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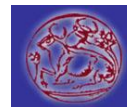
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**υγεία**  
Α.Α. ΠΑΤΙΑΚΟΣ ο.ε.

ΕΤΑΙΡΕΙΑ ΑΝΑΤΥΞΗΣ & ΕΜΠΟΡΙΑΣ  
ΟΡΓΑΝΩΣΕΩΝ & ΑΝΑΜΟΧΕΥΣΕΩΝ ΑΥΞΕΩΝ  
Α. ΚΝΙΔΟΥ 348 (ΕΛΜΑΤΙ ΒΕΝΙΖΕΛΕΩΝ)  
ΤΗΛ. 2010 204221

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(body mass index, BMI),  
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[30, 40, 41].

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[45]. (round back),

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Lin

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Lebkowski

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(BMI),

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(BMR),

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[72, 73].

Schofield [74]

Harris . Benedict [75],

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SPSS (Statistical Package for the Social Sciences) for Windows, Rel. 13.0 (SPSS Inc. Chicago, IL).

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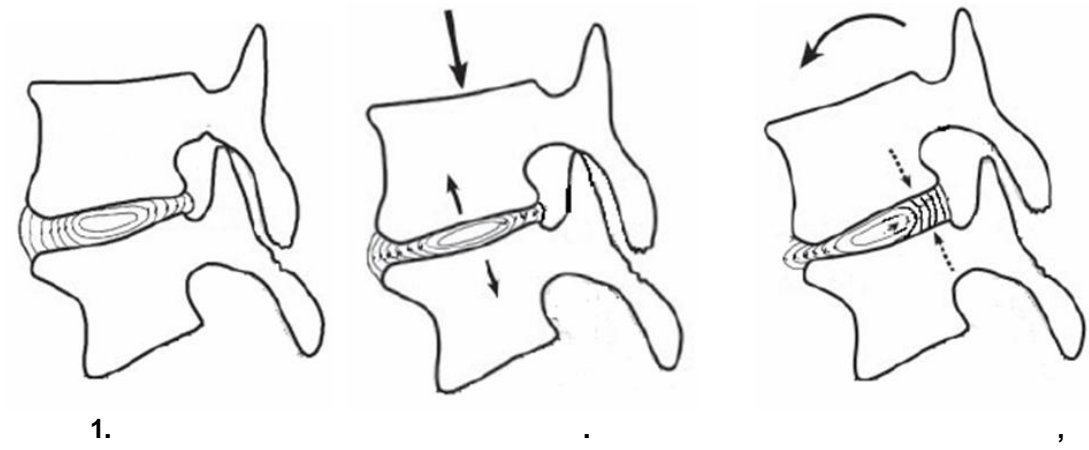
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[13, 14].

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(neutral zone, NZ)

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[18].

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[22, 23].

[19, 24].

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Schmorl.

[17].

(modulus of elasticity)

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5- 10%

40% [35].

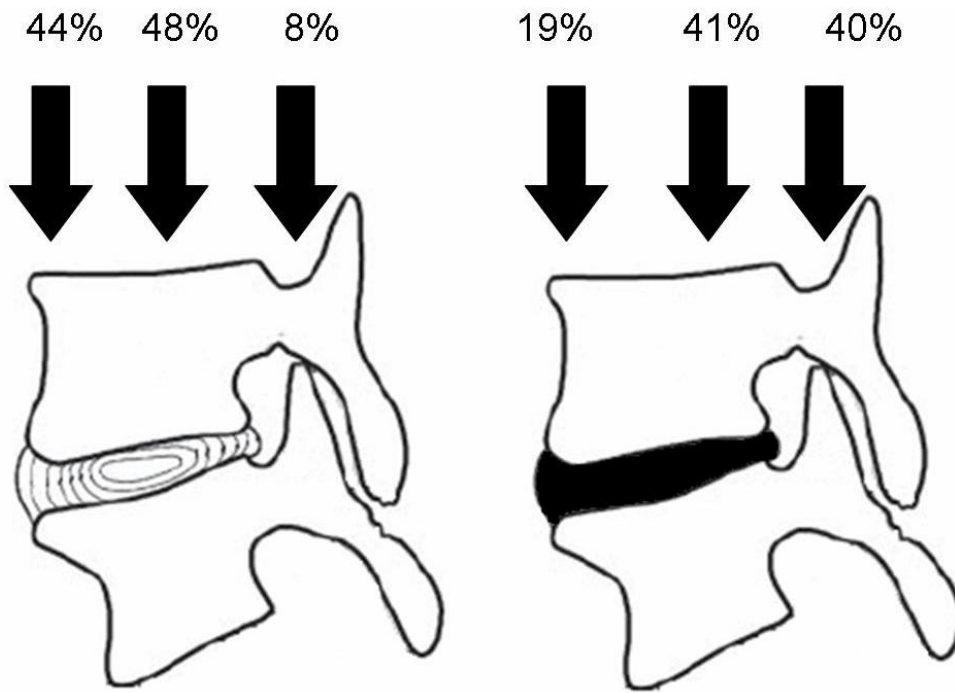
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[37].





