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Further interest in investigation of any links between these conditions. Therefore, prevalence of FM in patients with painful knee OA is of considerable interest.

Objectives: The purpose of this study was to evaluate the prevalence of fibromyalgia (FM) in patients with painful knee OA.

Methods: The study involved 92 patients (63 females and 29 males) with painful knee OA according to Kellgren-Lawrence scale grading. FM was diagnosed in these subjects if both ACR 1990 and 2010 criteria were met.

Results: FM was diagnosed in 21 patients (22.83%). Among female patients, FM was confirmed in 19 from 63 subjects (30.16%) compared to 2 from 29 male patients (6.90%). No relationship was found between the radiologic stage of the knee OA and FM prevalence in the investigated subjects.

Conclusions: The prevalence of FM is relatively high in painful knee OA patients, mostly female. Further studies investigating possible FM impact on pain modulation, functional disability and quality of life in painful knee OA are needed.

REFERENCES:

Disclosure of Interest: None declared
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AB1068 PAIN, FATIGUE AND FUNCTIONAL IMPAIRMENT IN FIBROMYALGIA PATIENTS MAY BE REDUCED BY ADDING A CYCLE OF HYPERBARIC OXYGEN THERAPY (HBOT) TREATMENT

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Background: Fibromyalgia Syndrome (FM) is a persistent and debilitating disorder estimated to impair the quality of life of 2%-4% of the population. FM is an important representative example of central nervous system sensitisation and is associated with abnormal brain activity. The syndrome is still elusive and refractory. Hyperbaric oxygen therapy (HBOT) may rectify abnormal brain function underlying the symptoms of FM patients. Increasing oxygen concentration by HBOT may change the brain metabolism and glial function to rectify the FM-associated brain abnormal activity.

Objectives: To evaluate the effect of HBOT on clinical symptoms in FM resistant to the usual pharmacological treatment

Methods: Thirty female patients, aged 21–67 years and diagnosed with FM at least 2 years earlier, and resistant to any pharmacological treatment were assigned to be added on with HBOT. The treated group patients were evaluated at baseline and after 10 and 20 HBOT sessions. Evaluations consisted of physical examination, including tender point count, extensive evaluation of quality of life. Study endpoints included assessments of pain (VAS), the FACIT Fatigue Scale and reporting of osteoarthritis. Classification of osteoarthritis of the knee.

Results: Out of 146 subjects, 89 (61%) were women. Mean age was 64.6 (SD 12.7) years. This sub-population from the Epipain cohort reported a high prevalence of CWP without significant difference between men and women (33.9% vs 44.9%; p=0.041). Women had lower PPTg than men (345.0 kPa vs. 563.9 kPa; p=0.01). Subjects classified as CWP had reduced pain threshold (PPT) and also as an effect of bad sleep.

Objectives: The aim was to study pain threshold in people with CWP in comparison with those having no chronic pain (NCP) or chronic regional pain (CRP), but also in relation to self-reported sleep problems.

Methods: From a 21 year follow-up of the Swedish population based Epipain cohort (n 1321), 146 subjects, with and without a report of chronic pain, were invited to a clinical assessment including measurement of PPT. Subjects were classified as having NCP, CRP or CWP, according to the definition of CWP in the ACR 1990 criteria for a pain, FM, Teg, and also to the new ACR criteria for CRP.

Disclosure of Interest: None declared

AB1069 CHRONIC WIDESPREAD PAIN, SLEEP PROBLEMS AND PRESSURE PAIN THRESHOLDS IN A POPULATION SAMPLE

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Background: Chronic musculoskeletal pain is common in the general population and 11% report chronic widespread pain (CWP). A sensitisation of the nociceptive system has been proposed to be one possible mechanism behind CWP, a prerequisite for fibromyalgia (FM). A reduced pressure pain threshold (PPT) has been reported in subjects with FM, but also as an effect of bad sleep.

Objectives: The aim was to study pain threshold in people with CWP in comparison with those having no chronic pain (NCP) or chronic regional pain (CRP), but also in relation to self-reported sleep problems.

Methods: From a 21 year follow-up of the Swedish population based Epipain cohort (n 1321), 146 subjects, with and without a report of chronic pain, were invited to a clinical assessment including measurement of PPT. Subjects were classified as having NCP, CRP or CWP, according to the definition of CWP in the ACR 1990 criteria for a pain, FM, Teg, and also to the new ACR criteria for CRP.

Disclosure of Interest: None declared

Back pain, mechanical musculoskeletal problems, local soft tissue disorders

AB1070 VARIATIONS IN THE LENGTH OF MUSCULOSKELETAL TEMPORARY WORK DISABILITIES IN PATIENTS INCLUDED IN AN EARLY INTERVENTION PROGRAM

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Background: Musculoskeletal disorders cause in Spain 23% of temporary work disability (TD) and they are the first cause of permanent work disability (PD). A study of early intervention (early assessment and immediate treatment by a rheumatologist) reduced TD days (39%) and evolution to PD (50%)1. Using the “Fit for Work” European coalition led by AbbVie, the program is implemented nationwide.

Objectives: The aim of this study is to analyse the variation in the number of days of sick leave in the patients included in an early intervention program comparing to usual average.

Methods: Observational cross-sectional study of a hospital cohort of outpatients referred during 18 consecutive months. The patients were referred for the first time to the Rheumatology Early Intervention consultation program because of temporary work disabilities due to musculoskeletal disorders. All of them received medical treatment; and underwent ultrasound, joint injections and learned exercises when needed. Patients whose disabilities were due to trauma or surgery were not included in the study.

Results: We evaluated 270 patients with a mean age of 48.9 years. 64% were women. The most frequently reported diseases were lumbar/sciatic pain (28.5%), shoulder pain (20%), neck pain (8%), knee pain (5.6%) and other arthralgias and tenosynovitis (20%).

