musculoskeletal system disorders. Local inflammation could be the major cause of night pain, and using a deep diathermic modality might be contradictory.
Objectives: Investigation of the effectiveness of short wave diathermy SWD treatment in patient with SIS and to emphasize the significance of night pain (NP) status on treatment response.
Methods: In this double-blind, randomized placebo controlled trial, 57 patients aged between 35 to 65 years, diagnosed as SIS were classified into two groups as night pain positive NP(+) (n=28) and night pain negative NP(-) (n=29). Both groups were randomly assigned to SWD treatment NP(+) n=14, NP(-) n=14 and sham NP(+) n=15, NP (-) n=14 subgroups. Exercise, cold pack application and a non-steroidal anti-inflammatory drug treatment were applied to all groups. 27.12 MHz continuous SWD (daily 20 min per session, 5 days per week, for 2 weeks, 10 sessions) was applied to the treatment groups while sham SWD was applied to the sham groups with the same protocol. Rest, activity and night visual analog scale (VAS), Constant (Murley) Score (CS) and Shoulder Disability Questionnaire (SDQ) were used for evaluation of patients at 2 weeks before the treatment, 1 month and 2 months after the treatment.
Results: There were no statistical differences between the SWD treatment and sham groups in all outcome parameters except for the Constant pain scores in NP (+) group. In NP(-) group, SWD treatment improved the parameters of pain, strength, total scores of CS, and SDQ compared to sham group at 1 month. SWD treatment was superior to sham for all parameters except for the Constant daily living activity scores at 2 months.
Conclusions: In conclusion, addition of 27.12 MHz continuous SWD treatment to conventional therapies provides long term benefits when compared to sham SWD in terms of rest and activity VAS scores, Constant-Murley scores, and SDQ scores in SIS patients without night pain. However, there was no convincing evidence that SWD treatment is of additional benefit in SIS patients with NP. Therefore; night pain as a symptom should be regarded in the selection of treatment modalities in order to use the deep heaters effectively in the management of SIS.
References:
[1] Van der Windt DA, Koes BW, de Jong BA, Bouter LM (1995) Shoulder disorders in general practice: incidence, patient characteristics, and management. Ann Rheum Dis 54(12), 959–964.
[2] Minns Lowe CJ, Moser J, Barker K (2014) Living with a symptomatic rotator cuff tear "bad days, bad nights": a qualitative study. BMC Musculoskelet Disord 15:228.
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SAT0596 EFFICACY OF EPIDURAL STEROID INJECTION IN LUMBAR SPINAL STENOSIS IS NOT RELATED TO THE DEGREE OF SEVERITY BY MRI

E.S. Elsayad[1], M.A. Mortada[1], T. Abd El Samad Elhawala[2], E.S.A. Abd El Hady[3], A. Hijab[4]. *[1]Rheumatology & Rehabilitation; [2]Orthopaedic Surgery, Zagazig University, Zagazig; [3]Rheumatology & Rehabilitation, El Mataria Hospital, Cairo; [4]Anesthesia, Zagazig University, Zagazig, Egypt*

Background: Lumbar spinal stenosis (LSS) is a common degenerative disease. Treatment modalities for LSS vary and include medication, exercise, interventional techniques, and surgery. Epidural steroid injection has been used for the treatment of LSS with variable results. The relationship between severity of lumbar spinal stenosis and efficacy of lumbar epidural steroid injection is still undetermined.
Objectives: The aim of our study was to determine the relationship between the severity of LSS using MRI grading system and the response to lumbar epidural steroid injection.
Methods: Thirty patients with degenerative LSS were enrolled in this prospective study. All subjects underwent lumbar spine MRI (T2-weighted axial images). LSS was graded using MRI grading system (grade 1 = mild stenosis with separation of all cauda equine; grade 2 = moderate stenosis with some cauda equine aggregated; grade 3 = severe stenosis with none of the cauda equine separated). All fluoroscopy guided transforaminal epidural steroid injections (FG- TFESI) were performed in the procedure room. Outcome measures were obtained using the visual analogue scale (VAS) for both back and leg pain, Oswestry disability index (ODI), Roland 5-point pain scale, walking tolerance and patient's satisfaction scale at 2 and 8 weeks post-treatment.
Results: Thirty LSS patients treated with FG- TFESI, who were completely followed up, were included in this study, the injection rate was one injection per patient. The patients were followed at 2 weeks and 8 weeks. Fifty-six percent of patients at 2 weeks and 70%% at 8 weeks had a successful outcome, reporting at least a >50% reduction between pre-injection and post-injection visual analogue pain scores.Roland 5 point pain scale showed pain reduction in 50% of patients by (26%) at 2 weeks and in 70% of patients by50%pain reduction at 8 weeks. Oswestry low back pain disability questionnaire (ODI) scores showed statistically significant improvement from initial scores to 2 weeks and from to 8 weeks in 70% of patients. Walking tolerance showed improvement at 2 weeks in 50% of patients and at 8 weeks in 70% of patients. The outcome was statistically significant even in severe stenotic patients when comparing initial scores of moderate and severe stenosis at 2 weeks and 8 weeks scores in walking tolerance (P=0.006), Back VAS (P=0.717), Leg VAS (P=0.139), ODI (0.139), and Roland (P=0.001).
Conclusions: FG-LESI may reduce pain and improve walking tolerance in the short term for the treatment of patients with LSS for a period of 8 weeks. The outcome does not seem to correlate with the degree of lumbar spinal stenosis. Patients with severe LSS may have the same chance to get benefits from FG-LESI as patients with moderate LSS.
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SAT0597 RELATIONSHIP BETWEEN LUMBAR DISC HERNIATION AND BENIGN JOINT HYPERMOBILITY SYNDROME