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( )

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Schmorl

[48].

[49- 51].

[52, 53].

[1, 53, 54].

[55, 56].

[55, 56].

[57- 59],

[52, 56].

(shear).  
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79%  
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[52]  
[61].  
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[62-  
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[65, 66].  
[55].  
[67].  
[1].  
[63, 68, 69],  
[70- 73].  
« » (facet joint  
syndrome).

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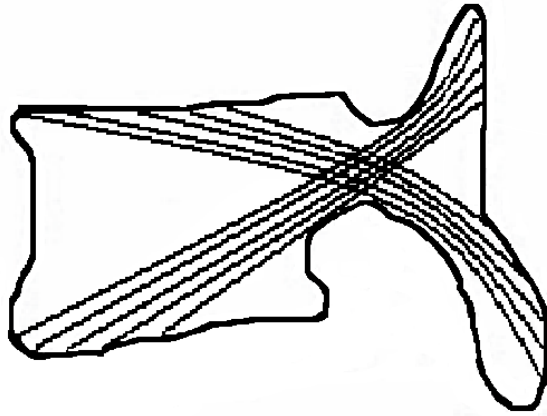
[79- 82].

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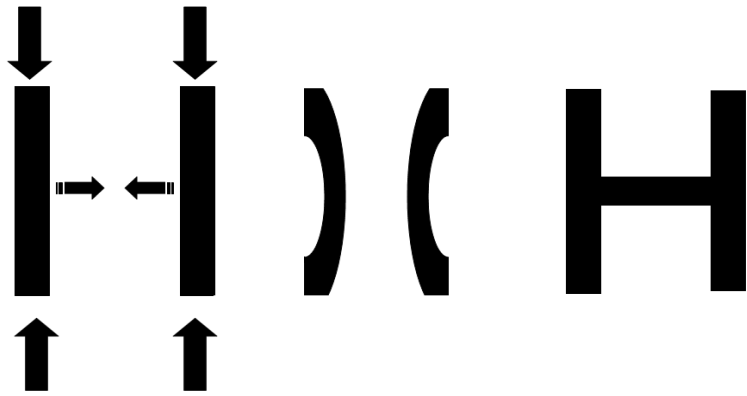
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4. (cross-link)

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[96].

follow- up

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[51].

[99].

[56].

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the tools used for data collection.

3. The third part of the document presents the results of the study. It includes a series of tables and graphs that illustrate the findings of the research. The data shows a clear trend in the relationship between the variables being studied.

4. The fourth part of the document discusses the implications of the findings. It highlights the potential applications of the research in various fields and the need for further investigation in this area.

5. The fifth part of the document concludes the study and provides a summary of the key findings. It also includes a list of references and a bibliography of the sources used in the research.

