

The EurQoL was changed in all axSpA (0.74 ± 0.21 to 0.77 ± 0.18 $p<0.05$), but significantly was improved only in nr-axSpA subgroup (0.72 ± 0.23 to 0.78 ± 0.18 , $p<0.01$), not AS. Similarly, the improvement of the assessment of "hodiernal health status" was found after an intervention only in the nr-axSpA subgroup (65.81 ± 21.80 to 78.00 ± 13.77 , $p<0.01$).

Conclusions: Our study demonstrated beneficial effect of intensive exercise programme on disease activity and patients self-reported outcomes in nr-axSpA and AS patients. The patients suffering from nr-axSpA can profit at least similarly from the rehabilitation care as those with radiographic form. The exercise programme should be recommended for both subtypes of axSpA.

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AB1181 LOCAL STEIOD AND INSULIN INJECTION IN MANAGEMENT OF CARPAL TUNNEL SYNDROME; A COMPARATIVE STUDY

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Background: Carpal tunnel syndrome (CTS) is the most common focal nerve entrapment; local corticosteroid (CS) injection has been widely used to treat CTS. Recently; Local insulin Injection in CTS has been studied as insulin has anti-inflammatory anti-edematous effects.

Objectives: To compare the effectiveness of local steroid and insulin injections in management of CTS

Methods: Forty patients complaining of mild or moderate idiopathic CTS (diagnosed clinically & electrophysiologically and classified according to American association of neuromuscular diagnostic medicine monograph) divided into 2 equal groups.

Group I received two local injections of 10 IU NPH insulin into the affected carpal tunnel 2 weeks intervals. Group II: received single injection of triamcinolone acetonide (20 mg/0.5 ml) all procedures done after informed consent. Patients with severe or secondary type of CTS were excluded from this study. Evaluation of the patients was done at baseline, 2 and 4 months later clinically by measuring visual analogue scale (VAS), Phallen and compression tests and electrophysiologically by measuring motor and sensory nerve conduction studies of median and ulnar nerves using a standardized technique.

Results: There was significant improvement in all clinical parameters in both groups after 2 and 4 months from injection ($p<0.01$) including VAS, Phallen and compression tests with more improvement was noticed in group I. Also there was significant improvement in electrophysiological parameters such as distal motor latency (DML) and distal sensory velocity of median nerve 2 and 4 months after treatment ($p<0.01$). However the improvement was more in group I but the difference between results in both groups were statistically nonsignificant.

Table 1. clinical and electrophysiological results

	Before injection		After 2 months		After 4 months	
	Group I	Group II	Group I	Group II	Group I	Group II
VAS	7.1±1.03	7.25±1.377	4.05±1.23	5.107±1.57	3.2±1.39	3.75±1.878
Positive Phallentest %	100	95	60	60	30	35
Positive compression test%	100	100	60	65	30	30
DML (ms)	4.61±0.34	4.63±0.569	4.375±0.37	4.405±0.51	4.15±0.14	4.18±0.548
Distal median nerve sensory velocity (m/s)	32.9±5.32	32.8±4.78	36.9±6.21	36.05±5.3	39.9±5.39	39.11±6.146

Conclusions: Local insulin injection is as effective as (or even better than) local steroid injection in management of CTS

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AB1182 THE ROLE OF VITAMIN D AND EXERCISES IN CORRECTION OF AGE-RELATED SKELETAL MUSCLE CHANGES IN POSTMENOPAUSAL WOMEN

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Background: The aim of the study was to evaluate the role of vitamin D and exercises in correction of age-related skeletal muscle changes in postmenopausal women.

Objectives: 38 postmenopausal women aged 53–82 years (mean age – 67.00 ± 7.08 yrs; mean height – 160.31 ± 6.83 cm; mean weight – 63.25 ± 8.59 kg, body mass index – 24.62 ± 3.09 kg/m²) were examined. All subjects were free of systemic disorders (endocrine, renal, hepatic etc.) and did not take any medications known to affect skeletal and muscle metabolism. The women were divided into the following groups: A – control group (n=10), B – women who took an individually-targeted vitamin D therapy (n=11), C – women who took an individually-targeted vitamin D therapy and OTAGO Exercise Programme (http://www.hfwcn.org/Tools/BroadCaster/Upload/Project13/Docs/Otago_Exercise_Programme.pdf) during 12 months.