M.R. Albeer[1], F.K. Abd alrazaq[2], M.H. Alosami[3]. *[1]Radiology, College of Medine of Baghdad; [2]Medicine, Baghdad Teaching Hospital; [3]Medicine, College of Medicine of Baghdad, BAGHDAD, Iraq*

Background: Benign joint hypermobility syndrome (BJHS) can present with a wide variety of musculoskeletal disorders.Benign joint hypermobility syndrome (BJHS) is a hereditary disorder characterized by the presence of musculoskeletal symptoms in persons with generalized joint laxity in the absence of systemic rheumatologic disease (1–3). Lumbar disc herniation (LDH) is a common cause of low back pain. On the other hand, low back pain may be a presenting symptom in patients with BJHS.
Objectives: to evaluate relationship between Lumbar disc herniation and BJHS.
Methods: The study included 100 patients diagnosed with LDH depending on history, clinical examination and MRI findings and another 100 healthy control participants. All, patients and healthy controls were assessed for BJHS using the revised (Brighton 1998) criteria.
Results: the mean age was (35.4±8.9) year and (33.72±8.3) for patients and controls respectively, there were 43 males and 57 females in each group. The mean BMI was (27.6±4.8) kg/m^2 in patients and (28.3±4.6) in controls. No significant differences found between the groups regarding the age, sex and BMI in all comparisons (P.value>0.05). The mean Beighton score was significantly higher among patients in comparison to controls; itwas (2.3±1.62) versus (1.2±1.35) in controls group; on the other hand major and minor criteria were significantly more prevalent among patients rather than controls, in all comparisons (P.value<0.05). BJHS was more prevalent among patients rather than controls, 55% of the patients had BJHS compared to 21% of controls, the odds ratio was (4.6) and (P.value <0.05). BJHS was more prevalent among females compared to males, from the total number of all participants, BJHS was present in 76 participants, and of them 47 were females versus 29 males, (P.value <0.05).
It had been significantly found that subjects with BJHS in both groups (patients and controls) were relatively shorter than those without BJHS, P.value <0.05. The correlation analysis of BJHS with the MRI findings of LDH in patients group showed no significant differences among patients with and without BJHS, in all comparisons P.value >0.05.
Conclusions: BJHS is more prevalent among patients with LDH. There is no significant relationship between presence of BJHS in LDH patients and MRI findings.
References:
[1] Hakim AJ, Grahame R. Joint hypermobility. Best Pract Res Clin Rheumatol 2003; 17:989–1004.
[2] Simmondsa JV, Keer RJ. Hypermobility and the hypermobility syndrome. Man Ther 2007; 12:298–309.
[3] Beighton P, Grahame R, Bird H. Hypermobility of Joints. New York, Verlag; 1983.p.125–49.
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SAT0598 EVALUATION OF THE QUALITY OF SEXUAL LIFE DURING CHRONIC LOW BACK PAIN

I. Haddada[1], M. Brahem[1], H. Hachfi[1], S. Ben Hammouda[1], M. Maraoui[1], M. Jguirim[2], M. Younes[1]. *[1]Rheumatology, Taher Sfar Hospital Mahdia, mahdia; [2]Rheumatology, Fattouma Bourguiba Hospital Monastir, Monastir, Tunisia*

Background: Sexual life has an important role in preserving the good quality of life of patients and their partners. Chronic low back pain (CLBP) as well as other musculoskeletal diseases, can affect all life activities including sexual function.
Objectives: The aim of this study is to assess the impact of chronic low back pain on sexual life and to identify the associated factors.
Methods: It's a study of 144 patients suffering from chronic low back pain, during a period of nine months (from February to October 2016).We have specifically studied the relationship between chronic low back pain and sexual quality of life, using the Sexual Quotient (QS) (a validated questionnaire), which consists in 10 questions, rated each one from 0 to 10, to have a final score rated from 0 to 100.
Results: The average age of our patients was 53.87years [23–79 years], with a female predominance in 64% of cases. The mean visual analogue scale for pain was 4.72 [1–9].
The average duration of low back pain was 6.5 years. The average score of Quebec was 45.3 [5–92], concerning the mean Dallas score,the segmental results were as follows: 53.1% of impact on daily activities, 47.6% of impact on work/leisure ratio, 45% of impact on anxiety/depression ratio and 33.4% of impact on sociability.
In our study, 57.2% of cases were under analgesic treatment, 85.5% were under