comparison with those reporting NCP (471.8 kPa vs. 479.9 kPa; p=0.855). The number of reported pain regions correlated negatively with PPTg in women (r=-0.384; p=0.001) but not in men (r=0.195; p=0.149). Subjects having a score of >4 for the sleep problem "frequent awakenings" had lower PPTg than those with a lower score (332.9 vs. 464.7; p=0.001). This was also true, but with less difference, for the sleep problems "not feeling rested" (335.7 vs. 449.1; p=0.023), and "early awakening" (353.0 vs. 452.6; p=0.020), but not for "initiating sleep" (361.5 vs. 436.8; p=0.199). In the ANCOVA analysis both a higher number of painful regions (B=−9.2; p=0.016) and more problems with frequent awakenings (B=−40.1; p=0.003) were associated to a lower PPTg, controlled for age and gender.

Conclusions: Subjects with CWP according to self-reported pain distribution were more sensitive to pain pressure than those with CRP and NCP, and so were also subjects reporting problems with sleep. In the clinic, self-report of CWP can be used as an indicator of pain sensitivity, but it is also important to assess sleep problems, and especially frequent awakenings and reports of not feeling rested.

Disclosure of Interest: None declared


Back pain, mechanical musculoskeletal problems, local soft tissue disorders

**AB1071**

VARIATIONS IN THE LENGTH OF MUSCULOSKELETAL TEMPORARY WORK DISABILITIES IN PATIENTS INCLUDED IN AN EARLY INTERVENTION PROGRAM

A. Lois Iglesias, C. Bejerano, F.J. de Toro Santos. Hospital Universitario A Coruña, A Coruña, Spain

Background: Musculoskeletal disorders cause in Spain 23% of temporary work disability (TD) and they are the first cause of permanent work disability (PD). A study of early intervention (early assessment and immediate treatment by a rheumatologist) reduced TD days (39%) and evolution to PD (50%)1. Using the “Fit for Work” European coalition led by AbbVie, the program is implemented nationwide.

Objectives: The aim of this study is to analyse the variation in the number of days of sick leave in the patients included in an early intervention program comparing to usual average.

Methods: Observational cross-sectional study of a hospital cohort of outpatients referred during 18 consecutive months. The patients were referred for the first time to the Rheumatology Early Intervention consultation program because of temporary work disabilities due to musculoskeletal disorders. All of them received medical treatment; and underwent ultrasound, joint injections and learned exercises when needed. Patients whose disabilities were due to trauma or surgery were not included in the study.

Results: We evaluated 270 patients with a mean age of 49.8 years. 64% were women. The most frequently reported diseases were lumbar/sciatic pain (28.5%), shoulder pain (20%), neck pain (8%), knee pain (5.6%) and other arthalgias and tendinopathies (20%). All patients received medical treatment, 38.5% underwent ultrasound examination and 19.2% received joint injections.

The pathologies with longest lengths of TD after the first visit to the rheumatologist were lumbar/sciatic pain (mean 40.6 days), neck pain (mean 33 days) and shoulder pain (mean 23.8 days). If we compare this data with the existent control on September 15, 2015 by guest. Protected by copyright.http://ard.bmj.com/ Ann Rheum Dis: first published as 10.1136/annrheumdis-2018-eular.5841 on 12 June 2018. Downloaded from

**AB1072**

THE MEDIAN NERVE CROSS-SECTIONAL AREA MAY BE A PARAMETER OF FOLLOW-UP AFTER TREATMENT IN PATIENTS WITH CARPAL TUNNEL SYNDROME?

B. Mansiz-Kaplan1, I. Yago2, G. Akyuz2. "Department of Physical Medicine and Rehabilitation, University of Health Sciences, Ankara Training and Research Hospital, Department of Physical Medicine and Rehabilitation, Ankara, Turkey; 2Department of Physical Medicine and Rehabilitation, Marmara University School of Medicine, Department of Physical Medicine and Rehabilitation, Istanbul, Turkey

Objectives: Carpal tunnel syndrome (CTS) is the most common entrapment neuropathy in general population. Diagnosis of CTS depends on clinical symptoms, physical examination and electromyographical findings. In recent years, diagnostic value of median nerve ultrasonography has increased particularly for the CTS. To aim of this study compare the electrophysiological and ultrasonographic findings at CTS patients who treated with splinting at night during three months.

Methods: The patients, who were diagnosed with mild or moderate CTS, received a fabricated night orthotic which held the wrist in a neutral position during three months. All patients were evaluated clinically, electrophysiologically, and ultrasonographically before treatment and at 3 months by blind physicians. Pain was evaluated using Visual Analogue Scala (VAS) Boston Carpal Tunnel Questionnaire was used to evaluate symptom severity and functional capacity. In electrophysiologic evaluation median nerve conduction studies was recorded. Median nerve cross-sectional areas (M-CSA) were measured by ultrasonography at the level of radio-ulnar joint, pisiform bone, and hook of hamate. After treatment, 68