Methods: The assessment of the examined women was conducted every 3 months at the medical center. We used the following questionnaires: SARC-F, IADL-questionnaire, frailty scale, Desmond fall risk questionnaire. For evaluation of skeletal muscle function and strength, we assessed the usual gait speed and used hand dynamometry. 25(OH)D total and iPTH levels were measured by electrochemiluminescent method i.e. Elecsys 2010 analytical system (Roche Diagnostics, Germany) and test-systems cobas. The lean mass was measured by the DXA method (Prodigy, GEHC Lunar, Madison, WI, USA). "Statistika 6.0" © StatSoft, Inc. was used for the data processing purposes.

Results: At the baseline, the groups of examined women did not differ in their age, anthropometric characteristics, 25(OH)D values, data of skeletal muscle mass, strength and function. In women of the control group, the mean 25(OH)D level significantly increased after 9 months of observation (9 months – $p=0.03$) purportedly due to the seasonal factors. In women of 2nd and 3rd groups, the 25(OH)D level significantly increased after 3, 6, 9 and 12 months of observations (2nd group: 3 months – $p=0.009$, 6 months – $p=0.007$, 9 months – $p=0.005$, 12 months – $p=0.003$; 3rd group: 3 months – $p<0.001$, 6 months – $p<0.001$, 9 months – $p<0.001$, 12 months – $p<0.001$). The data of SARC-F, IADL-questionnaires did not change during 12 months of observation in women of 1st and 2nd groups; however, in the 3rd group the SARC-F data significantly decreased after 12 months ($p=0.02$) while the IADL data – significantly increased after 9 ($p=0.04$) and 12 months ($p=0.05$). The data of frailty scale and Desmond fall risk questionnaire did not differ in all groups during 12 months. The muscle strength significantly increased after 9 months ($p=0.01$) in women of 3rd group while in women of 1st and 2nd group this parameter did not change. The usual gait speed and lean mass assessed by DXA did not change in all groups during 12 months. The fall frequency in women of 1st group significantly increased after 12 months, in women of 2nd group it did not change while in women of 3rd group the fall frequency significantly decreased.

Conclusions: Using individually-targeted vitamin D therapy and OTAGO Exercise Programme during 12 months significantly improves daily activity, muscle strength and decreases the fall frequency in postmenopausal women.

Disclosure of Interest: None declared

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Education

AB1183 PATIENT'S EDUCATION IN THE ADMINISTRATION OF SUBCUTANEOUS DRUGS IN THE RHEUMATOLOGY DAY-CARE HOSPITAL UNITS

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Background: Rheumatology Day-Care Hospital Unit (DHU) is defined as a hospital care for a few hours with the objective to do diagnosis, clinical trials and/or multiple test, patient education and treatments that cannot be done in the outpatient clinic, but which do not justify the complete stay in the hospital

Objectives: Analyze the number of visits that one patient needs in the Rheumatology-DHU to learn the self-administration of a subcutaneous drug. To evaluate if there are differences between the numbers of visits made in Rheumatology-DHU for the different drugs, and between the different age groups of the patients.

Methods: All patients who were prescribed a subcutaneous drug (except denosumab) during the period January 2015 - December 2016 were referred to Rheumatology-DHU. The nurse gave instructions, she supervised the patient's learning and she decided if the patients needed a new control in Rheumatology-DHU.

The following data were recorded: sex, age, diagnosis, drug, number of visits each patient made in Rheumatology-DHU, reason for new visit to Rheumatology-DHU in patients who had already been discharged and adherence to treatment.

Results: 101 patients were visited in Rheumatology-DHU (8 were referred twice for education of different drugs). 79 were women (78%) and 22 men (22%). Mean age (MA) of 65 +/- 17 years (SD).