DYSFUNCTIONAL PAIN COMPONENT IN ANKYLOSING SPONDYLITIS PATIENTS

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Background: As a result of chronic inflammation, repetitive activation of primary afferent fibres changes the functional state and activity of Central nervous pathways. On this patients when describing their complaints use neuropathic pain descriptors include numbness, burning, tingling, increased pain response to a stimulus nabulivou etc.

Objectives: The study of chronic pain syndrome in patients with ankylosing spondylitis (AS) to identify dysfunctional component of pain (DCP).

Methods: Was studied 150 patients as 127 men and 23 women. The average age of 35, and 52±10.55, mean disease duration of 7.19±of 6.31. All the patients were performed clinical and rheumatological examination (indices BASDAI, BASFI), the assessment of pain intensity on visual analogue scale (VAS), to identify DCP were investigated neurological status with the use of questionnaires neuropathic pain DNA and PainDETECT, and identifying the emotional-affective disorders (HADS questionnaire).

Results: 22 patients (14.7%) on the DNA questionnaire revealed 4 or more points, but lesions of the somatosensory nervous system in these patients was not detected, hence 14.7% of patients were identified DCP. When comparing patients with the presence of TCS group I (22 people) and no DCP group II (128) it has been found that statistically significantly in patients in group I had higher pain intensity on VAS (6.09±1.85 vs 4.55±2.06, p=0.001, respectively); active disease BASDAI index (7.05±vs 5.87±2.16, p=0.001, respectively); the expression of functional impairment index BASFI (6.46±2.24 vs 4.05±2.81, p=0.001); the indicators of the questionnaire HADS in group I, consistent with the presence of clinically significant anxiety and lack of it in group II (10,09±2,86 vs 6,17±3,35, p=0.0001). However, duration of disease distinguish authentic in the groups was not (9,4±6.89 6,81 vs ±6,13 p=0,07). Correlation analysis revealed a significant relationship between DCP and the intensity of the pain in BAS back, as well as with the severity of anxiety, disease activity, functional disorders (p=0.05)

Conclusions: The study identified 22 patients, the presence of neuropathic pain descriptors in combination with anxiety disorders, resulting in the conclusion that, along with nociceptive component of pain in 14.7% of cases detected by the DCT. So the pain of some AS patients should be considered as a multicomponent syndrome, providing a comprehensive approach with the use of antidepressants (TCA and SSRI s).

Disclosure of Interest: None declared


IDENTIFYING PATIENTS WITH AXIAL SPONDYLOARTHRITIS BY DATA MINING MRI REPORTS

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Background: Axial Spondyloarthritis (axSpA) encompasses ankylosing spondylitis (AS) and non radiographic axSpA (nr-axSpA) as part of the ASAS classification criteria. The role of MRI is now central in identifying patients early in the disease course, but our use of this needs to be standardised to ensure appropriate requesting and correct interpretation of MRI axSpA features.

Objectives: (1) To identify the MRI protocols used to investigate patients with back pain (2) To describe the prevalence of axSpA associated spinal lesions in patients with known axSpA

Conclusions: Through data mining of MRI reports, we have found that appropriate MRI sequences are being requested when features of axSpA are suspected. The rate of chronic features of axSpA such as ankylosis was low, suggesting this cohort may have short disease durations. Multiple features of AxSpA were identified in patients without an existing diagnosis prior to imaging. 16 new cases of AxSpA were identified.

REFERENCES: