

ABSTRACT

Background: Osteoporosis, a chronic, progressive disease of multifactorial aetiology and one of the most common metabolic bone diseases worldwide. Despite ample sunshine, the Middle East and Africa register the highest rates of rickets worldwide. Low levels of vitamin D are prevalent throughout the region. There is a paucity of data on osteoporosis in Africa as it's generally thought not to affect the non Caucasian population. We sought to describe the population with osteoporosis in a Nairobi rheumatology clinic. **Objective :** This study sets out to describe the clinical characteristics of patients with osteoporosis seen at a rheumatology clinic in Nairobi. **Methods :** This was a cross-sectional study done on patients with the World Health Organization (WHO) definition of osteoporosis of a T-score of – 2.5 on bone mineral density scan. The study site was a rheumatology clinic in Nairobi. The study variables were age, sex, clinical presentation and selected comorbidities. **Results :** Fifty six patients with a WHO definition of osteoporosis were recruited. The age distribution was 31- 95 years with a mean age of 63.95 years with the most affected being above the age of 60 years at 71.5%. Majority were female (89.3%), with the main presenting complaints as polyarthralgia (30.4%) followed by lower back pain (19.6%) and pathological fractures (12.5%). The most common comorbidity being rheumatoid arthritis (39.3%) followed by steroids therapy (25%). Others included osteoarthritis, fibromyalgia, systemic lupus erythromatosus and diabetes. Seven study participants had history of fracture with lumbar leading at 42.8%. None of the study participants were smokers. The number of patients on calcium supplements was at 71.4% and bisphosphonates was low at 21.4%. **Conclusion:** The findings of this study from age to comorbidities on osteoporosis are in keeping with literature. The presence of fibromyalgia as a comorbidity was an interesting finding. The number of patients on bisphosphonates was low which differed from Western literature. Stratification of patients at risk should be done so that active screening and prompt early management for osteoporosis can be instituted. Attempts should be to offer cheaper bisphosphonates so that the affected can benefit from the drugs