

Results: Prevalence of type D personality was 33% in FM patients, and 12% in controls. It was higher in the patients with FM (Odds ratio (OR) =3.612 confidence interval (CI) 95% (1.398–9.333)) ($p<0.01$) compared with controls. Type D FM patients scored higher in tender point count (TPC), FIQ, HAQ, VAS-pain and all NHP subgroups except energy ($p<0.01$) (Table 1). Type D personality was found as correlated with FIQ, TPC, HAQ, VAS-pain and NHP subgroups except energy ($p<0.01$).

Table 1. The comparison of clinical variables and HRQoL between type D and non-type D patients

	Type D FM patients (n=33) mean ± standard deviation	Non-type D FM patients (n=67) mean ± standard deviation	p value
Pain (VAS,10 cm)	8.55±0.75	5.80±1.19	<0.00001*
Fatigue (VAS,10 cm)	4.45±3.18	4.01±3.54	0.549
TPC	15.72±2.33	12.91±1.84	<0.00001*
FIQ	86.27±8.43	64.07±11.47	<0.00001*
HAQ	1.24±0.80	0.52±0.51	<0.00001*
NHP-pain	89.17±10.73	64.33±14.07	<0.00001*
NHP-physical mobility	53.41±16.91	22.57±21.01	<0.00001*
NHP-energy	45.45±42.13	37.31±41.14	0.358
NHP-sleep	80.00±19.36	56.23±22.55	<0.00001*
NHP-social isolation	60.60±37.24	15.52±25.06	<0.00001*
NHP-emotional reactions	83.71±14.14	51.52±25.06	<0.00001*

HRQoL: Health-related quality of life, FM: Fibromyalgia, VAS: Visual analog scale, TPC: Tender point count, FIQ: Fibromyalgia Impact Questionnaire, HAQ: Stanford Health Assessment Questionnaire, NHP: Nottingham Health Profile. * $p<0.01$ (significant).

Conclusions: Type D personality is prevalent among Turkish patients with FM, with a rate of 33%. It is associated with poor HRQoL regarding pain, physical mobility, sleep, and social and emotional functions. Based on our findings, assessment of personality characteristics of the patients with FM may hold the key for the treatment of the disease. Presence of type D personality should be taken into account in FM in order to develop new treatment strategies for the patients who have inadequate response to conventional therapies.

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Back pain, mechanical musculoskeletal problems, local soft tissue disorders

AB0933 PREDICTIVE MODEL FOR SHOULDER PAIN USING CLINICAL AND EPIDEMIOLOGICAL VARIABLES

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Background: Shoulder pain is a very common complaint with poor prognosis and high recurrence. To evaluate the shoulder pain, anamnesis and physical examination are used, but a diagnosis of certainty is difficult. Clinical history and specific exploration maneuvers tend to be poorly correlated with the underlying problem. There are few studies that assess the predictability of shoulder pathology using patient characteristics and exploration.

Objectives: To assess if the combination of exploratory maneuvers and clinical data predicts the type of affection of the painful shoulder in a sensitive and specific way.

Methods: We conducted a prospective study with patients who attended to the Rheumatology Department of HUP La Fe by painful shoulder between February 2016 and January 2017, excluding those with known inflammatory diseases. A rheumatologist performed the anamnesis and the selected exploratory maneuvers: Jobe and Gerber test and palpation of the acromioclavicular joint. A second rheumatologist, blind to physical examination and medical history, performed the shoulder ultrasound scan. Biostatistic analysis was performed using software R version 3.3.2.

Results: 119 patients (66.4% women) with a mean age of 60±12.56 years and shoulder pain were collected. Time of pain evolution was 20.43±24.09 months and the right shoulder was the most affected one (71.4%). The association between the maneuvers of Jobe and the involvement of the supraspinatus (SE), as well as the Gerber maneuver with the affection of the subscapular were statistically significant. However the sensitivity and specificity of both maneuvers are very low, so that alone is not suitable to identify the affected tendon or the type of alteration. Thus, a predictor model (nomogram) of the most common shoulder pathologies (subacromiodeltoïd bursitis, tendinosis or SE tears) was developed using epidemiological and clinical examination variables.