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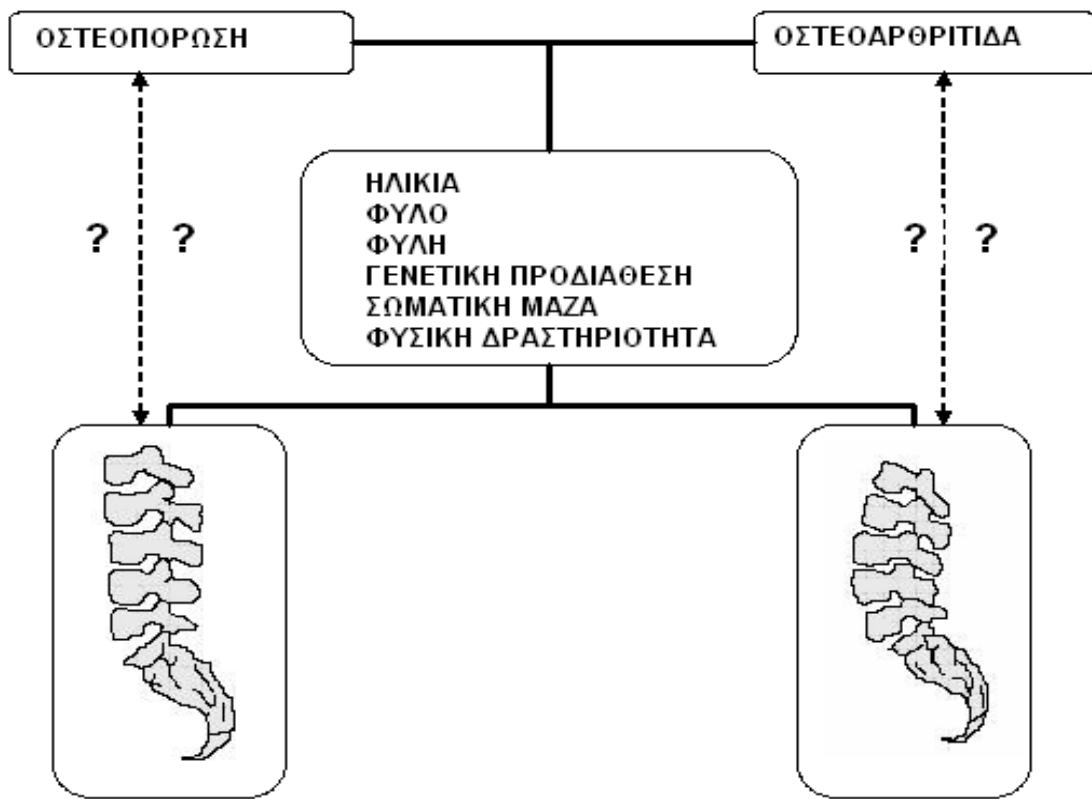
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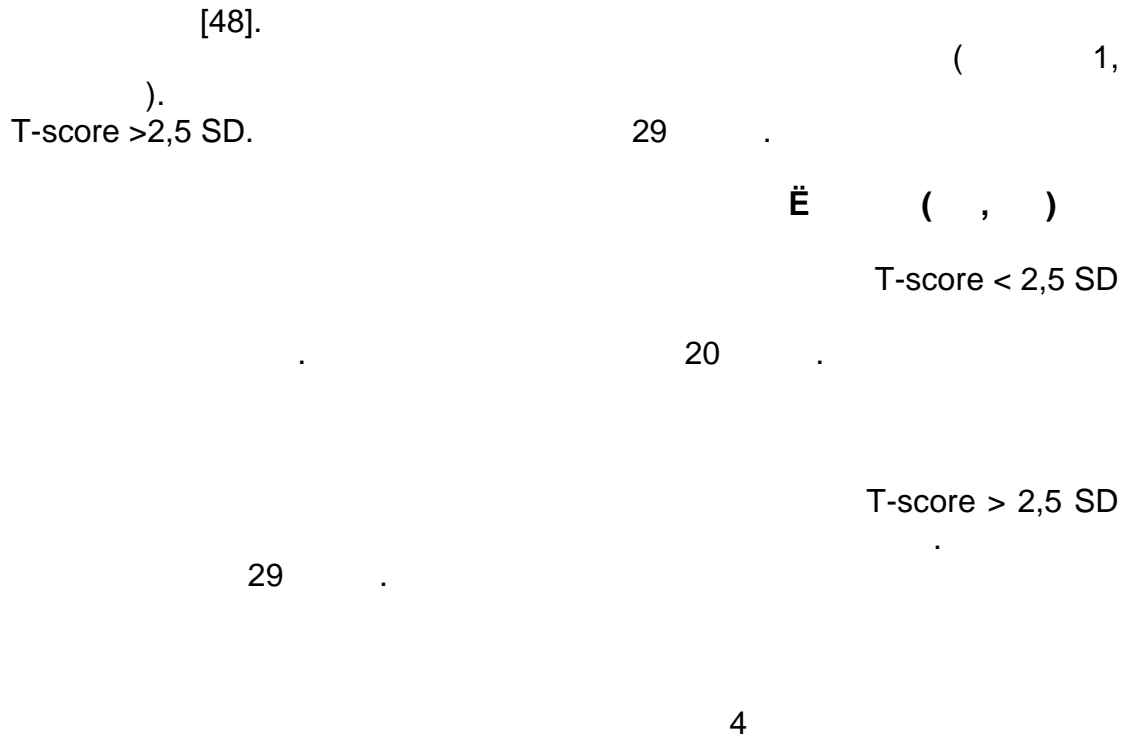
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	= 34	= 29	+ = 20	Control = 29	-
( )	59.1 (5.8) <sup>a</sup>	56.1 (6.6)	62.3 (6.3) <sup>b c</sup>	53.1 (6.2)	p<0.0005
(m)	154.5 (6.8)	157.3(6.5)	153.5(5.0)	155.7 (4.8)	p=0.127
(kg)	67.5 (10.0) <sup>d</sup>	72.3(12.2)	63.6 (8.7) <sup>e f</sup>	74.7 (9.8)	p=0.001
BMI (kg/m <sup>2</sup> )	28.3 (3.9)	29.5 (5.5)	27.9 (3.1)	30.9 (4.4)	p=0.246
PAL	1.7 (0.4)	1.6 (0.6)	1.6 (0.6)	1.6 (0.5)	p=0.694
BMR <sub>H-B</sub> (kcal/day)	1288.6 (109.8) <sup>g</sup>	1354.9 (111.0)	1236.2 (100.3) <sup>h i</sup>	1385.3 (100.4)	p<0.0005
BMR <sub>Sch</sub> (kcal/day)	1406 (83.4)	1448.5 (101.1)	1374.3 (72.4) <sup>j</sup>	1465.9 (82.0)	p=0.001
1 Æ 5 (deg)	40.7 (11.5)	38.0 (15.1)	41.8(13.2)	38.6 (11.6)	p=0.686
1 Æ 1 (deg)	54.1 (12.5)	52.3 (12.9)	52.3(12.5)	51.8 (14.2)	p=0.903
5 Æ 1 (deg)	15.2 (7.1)	15.4 (5.4)	13.3 (6.1)	14.3 (4.8)	p=0.605

