example of health economics evaluation using one hyaluronic acid treatment for the management of osteoarthritis. We will use the data from a recent randomized placebo-controlled trial having shown that a single intra-articular injection of a high and low molecular weight hyaluronic acid formulation (HA-HL) was clinically effective in providing a reduction in pain and functional limitation. We will discuss the cost-effectiveness of this HA-HL compared with placebo using individual patient data from the clinical trial in a specific health care perspective. A critical assessment of the methodology for costs and effectiveness evaluations will be presented during this Meet-the-Expert session. Sensitivity analyses (e.g., using lower or upper limit prices or using other threshold values for the incremental cost/effectiveness ratio) will also be presented and discussed.

MTE15
IDENTIFYING VERY HIGH FRACTURE RISK PATIENTS IN REAL-WORLD CLINICAL PRACTICE: INNOVATIONS AND IMPLICATIONS

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In this forward-thinking session, Dr Maria Talla will provide her expert perspective on the identification of patients with osteoporosis at very high fracture risk (VHFR)—a population with a great clinical need. Building on this, the optimisation of pathways for such patients will also form an important focus of this meeting.

To begin, Dr Talla will offer an insight into the key development milestones that now underpin her own clinic's fracture-identification pathway. She will then discuss how the implementation of tools and prioritisation strategies have led to improved efficiencies in the care of VHFR patients. Finally, Dr Talla will explore some of the latest innovations being pioneered in her clinic that are helping to advance fracture-risk evaluation, including a digital fracture liaison service solution and other technology-based approaches.

This session features an engaging, interactive format, with the audience encouraged to provide their comments, thoughts and questions throughout.

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