Conclusions: Based on our results, the predictor model performed using epidemiological and clinical examination variables would be able to predict the

most frequent pathologies of the shoulder. Imaging tests have a certain delay time, and by applying this predictor model, a diagnosis of presumption could be established in primary care, giving the opportunity to institute an early treatment. In addition, patients could be referred more efficiently to the appropriate specialty (rheumatology, traumatology or rehabilitation), avoiding delays.

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AB0934 TREATMENT OF LATERAL EPICONDYLITIS WITH ESWT: A SHAM-CONTROLLED DOUBLE BLINDED RANDOMISED STUDY

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Background: Lateral epicondylitis is a term describing the clinical condition that causes pain and sensitivity in musculotendinous adhesion sites of the wrist extensor muscles originating from the lateral epicondyle of the humerus, resulting in repetitive stresses due to overuse (1,2).

Objectives: The aim of this study was to investigate the efficiency of extracorporeal shockwave therapy (ESWT) in the treatment of lateral epicondylitis as randomized, prospective, controlled and double blind.

Methods: 47 patients (35 women, 12 men) with lateral epicondylitis were included in the study. The mean age of patients was 45.94±10.46 years. Patients were randomized into two groups: active ESWT (n=22) and sham ESWT (n=25). Patients were randomly allocated to receive 1 session per week for 3 weeks of either sham or active ESWT.

Patients were evaluated before the treatment, and at the end of the first week, first month and third month after the last treatment session with Patient-rated Tennis Elbow Evaluation Questionnaire (PRTEE), Visual Analogue Scale (VAS) for pain assessment and physical examination of lateral epicondyle of the elbow with special clinical tests.

Results: Compared with pretreatment values in ESWT group, significant improvement was observed in all parameters after treatment. At the first week after the therapy significant improvement was observed in sham group but at the first and third month after the therapy no significant difference was found. In comparison of ESWT and sham over 3 months after the treatment, significant improvements were observed in ESWT group in all parameters.

Conclusions: there was a significant decrease in pain and a significant improvement in function following ESWT. Although there was a reduction in pain and improvement in function with sham treatment as well, this difference was not as significant as in active group.

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AB0935 THE ROLE OF EPIDURAL INJECTIONS IN PATIENTS WITH CHRONIC SCIATICA: A REVIEW BASED ON THE EVIDENCE OVER THE PAST 5 YEARS

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Background: Among various modalities applied in the management of painful conditions of the spine, epidural injections (EI) are one of the most commonly utilized interventions. EI can be administered in the lumbar spine by either caudal (CEI), interlaminar (IEI), or transforaminal (TEI) approaches and various steroids have been used in these injections^(1,2). The purpose of EI is to provide analgesia for a varying duration, whilst making it easier for the patient to undergo a rehabilitation program during this time⁽¹⁾.

Objectives: The aim of this review is to evaluate the efficacy of the different types of EI in patients suffering from chronic sciatica, based on the evidence published over the past 5 years.

Methods: Relevant studies were retrieved by searching PubMed, Medline, The Cochrane Library and UpToDate. Publications from 2012 to 2016 which specified the use of EI to treat chronic sciatica were considered, and all the studies selected were written in the English language only.

A total of 11 articles were gathered, of which 5 were excluded after analysis of their title and abstract. Of the 6 papers included in this study, 5 are systematic reviews and 1 is a meta-analysis of 10 randomized controlled trials.

The outcomes measured were improvement in pain and functional status. The Numeric Rating Scale (NRS) and Visual Analogue Scale (VAS) were the most commonly used baseline scales for pain evaluation. The Oswestry Disability Index (ODI) was the most used scale for the functional disability scoring system in the literature.

