

hematoma formation increase following surgery. Therefore, proprioceptive acuity decrease after TKR surgery (1). Drainage is a common procedure in TKR, but its effectiveness is controversial. Some studies have claimed that drainage decreases the risk of articular effusion and hematoma formation. However, some studies have demonstrated that drainage increases postoperative blood loss and does not improve the surgical result (2). Several studies have examined the effect of using drainage, but they have not involved improvement in proprioception for patients who had drains compared with those who did not after TKR.

Objectives: The aim of this study was to compare the effect of the drainage on proprioception acuity inpatients with total knee prosthesis.

Methods: The study group consisted of 60 patients (95 knees), who underwent primary TKR because of arthrosis were consecutively allocated to a drainage group (n=26 (41 knees), with median age; 66.23±8.63 years), and were allocated to a non-drainage group (n=34 (54 knees), with median age; 63.97±8.99 years). Patients were evaluated regarding knee proprioception (in knee joint angle 15°, 30° and 60°), knee function score (Hospital for Special Surgery (HSS) score), pain (Numeric Pain Rating Scale (NPRS)), knee circumference, knee range of motion. Functional activities were evaluated using the Iowa Level of Assistance Scale and walking speed was evaluated using the Iowa Ambulation Velocity Scale. Patients were evaluated preoperatively and at discharge. All patients underwent the same rehabilitation program.

Results: At baseline, demographic and anthropometric characteristics were similar in groups and there was no statistically difference between groups ($p>0.05$). When knee proprioceptive acuity measurements (in knee joint angle 15°, 30° and 60°) were compared before and after surgery, there was no statistical differences in proprioceptive acuity between groups ($p>0.05$). It was determined that; the drainage group had better results in terms of reduction of pain severity after surgery ($p<0.001$). When the HSS knee scores were compared there was statistically difference between groups ($p=0.001$) and the HSS knee scores were lower in non-drainage group after surgery. There were no statistical differences in knee circumference, knee range of motion, the IOWA help level score and IOWA walking speed score between groups after TKR ($p>0.05$).

Conclusions: According to our results, the use of drainage did not improve the knee proprioceptive acuity inpatients with TKR. But, it is suggested that using drainage decreases pain severity and improves the HSS knee score. Also the use of drains has no effect on patients' outcomes after TKR, in terms of improvements knee range of motion, knee circumference, functional activities and walking speed.

References:

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AB1233-HPR COGNITIVE COMPLAINTS IN PATIENTS WITH ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS AND PAST NEUROPSYCHIATRIC SYMPTOMS

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Objectives: Cognitive complaints are common in patients with systemic lupus erythematosus (SLE). Their association with disease and non-disease related factors have been inconsistently reported. We studied their relation to disease related factors including disease activity, neuropsychiatric history and non-disease related factors such as anxiety or depression.

Methods: We used cognitive symptoms inventory (CSI) for measuring cognitive impairment at 3 time-points 12 months apart/2015–2016/ and Hospital Anxiety and Depression Scale (HADS)-HADS-A and D. Disease activity was measured by SLEDAI.

Results: 93 SLE patients were recruited at baseline (T0). Among them 59 had first re-evaluation (T1) and 34 had second re-evaluation (T2) at 12-month interval. Majority (72%, 24/34) of patients had stable CSI whereas 5.5% (2/34) of patients worsened CSI over 12 months. At T0, multivariate analysis revealed that higher CSI was associated with history of NPSLE ($p=0.005$) and psychiatric disease ($p=0.04$), higher HADS-A ($p<0.001$) and HADS-D ($p<0.001$) scores. CSI of active patients (SLEDAI>6) was not different from inactive patients. It did not change despite regression of disease activity in 12 months. There was no difference in CSI between T0 and T1 regardless of history of NPSLE, change in anxiety and depression at T1 (HADS-D>11 as cutoff). Multivariate linear regression analysis revealed change in HADS-A as the only significant predictive factor of change in CSI over time ($\beta=0.774$, 95% CI 0.43 – 1.12, $p<0.001$).

Conclusions: 11.5% of SLE patients reported persistent cognitive symptoms. CSI had worsened in patients with NPSLE and psychiatric illness, anxiety or depression.

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AB1234-HPR PHYSIOTHERAPY EFFECTS ON GAIT SPEED AND PAIN IN PATIENTS WITH KNEE OSTEOARTHRITIS THREE DAYS AFTER APPLYING KINESIOTAPE

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Background: Knee osteoarthritis is a chronic degenerative disease, known as the most common cause of difficulty walking in older adults and subsequently is associated with slow walking, also one of the most main symptoms is a degenerative and mechanics type of pain. Pain is very noticeable while walking in rugged terrain, during ascent and descent of stairs, when changing from sitting to standing position as well as staying in one position for a long time. Many studies have shown that the strength of the quadriceps femoris muscle can affect gait, by improving or weakening it. Kinesiotape is a physiotherapeutic technique, which reduces pain and increases muscular strength by irritating the skin receptors

Objectives: The aims of this study was firstly to verify if the application of Kinesiotape on quadriceps femoris muscle increases gait speed in patients with knee osteoarthritis and secondly if applying Kinesiotape on quadriceps femoris muscle reduces pain while walking.

Methods: 73 patients with primary knee osteoarthritis, aged 50–73 years, participated in this study. Firstly we observed the change of gait speed, while walking for 10 meters at normal speed for each patient, before and three days after the application of Kinesiotape on quadriceps femoris muscle, with the help of the 10-meter walk test. Secondly we observed the change of pain, while walking for 10 meters at normal speed for each patient, before and three days after the application, with the help of Numerical Pain Rating Scale-NRS.

Results: Our results indicated that there was a significant increase of gait speed while walking for 10 meters one day and also three days after application of Kinesiotape, also there was a significant change of pain. Before applying Kinesiotape on quadriceps muscle was shown that 41.1% chose score 6, 30.1% chose score 7 and 28.8% chose score 8 of the numerical pain rating scale. Three days after the application 15.1% chose score 2, 37% chose score 3 and 47.9% chose score 4 of numerical pain rating scale.

NRS	Number of patients before KT	%	Number of patients three days after KT	%
0				
1				
2			11	15.1
3			27	37
4			35	47.9
5				
6	30	41.1		
7	22	30.1		
8	21	28.8		
9				
10				

Conclusions: Our results indicated that there was a significant decrease of pain and increase of gait speed while walking for 10 meters. Kinesio-Tape can be used in patients with knee osteoarthritis, especially when changing walking stereotypes is a long term goal of the treatment.

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AB1235-HPR SEXUAL DISTURBANCES IN PATIENTS WITH RHEUMATOID ARTHRITIS AND IT'S RELATION WITH DISEASE ACTIVITY

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Background: Sexuality is an important dimension of personality and human body, therefore any involvement in this area should be considered as important. Sexual disturbances in rheumatoid arthritis (RA) patients are poorly described in literature. In other chronic conditions studies had shown that sexual disturbances can be common problem in but, sexual dysfunction has a high risk of under treatment because providers frequently do not initiate the conversation with the patient.

Objectives: The purpose of this study was to describe sexual disturbances in