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AB1065 PRELIMINARY FINDINGS OF A 2-MONTHS ACUPUNCTURE INTERVENTION ON SYMPTOMATOLOGY AND QUALITY OF LIFE IN PATIENTS WITH FIBROMYALGIA

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Background: Acupuncture is frequently used in the treatment of different chronic pain conditions. In Fibromyalgia (FM) the evidences available are somehow conflicting, and the correct positioning of such kind of therapy has not yet precisely defined.

Objectives: To assess the response to a single course of acupuncture in patients with FM non-responsive to the usual pharmacological treatment.

Methods: Consecutive FM patients with unsatisfactory response or intolerance to the pharmacologic treatment (duloxetine and/or pregabalin) were involved in this study. Unsatisfactory response was defined by the presence of a revised Fibromyalgia Impact Questionnaire (FIQ-R) total score ≥ 40 and of a Patient Health Questionnaire 15 (PHQ15) ≥ 5 after 3 months of stable pharmacological treatment. Acupuncture treatment consisted in 8 weekly sessions. The acupuncture formula, according to the Traditional Chinese Medicine indications, included the following points: LV3 +LI4 (to move Qi), ST36 +CV6+CV12 (to tonify Qi and Blood), GV20 (to raise Qi), and Ex-HN-3 (Yintang) (to calm the Shen), with acupuncture needle 0.25 x 25 mm with guide tube (Huanqiu). For each session needles were retained for 30 min. At baseline (before the first session) and at the end of the treatment course (after the eighth session) were collected the number of tender points (TP) and patient-reported outcomes (PROs). Differences between baseline and end of the acupuncture treatment were evaluated through the Wilcoxon test, results expressed in median values with 95% confidence interval (CI).

Results: Thirty-four subjects were enrolled in the study. Thirty-two patients (29 women, 3 men, mean age 49 years, range 18–72 years) completed the acupuncture treatment. In two patients (one woman and one man) the acupuncture therapy was stopped at the second session for poor tolerance to the needles. Eleven patients were in pharmacological therapy with pregabalin, nine with duloxetine, while 12 resulted intolerant both to pregabalin and duloxetine. From baseline, after the 2 months of acupuncture treatment, different parameters showed a significant improvement. Particularly, it has been observed a significant reduction in the TP number (17 [95% CI 16–18] $\rightarrow$ 10 [95% CI 8–12]; $p < 0.0001$), in the somatic symptoms assessed with the PHQ15 (13.5 [10.0–17.0] $\rightarrow$ 7.0 [6.0–10.0]; $p < 0.0001$), but also in the FIQ-R total score (61.5 [39.8–70.3] $\rightarrow$ [30.2–66.5]; $p = 0.0029$), in the Fibromyalgia Activity Score (FAS) (6.7 [4.8–7.7] $\rightarrow$ 4.6 [CI 3.2–6.1]; $p = 0.0017$), and in the Self-Assessment Pain Scale (SAPS) (4.5 [3.8–5.6] $\rightarrow$ 3.2 [2.9–4.2]; $p = 0.0192$). Interestingly, acupuncture revealed a good effect even in the neuropathic-like features of pain, measured by the painDETECT questionnaire (19.0 [15.0–25.0] $\rightarrow$ 14.5 [10.9–17.0]).

Conclusions: A 2 months acupuncture treatment provides an important global improvement in the health status in FM patients refractory/intolerant to the pharmacologic therapy. The strongest ameliorations are represented by the reduction in the TP number and in the somatic symptoms.

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AB1066 DIABETES MELLITUS TYPE 2 RISK ASSESSMENT IN FIBROMYALGIA WOMEN

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Background: Fibromyalgia (FM) female are less physically active than sedentary healthy women.¹ Low physical activity (PA) is among the leading causes of the major noncommunicable diseases, including diabetes mellitus type 2 (DM2).^{2–3} An increased prevalence rate of FM in DM2 patients was revealed.^{4–5} Risk of the development of DM2 in FM is unknown.

Objectives: The purpose of this study was to assess the risk of DM2 development in FM women.

Methods: The study involved 67 FM women^{ACR 1990} and ²⁰¹⁰ criteria) aged 42.6 $\pm$ 7.8 (M $\pm$ SD) yrs without known diabetes, and 51 healthy controls (HCs) (all women) aged 44.8 $\pm$ 7.3 years. All participants were asked to complete a modified version of the Finnish Diabetes Risk Score (FINDRISC), which evaluates age, body mass index, waist circumference, current antihypertensive medication, frequency of fruit and vegetable consumption, physical activity, personal history of high blood glucose, and family history of DM2.⁶ Fasting plasma glucose (FPG), oral glucose tolerance test (OGTT) and/or glycated haemoglobin (HbA1c) values were collected from all subjects to determine their glucometabolic state. Prediabetes was diagnosed by the presence of impaired FPG (≥ 100 mg/dL to < 126 mg/dL), impaired OGTT (≥ 140 mg/dL to < 200 mg/dL) and/or impaired HbA1c ($\geq 5.7\%$ to $\leq 6.4\%$).⁷

Results: According to the FINDRISC questionnaire low risk of DM2 in the next 10 years was found in 14.92% of FM women, intermediate risk—in 22.39%, moderate risk—in 29.85%, high risk—in 23.88%, a very high risk—in 8.96% of patients. In the group of HCs low risk of DM2 was found in 19.61% of women, intermediate risk—in 39.22%, moderate risk—in 21.57%, high risk—in 15.68%, a very high risk—in 3.92% of subjects. Therefore, in most of FM female (53,73%) risk of DM2 was detected as moderate-to-high, while in the majority of HCs (60.79%) it was detected as intermediate-to-moderate. Prediabetes was diagnosed in 11.94% of FM female compared to 5.88% among healthy women.

Conclusions: FM women are found to have increased risk of DM2 development compared to healthy women.

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AB1067 PREVALENCE OF FIBROMYALGIA IN PATIENTS WITH PAINFUL KNEE OA

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Background: Fibromyalgia (FM) has been conceptualised as a central nervous system (CNS) disorder, characterised by augmented sensory processing and inability to modulate pain effectively.¹ Global mean prevalence of FM is 2.7% with female/male ratio of 4:1. Several studies highlight the importance of central sensitisation (CS) as a significant manifestation of neuropathic pain symptoms in knee osteoarthritis (OA).^{2–3} Possible similar mechanisms of chronic pain maintenance in OA – structural pathology, and FM – central sensitivity syndrome, provoke