Results: 4 of the 6 papers included in this review reported improvements in pain ranging from 30 to 83% and in functional status ranging from 26 to 86% from the pre-injection state, with follow-up periods lasting up to 2 years after the EI. 2 of these 4 studies showed Level II evidence for EI for long-term efficacy in managing chronic sciatica, with no significant difference among CEI, IEI or TEI.

The remaining 2 papers (out of the total 6) associated EI with immediate improvements in both pain and function, but found the benefits to be unsustainable. 1 paper reported 1 serious adverse event in one of the trials analyzed and found the data on harms to be sparse on most trials. Another paper concluded that injecting local anesthetic alone might be preferable to injecting local anesthetic with steroid as omitting the steroid could lessen the risk of rare, but possibly fatal complications.

Conclusions: Despite variability in the studies included and methods used for data synthesis, most of the articles included in this review showed positive results for both pain relief and improvement in functional status with EI.

Although no studies found significant difference among CEI, IEI or TEI in terms of efficacy, each approach has its advantages and these should be taken into account when choosing the best approach for each patient.

As supporting evidence, this review shows that EI with or without steroids are a fast, safe and clinically effective treatment method for patients with chronic sciatica.

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AB0936 FLEXIBILITY AND STRENGTH OF THE TRUNK IN CHRONIC LOW BACK PAIN TWO YEARS AFTER A FUNCTIONAL RESTORATION PROGRAM

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Background: Low-back pain affects significantly the flexibility and the muscular strength of the trunk. It was demonstrated in literature the positive effect of restoration programs in these parameters at short-term evaluation.

Objectives: Evaluate the flexibility and the muscular strength and endurance of the trunk two years after a functional restoration program

Methods: Prospective study on patients with low back pain evaluated before, at the end of the restoration program and two years later. We have evaluated the following parameters: trunk flexibility by use of the Schöber index and the finger-ground distance test (FGD), hamstring flexibility by measurement of the thigh-leg (TL) angle, back flexor and back extensor endurance, assessed with the Shirado test and the Sorensen test, respectively.

Results: Thirty patients were evaluated. Initially, the results reported decreased flexibility: 53% with FGD >15.53 cm; 37% with the thigh-leg (TL) angle >15° and decreased muscle endurance: Schirado 30.26±29.662s; Sorensen 26.3860±18.5208s. The short-term efficacy of the program showed significantly improvement in all parameters (p=0,01). However, this improvement decreased 2 years later but it remains significant. This loss can be attributed to the fact that 70% of patients abandoned self-rehabilitation exercises

Conclusions: The restoration program seems to have good effect in short and long term evaluations in the flexibility and muscular strength of the trunk.

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AB0937 DUPUYTREN'S CONTRACTURE: 15 YEARS OF EXPERIENCE WITH 36 CASES

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Background: Dupuytren's contracture is characterized by thickening and retraction of the palmar aponeurosis due to fibroblastic proliferation leading to progressive and irreducible fingers' flexion. Dupuytren's contracture appears to be a disease with poor clinical symptomatology and the therapeutic progress, in particular the needle aponeurotomy, continues to increase.

Objectives: We propose to describe the epidemiological, clinical and therapeutic characteristics- particularly the needle fasciotomy- of Dupuytren's contracture diagnosed and treated in our Rheumatology department.

Methods: This is a retrospective descriptive study that collected patients with Dupuytren's disease over a 15-year period from 2001 to 2016.