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a,b,c,d,e,f,g,h,i,j  
 a : p=0,001 vs Control  
 b : p=0,005 vs OA  
 c : p<0,0005 vs Control  
 d : p=0,045 vs Control  
 e : p=0,023 vs OA

f : p=0,002 vs Control  
 g : p=0,003 vs Control  
 h : p=0,001 vs OA  
 i : p<0,0005 vs Control  
 j : p=0,023 vs OA

BMI  
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1 . 5 (p=0,011)

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BMR<sub>Sch</sub>

1 . 1 (p=0,013).

3.

		Control		OA		
1	5	r=-0.010 p=0.915	r= -0.119 p= 0.537	r=-0.068 p=0.701	r= -0.208 p= 0.279	r= 0.251 p= 0.286
1	1	r=0.062 p=0.513	r= -0.080 p= 0.678	r=0.072 p=0.685	r= -0.023 p= 0.904	r= 0.349 p= 0.132
5	1	r=0.137 p=0.149	r= 0.096 p= 0.620	r=0.201 p=0.254	<b>r= 0.325</b> <b>p= 0.085</b>	r= 0.033 p= 0.889
<b>BMI</b>						
1	5	r=-0.133 p=0.161	r=0.164 p=0.394	r= -0.309 p= 0.076	r= -0.081 p= 0.677	r= -0.320 p= 0.170
1	1	r=-0.057 p=0.552	r=0.236 p=0.219	r= -0.253 p= 0.148	r= 0.01 p= 0.960	<b>r= -0.431</b> <b>p= 0.058</b>
5	1	r=0.062 p=0.514	r=0.128 p=0.507	r= 0.006 p= 0.975	r= 0.152 p= 0.432	r= -0.135 p= 0.570
<b>PAL</b>						
1	5	<b>r=-0.231</b> <b>p=0.014</b>	r=-0.141 p=0.467	r= -0.244 p= 0.165	r= -0.249 p= 0.193	r= -0.350 p= 0.130
1	1	r=-0.179 p=0.60	r=0.021 p=0.913	r= -0.182 p= 0.304	r= -0.295 p= 0.121	r= -0.350 p= 0.131
5	1	r=0.133 p=0.162	<b>r=0.435</b> <b>p=0.018</b>	r= 0.110 p= 0.534	r= -0.016 p= 0.935	r= 0.055 p= 0.819
<b>BMR<sub>H-B</sub></b>						
1	5	r=-0.142 p=0.134	r=0.09 p=0.642	r= -0.188 p= 0.286	r= 0.087 p= 0.655	<b>r= -0.576</b> <b>p= 0.008</b>
1	1	r=-0.105 p=0.271	r=0.153 p=0.427	r= -0.258 p= 0.141	r= 0.111 p= 0.567	<b>r= -0.574</b> <b>p= 0.008</b>
5	1	r=-0.033 p=0.729	r=0.064 p=0.741	r= -0.192 p= 0.276	r= 0.028 p= 0.886	r= -0.048 p= 0.840
<b>BMR<sub>Sch</sub></b>						
1	5	r=-0.161 p=0.09	r=0.080 p=0.682	r= -0.247 p= 0.159	r= 0.005 p= 0.978	<b>r= -0.557</b> <b>p= 0.011</b>
1	1	r=-0.092 p=0.334	r=0.161 p=0.404	r= -0.270 p= 0.122	r= 0.086 p= 0.658	<b>r= -0.544</b> <b>p= 0.013</b>
5	1	r=0.017 p=0.856	r=0.108 p=0.577	r= -0.134 p= 0.449	r= 0.129 p= 0.504	r= -0.058 p= 0.807

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. r= Pearson correlation coefficient.

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(round back),  
[4].

[5].

[2, 10- 13]. [4, 6- 9],

[14, 15].

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(QDR . 2000, Hologic, Waltham, MA).

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 ) ( = 95),  
 [16] ( = 73),  
 ( ) ( = 59), ( = 68),  
 ( ) ( = 39), ( = 18), ( =  
 Scheuermann 10), ( = 11), ( ) ( = 13). 33

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Cobb

[22- 24].

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T score < - 2,5 SD

(One factor ANOVA model with no repeated measurements),  
 2 (pairwise multiple comparisons) test  
 Mann-Whitney.

Pearson Spearman.  
 (two-sided)

p= 0,05.

SPSS (Statistical Package for the Social Sciences) for Windows, Rel. 13.0  
 (SPSS Inc. Chicago, IL).

54 , 51

T score  
 1.

(body mass index, BMI)

2.

3.

	. . [ ]		. . [ ]		. . [ ]	
<b>BMD L1</b>	.74 [.14]	.44 -1.07	.86 [.11]	.68 -1.07	.62 [.07]	.44 -.70
<b>BMD L2</b>	.83 [.15]	.49 -1.25	.95 [.12]	.80 -1.25	.68 [.09]	.49 -.85
<b>BMD L3</b>	.89 [.15]	.57 -1.24	.98 [.14]	.81 -1.24	.76 [.10]	.57 -.93
<b>BMD L4</b>	.92 [.16]	.52 -1.31	1.04 [.15]	.86 -1.31	.81 [.08]	.59 -.95
<b>BMD L1-L4</b>	.85 [.14]	.51 -1.17	.96 [.12]	.82 -1.17	.72 [.08]	.51 -.82
<b>T score L1</b>	-1.66 [1.28]	-4.43 -1.29	-.61 [1.03]	-2.26 -1.01	-2.78 [.66]	-4.43 . (-2.03)
<b>T score L2</b>	-1.81 [1.40]	-4.93 -1.99	-.74 [1.12]	-2.04 -1.99	-3.12 [.81]	-4.93 . (-1.63)
<b>T score L3</b>	-1.81 [1.34]	-4.64 -1.42	-.91 [1.23]	-2.46 -1.42	-2.97 [.87]	-4.64 . (-1.36)
<b>T score L4</b>	-1.75 [1.43]	-5.39 -1.75	-.66 [1.38]	-2.37 -1.75	-2.88 [.89]	-5.39 . (-1.53)



<b>T score L1-L4</b>	-1.77 [1.29]	-4.89 -1.15	-.80 [1.09]	-2.03 -1.15	-2.93 [.71]	-4.89 . (-2.06)
<b>L1-L5</b>	39.64 [12.77]	3.00 -76.00	37.98 [15.13]	3.00 - 76.00	40.74 [11.49]	4.50 - 58.00
<b>L1-S1</b>	52.72 [12.92]	12.00 - 79.00	52.29 [12.90]	12.00 - 72.50	54.10 [12.51]	25.00 - 79.00
<b>L5-S1</b>	14.68 [5.94]	2.50 -35.00	14.28 [4.81]	2.50 - 22.00	15.24 [7.12]	3.00 - 35.00

1

	<b>n = 105</b>	<b>n = 51</b>	<b>n = 54</b>	<b>(p value)</b>
<b>( )</b>	57,3 [6,94]	56,37 [6,66]	58,63 [7,17]	p = NS
<b>BMI (kg/m<sup>2</sup>)</b>	29,03 [4,50]	29,48 [4,26]	28,45 [4,77]	p = NS
<b>1 Ę 5 ( )</b>	39,64 [12,77]	38,55 [11,59]	40,74 [11,49]	p = NS
<b>1 Ę 1 ( )</b>	52,72 [12,92]	51,81 [14,20]	54,10 [12,51]	p = NS
<b>5 Ę 1 ( )</b>	14,68 [5,94]	14,28 [4,81]	15,24 [7,12]	p = NS

2

( ) , NS = non significant ( ) .

		<b>BMD</b>	<b>BMD</b>	<b>BMD</b>	<b>BMD</b>	<b>BMD</b>
		<b>L1</b>	<b>L2</b>	<b>L3</b>	<b>L4</b>	<b>L1 Ę L4</b>
<b>1 Ę 5</b>	Pearson (r)	-.131	-.082	-.110	-.183	-.134
	p-value	.170	.388	.250	.053	.160
<b>1 Ę 1</b>	Pearson (r)	-.108	-.065	-.038	-.128	-.087
	p-value	.258	.497	.694	.178	.359
<b>5 Ę 1</b>	Pearson (r)	-.041	-.044	.003	-.020	-.024
	p-value	.667	.644	.979	.837	.801
<b>1 Ę 5</b>	Pearson (r)	-.005	.042	.032	-.060	.003
	p-value	.977	.814	.858	.737	.984
<b>1 Ę 1</b>	Pearson (r)	.072	-.045	.133	-.025	.042

	p-value	.685	.802	.453	.887	.813
5 Æ 1	Pearson (r)	.096	-.011	.103	-.046	.037
	p-value	.587	.950	.563	.796	.835
1 Æ 5	Pearson (r)	.050	.103	.158	.044	.101
	p-value	.797	.594	.413	.822	.604
1 Æ 1	Pearson (r)	-.030	.064	.062	.011	.036
	p-value	.878	.740	.749	.953	.854
5 Æ 1	Pearson (r)	-.284	-.202	-.222	-.116	-.207
	p-value	.136	.293	.248	.548	.282

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[12]

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Sinaki

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[4, 6, 9- 11].

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[13].

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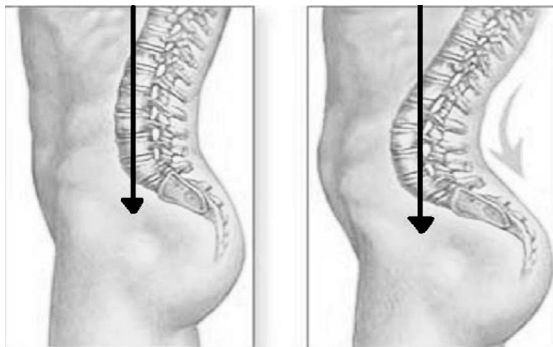
50 [1, 2].

[3].

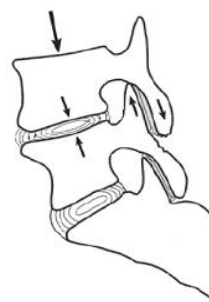
[4].

[5].

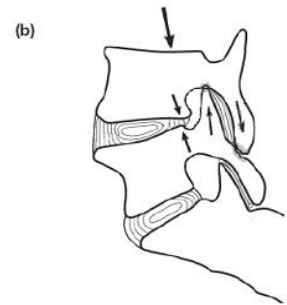
[6, 7].



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[8].

[8].

[9].

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[11].

[12- 15]

[1, 2].

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- 2)
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Kellgren-Lawrence

[5]. 98%.

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112  
112  
40 -76 ( )  
= 57,3 ).

Cobb

[16- 18].  
50 -75%  
[19- 24],  
10  
15  
35  
80%  
p = 0,05

(One factor ANOVA model with no repeated measurements), Student's t-test  
multiple comparisons) o test Mann-Whitney. 2 (pairwise

49 , 63

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(2). 1. 5  
39,6 , 1 . 1 52,7 , 5 . 1 14,7 .  
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Lin [25] , 149  
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[28] [26, 27]. , Lebkowski

Jackson [29]

Fahrni Trueman [30]

[31- 33].

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### ***Summary of background data***

The curvature of the lumbar spine and the risk of developing either osteoporosis or osteoarthritis are influenced by many common factors. Since normal lordosis displays a wide spectrum of values, it is possible that patients with osteoarthritis have a different range than those with osteoporosis.

### ***Purpose***

The primary aim of this dissertation is to investigate the relationship between lumbar lordosis and the risk factors for developing osteoporosis and osteoarthritis. Besides that, an attempt is undertaken to clarify the correlation between lumbar spine curvature with the presence of either disease.

### ***Material and methods***

The design of the study was cross - sectional, randomized and observational. Subjects were selected from a group of 524 consecutive patients that were examined over a period of 6 months in the Outpatients Department of the Orthopaedics Clinic, University Hospital of Heraklion, Crete. All patients underwent DEXA scanning with the same equipment. Additionally, they were all referred for anteroposterior and lateral radiographic examination of the thoracic and lumbar spine in the standing position. From these, Cobb's lumbar lordosis angle was calculated between L<sub>1</sub>- L<sub>5</sub>, L<sub>1</sub>- S<sub>1</sub> and L<sub>5</sub>-S<sub>1</sub>. All lumbar radiographs were examined on two separate occasions, independently by two observers.

### ***Results***

The findings of this study are in agreement with previously established correlations between risk factors and the presence of osteoporosis or osteoarthritis. However, no significant differences were found in the degree of lumbar lordosis and the lumbosacral angle between patients with osteoporosis, patients with lumbar spine osteoarthritis, patients with both diseases and healthy individuals.

### ***Conclusions***

Besides the hypotheses, correlations were examined that were already known, and were found to be in agreement with already established facts. Consequently, although the presumptions that generated the tested hypothesis are valid, the results do not support it. Evidently, the magnitude of effect of these risk factors on disease occurrence is different than that on spinal configuration. Another reason for which the hypotheses was invalidated could be that the other, not common factors that are involved have a significant influence on disease development and a negligible or no influence on lordosis.