Further interest in investigation of any links between these conditions. Therefore, prevalence of FM in patients with painful knee OA is of considerable interest.

Objectives: The purpose of this study was to evaluate the prevalence of fibromyalgia (FM) in patients with painful knee OA.

Methods: The study involved 92 patients (63 females and 29 males) with painful knee OA. Osteoarthritis Knee Criteria (KOACR) were used to diagnose knee OA with a 3% lower diagnostic rate than knee OA without radiological evidence. FM was diagnosed in 21% of the patients with knee OA.

Results: FM was diagnosed in 21% of patients with knee OA (22.83%). Among female patients, FM was confirmed in 19 from 63 subjects (30.16%) compared to 2 from 29 male patients (6.9%). No relationship was found between the radiologic stage of the knee OA and FM prevalence in the investigated subjects.

Conclusions: FM prevalence is relatively high in patients with knee OA, especially females. Further studies investigating the possible impact of pain modulation, functional disability, and quality of life in painful knee OA are needed.

REFERENCES:


[6] Wolfe F, Clauw DJ, FitzCharles MA, et al. Fibromyalgia Syndrome (FM) is a persistent and debilitating disorder estimated to impair the quality of life of 2%–4% of the population. FM is an important representative example of central nervous system sensitisation and is associated with abnormal brain activity. The syndrome is still elusive and refractory. Hyperbaric oxygen therapy (HBOT) may rectify abnormal brain function underlying the symptoms of FM patients. Increasing oxygen concentration by HBOT may change the brain metabolism and gill function to rectify the FM-associated brain abnormal activity.

Objectives: To evaluate the effect of HBOT on clinical symptoms in FM resistant to the usual pharmacological treatment

Methods: Thirty female patients, aged 21–67 years and diagnosed with FM at least 2 years earlier, and resistant to any pharmacological treatment were assigned to be added on with HBOT. The treated group patients were evaluated at baseline and after 10 and 20 HBOT sessions. Evaluations consisted of physical examination, including tender point count, extensive evaluation of quality of life. Study endpoints included assessments of pain (VAS), the FACIT Fatigue Scale (FAS) total score, and reports of chronic pain and sleep problems, controlled for age and gender.

Background: Fibromyalgia Syndrome (FM) is a persistent and debilitating disorder estimated to impair the quality of life of 2%–4% of the population. FM is an important representative example of central nervous system sensitisation and is associated with abnormal brain activity. The syndrome is still elusive and refractory. Hyperbaric oxygen therapy (HBOT) may rectify abnormal brain function underlying the symptoms of FM patients. Increasing oxygen concentration by HBOT may change the brain metabolism and gill function to rectify the FM-associated brain abnormal activity.

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Methods: Thirty female patients, aged 21–67 years and diagnosed with FM at least 2 years earlier, and resistant to any pharmacological treatment were assigned to be added on with HBOT. The treated group patients were evaluated at baseline and after 10 and 20 HBOT sessions. Evaluations consisted of physical examination, including tender point count, extensive evaluation of quality of life. Study endpoints included assessments of pain (VAS), the FACIT Fatigue Scale (FAS) total score, and reports of chronic pain and sleep problems, controlled for age and gender.

Results: Out of 146 subjects, 89 (61%) were women. Mean age was 64.6 (SD 12.7) years. This sub-population from the Epipain cohort reported a high prevalence of CWP with significant difference between men and women (33.9% vs 44.9%; p=0.0411). Women had lower PPTg than men (345.0 kPa vs. 563.9 kPa; p=0.009). Subjects classified as CWP had lower PPTg than those classified as NCP (362.0 kPa vs. 479.9 kPa; p=0.003). A report of CRP did not affect PPTg in disease activity ranging from 0 to 10. The HBOT protocol comprised 20 sessions, 3 days/week, 90 min, 100% oxygen at 2.5 ATA.

Results: The effect of HBOT on the hyperbaric oxygen treatment on the clinical symptoms is summarised in Table 1. HBOT treatments of treated group led to statistically significant improvements in the mean scores of pain and fatigue (FACIT) after 10 and 20 HBOT sessions (mean change of pain after 20 sessions −1.76±2.5, p<0.001) (mean change of fatigue after 20 sessions 5.93±2.10, p=0.001). The FQ-R score significantly improved following HBOT in the treated group (mean change after 20 sessions −12.89±17.04, p=0.001). The FAS score showed a positive trend after 10 sessions and a significant improvement after 20 sessions (mean change −2.02±3.14, p=0.006).

Conclusions: These preliminary data show that HBOT may determine a significant clinical improvement in patients affected by FM and resistant to the common pharmacological treatment. Further, however, studies of large numbers of patients are required in order to confirm this preliminary finding and modify treatment strategies accordingly.

REFERENCE:

Disclosure of Interest: None declared

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