Results: Thirty-six patients were collected. The mean age was 63±10 years (46 years, 83 years) and the sex ratio was 5. 34% of the patients were manual workers, of whom 42% were masons, 25% were farmers and 17% were carpenters. 8% Of longshoremen and 8% of dressmakers. The personal history was diabetes in

63% of cases, of which 26% were unbalanced, hypertension in 31% of cases and hypercholesterolemia in 14% of cases. 6% of patients were epileptic. 23% of patients were ethyl and 13% were smokers. 6% had an associated Ledderhose disease. 9% of our patients had a family history of Dupuytren's disease. The mean time to diagnosis was 60 months [03 months to 180 months]. The clinical examination showed an exclusive involvement of the left hand in 22% of cases, right hand in 12% of cases and bilateral involvement in 66% of cases. The fingers affected were: 59% the ring finger, 49% the little finger, 23% the middle finger, 12% the index and 5.5% the inch, in order of frequency of mention. The stages of Dupuytren's disease at their discovery were as follows: stage 4 (25%), stage 3 (34%), stage 2 (24%) and stage 1 (17%). Skin examination showed that 58% of the skin was inflicted and 42% of the skin was soft. From a therapeutic point of view, 86% of the patients benefited from a needle aponeurotomy with a good progression in 97% and a recurrence in 8% of the cases. In all stages combined, the average postoperative therapeutic gain was 0.83 stage at the Left hand and 1.43 stage at the right.

Conclusions: The Dupuytren's contracture is the object of a scientific subject whose wealth grows exponentially. These range from the paternity of his first description, to the place of the last therapeutic modalities.

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AB0938 AN ATYPICAL CASE OF SARCOIDOSIS REVEALED BY A BILATERAL PREPATELLAR BURSTITIS

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Background: Prepatellar bursitis is not very frequent in daily practice and the main causes are infections, crystal arthropathies or trauma.

We report the case of a 49-year-old man presented to our department with bilateral anterior knee pain. Pain started 3 months ago without any triggering factor. He denied any trauma or infection. The patient also denied any history of gout, rheumatoid arthritis or systemic lupus.

Objectives: On clinical exam, bilateral knee swellings were noticed consistent with prepatellar bursitis with no wound or abrasion, no fever, signs of arthritis or lymphadenopathy.

Methods: Knee ultrasonography and skeletal scintigraphy confirmed symmetrical prepatellar bursitis. Laboratory findings showed elevated ESR and CRP but no other abnormalities.

Few days later, the patient presented with subcutaneous painful nodules that appeared on his forearms. Biopsy was done and showed deep subcutaneous sarcoid nodules of Darier-Roussy, confirming the diagnosis of sarcoidosis.

Further work up revealed typical sarcoid pulmonary involvement. Bilateral hilar and mediastinal lymphadenopathy with beaded appearance of interlobular septa were noticed on CT-scan of the chest.

The Positron Emission Tomography showed abnormally high ¹⁸F-fluorodeoxyglucose uptake in the thoracic lymph nodes.

Results: All the diagnostic work up confirmed the diagnosis of systemic sarcoidosis. The decision was to start oral corticosteroids. Few days after starting the systemic steroids, the skin lesions and the knees pain improved significantly.

Conclusions: The conclusion is that after excluding the main causes of bursitis (infection, trauma and inflammatory arthritis) (1), it's necessary to keep in mind sarcoidosis as possible diagnosis.

This clinical observation is important because involvement of the bursa is a rare musculoskeletal manifestation of sarcoidosis (2). Moreover, it's very uncommon to diagnose sarcoidosis presenting with just bilateral prepatellar bursitis with no other musculoskeletal or rheumatological symptoms (3).

The association of bursitis, inflammatory skin lesions and thoracic lymphadenopathy is uncommon but may suggest the diagnostic of sarcoidosis.

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AB0939 CHANGE IN THE SURGICAL TREATMENT FOR CERVICAL SPINE DISORDERS RELATED TO RHEUMATOID ARTHRITIS DURING RECENT 15 DECADES

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Background: Since the appearance of biological DMARDs in Japan, disease control of rheumatoid arthritis has been ameliorated. Inflamed synovitis and destructive arthritis declined dramatically, which resulted in a decrease in the number of synovectomy and joint prosthesis gradually. On the other hand,