All patients received medical treatment, 38.5% underwent ultrasound examination and 19.2% received joint injections. The pathologies with longest lengths of TD after the first visit to the rheumatologist were lumbar/sciatic pain (mean 40.6 days), neck pain (mean 33 days) and shoulder pain (mean 23.8 days). If we compare this data with the existent control group from San Carlos Hospital (Madrid), we can see a decrease of the days in sick leave of 29.5% in lumbar/sciatic pain (from 57.5 to 40.6 days), 11.7% in neck pain (from 37.4 to 33 days) and 36.3% in shoulder pain (from 37.4 to 23.8 days).

Conclusions: Early intervention by rheumatologists in patients with temporary work disability due to musculoskeletal disorders reduces the length of sick leaves. A quick diagnosis and assessment by specialists can improve the patient outcomes saving costs to health system.

REFERENCE:

Disclosure of Interest: None declared

AB1071 WHAT FACTORS AFFECT THE EFFECTIVENESS OF NSAIDS FOR ACUTE LOW BACK PAIN?

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Background: Nonsteroidal anti-inflammatory drugs (NSAID) are the main instruments for acute LBP (LOW BACK PAIN) treatment. However, up to now, factors that influence the effectiveness of NSAIDs have not been determined fully.

Objectives: To assess effects of some clinical and anamnestic factors on NSAIDs effectiveness in acute LBP.

Methods: The study group comprised 2078 patients (46.3±13.4 years, women 56.6%) with acute LBP treated in real clinical practice. 34.8% had first episode of LBP, 65.2% had second episode (an average of 2.6±1.4 episodes a year). Numerical rating scale (NRS) of 0–10 points estimated the level of pain. Initially, the pain level was 6.69±1.65. 57.0% of patients had severe pain (>7 NRS). Pain remained in rest in 32.0%, at night in 19.0%, stiffness was noted in 60.7%, radiating leg pain in 28.2%, sciatica at 9.6%. NSAIDs used 70.2% of patients in the history of LBP, 28.0% rated their effectiveness as good, 54.6% as moderate and 17.4% as low. Meloxicam 15 mg once daily was prescribed for a period of up to 2 weeks for all the patients. 86.1% of patients received meloxicam intramuscular injection (im) for 2 days, then per os, 13.9% only per os. 52.3% received muscle relaxants, 17.4% – B vitamins, per os or im. 21.6% of patients received PPI for the prevention of gastrointestinal complications. The study evaluated the frequency of LBP complete relief with NSAIDs for up to 2 weeks.

Results: The complete pain relief was in 75.2% of the patients, the average NSAID use duration before pain ceased was 8.6±5.5 days. 83.7% of patients rated the early treatment as “good” or “excellent”. Adverse reactions were noted in 4.6% of patients, there were no serious complications. Female sex and the use of B vitamins did not influence the outcome of the treatment: odds ratio (OR, 95% confidence interval) 0.967 (0.795–1.177), p=0.763 and 0.917 (0.804–1.1021), p=0.452. Age <65 years, the first episode of LBP and a good effect of NSAIDs in a history were associated with the best result of treatment: OR 2.053 (1.592–2.642), p=0.000; 1.415 (1.09–1.836), p=0.009; 1.937 (1.513–2.481), p=0.000. Severe pain (>7 NRS), pain at rest and at night, radiating leg pain and especially sciatica were associated with worse results: OR 0.599 (0.487–0.737), p=0.000; 0.481 (0.393–0.588), p=0.000; 0.559 (0.441–0.709), p=0.000; 0.511 (0.413–0.631), p=0.000; 0.348 (0.256–0.466), p=0.000. The combination of NSAIDs and muscle relaxants, in comparison with the monotherapy of NSAIDs, was associated with a lower incidence of PPI (p=0.001). Adverse reactions were noted in 4.6% of patients, there were no serious complications. Female sex and the use of B vitamins did not improve the outcome of the treatment.

Conclusions: Meloxicam 15 mg/day dosage is effective and safe for treating acute LBP. The sex of patients does not affect the outcome of treatment. Age <65 years, first episode of LBP and a good “response” to NSAIDs in history are associated with better treatment outcomes. Severe pain, the pain at rest and pain at night, radiating leg pain and sciatica are associated with the worst result. The combination of NSAIDs with muscle relaxants and B vitamins did not improve the outcome of the treatment.

Disclosure of Interest: None declared

AB1072 THE MEDIAN NERVE CROSS-SECTIONAL AREA MAY BE A PARAMETER OF FOLLOW-UP AFTER TREATMENT IN PATIENTS WITH CARPAL TUNNEL SYNDROME?

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Objectives: Carpal tunnel syndrome (CTS) is the most common entrapment neuropathy in general population. Diagnosis of CTS depends on clinical symptoms, physical examination and electrophysiological findings. In recent years, diagnostic value of median nerve ultrasonography has increased particularly for the CTS. To aim of this study compare the electrophysiological and ultrasonographic findings at CTS patients who treated with splinting at night during three months.

Methods: The patients, who were diagnosed with mild or moderate CTS, received a fabricated night orthotic which held the wrist in a neutral position during sleep. In the clinic, self-report of CWP was used as a determinant of pain sensitivity, but it is also important to assess sleep problems, and especially frequent awakenings and reports of not feeling rested.

Results: Longitudinal data was collected from 63 consecutive patients presenting with carpal tunnel syndrome. Demographic data was collected at baseline and every 3 months. Median nerve cross-sectional area (M-CSA) was measured by ultrasonography at the level of radio-ulnar joint, pisiform bone, and hook of hamate. After treatment, 68