significantly higher in patients with CNP than in healthy subjects ($p < 0.001$, Table 1). PST correlated well with the NYPS value ($r = -0.56$, $p = 0.03$) and functional disability level ($r = -0.63$, $p < 0.001$) in patients with CNP.

Abstract AB1405HPR – Table 1. The comparison of clinical parameters in patients having chronic neck pain and healthy subjects

	Healthy Subjects mean ±SD	Patients with CNP mean ±SD	p
Age (years)	40.63±11.86	45.06±11.04	0.20
BMI (kg/m ²)	26.25±6.57	25.81±4.06	0.76
Pain _{rest} (VAS, cm)	0.13±0.52	2.77±2.51	<0.001
Pain _{activity} (VAS, cm)	0.31±0.60	6.00±2.08	<0.001
PST (°)	66.89±13.15	43.6±9.27	<0.001
NDI	0.94±1.23	19.94±6.29	<0.001
NYPRS	60.38±4.60	43.13±8.34	<0.001
Handgrip Strength (kg)	28.48±4.08	23.00±5.65	0.003

SD: Standard Deviation, BMI: Body Mass Index, CNP: Chronic Neck Pain, PST: Posterior Shoulder Tightness, NYPRS: New York Postural Rating Scale, NDI: Neck Disability Index.

Conclusions: Pain and upper limb muscle strength loss due to problem in patients with CNP, adversely affect patients' posture and reduce their functional levels. For these reasons, it is suggested that the shoulder girdle should be evaluated besides the neck area in the treatment of patients having CNP and treatment should be included with appropriate physiotherapy and exercise program from the early period.

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AB1406-HPR RELATIONSHIP BETWEEN KNEE MUSCLE STRENGTH, PAIN AND FUNCTIONAL OUTCOMES IN PATIENTS WITH PATELLOFEMORAL OSTEOARTHRITIS

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Background: Knee Osteoarthritis (OA) is one of the most common musculoskeletal disorders that adversely affect the functional levels of the patients. Traditionally, knee OA is considered as a problem at the medial compartment of the tibiofemoral (TF) joint. However, OA in patellofemoral (PF) joint can be seen around 25% of the patients. Since the biomechanics of PF joint are distinct from TF joint, the functional assessments specific to PF joint should be considered for PFOA patients.

Objectives: The aim of the study was to investigate the relationship between quadriceps femoris strength differences between PFOA patients and control group. Another aim was to define the relationship between pain, knee muscle strength, and functional outcomes in PFOA.

Methods: Twenty-five patients with PFOA (age=52.1 years, BMI=26.2 kg/cm²) and 20 age-matched controls (age=54.1 years, BMI=26.1 kg/cm²) were included in the study. The patients diagnosed with PFOA if they had a radiographic Kallgren and Lawrence score grade 2 or 3 in the PF joint, which was greater than KL score for the TF compartments. Pain level was measured with Visual Analogue Scale. The quadriceps femoris and hamstring isometric muscle strengths at 20° and 60° of knee flexion were measured with a hand-held dynamometer. The functional levels of the patients were determined with Kujala Patellofemoral Score and Western Ontario McMaster Universities Osteoarthritis Index (WOMAC). Student t-test was used for the comparison of quadriceps strength between PFOA and control groups. Spearman correlation test was used to determine the relationship between pain, muscle strength and functional outcomes.

Results: The quadriceps strength at 20° ($p = 0.03$) and 60° ($p = 0.01$) of knee flexion were lower in PFOA group when compared to control group. Hamstring strength at both angles was similar between groups ($p > 0.05$). There were negative correlations between quadriceps muscle strength at 60° knee flexion and pain levels ($r = -0.54$, $p = 0.02$) and total WOMAC score ($r = -0.33$, $p = 0.01$). The quadriceps muscle strength at 20° knee flexion was only correlated with Kujala score ($r = -0.47$, $p = 0.01$). There

were no correlations between hamstring strength with pain and functional outcomes ($p > 0.05$).

Conclusions: PFOA patients had significantly lower quadriceps strength than control group. Pain level, quadriceps muscle strength and functional outcomes were associated with each other in patients with PFOA. These findings suggest that interventions that have been designed to reduce pain and to improve function should be specific to the affected compartment in knee OA.

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AB1407-HPR ADVERSE DRUG REACTIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: adverse drug reactions (ADRs) are events that may seriously affect the health of people who use drugs for therapeutic purposes.¹ In the case of patients with rheumatic diseases the existence of comorbidities, the use of DMARDs, or polymedication may increase the risk of developing any type of adverse drug reaction.²

Objectives: We aim to describe the adverse drug reactions in patients with rheumatoid arthritis.

Methods: A cross sectional study was performed during 2017; we collected data from the patients who reported an adverse drug reaction in the consult with a multidisciplinary health care team. We collected the ADR characteristics, medication group and severity. Descriptive epidemiology was done.

Results: A total of 6793 patients were diagnosed with rheumatoid arthritis and comorbidities in our specialised centre where 1.8% (123) patients reported any adverse drug reaction, 82% were women. The main diagnosis was rheumatoid arthritis 88% followed by rheumatoid arthritis plus osteoarthritis 12%; less than 1% was other diagnoses. The drug that had a higher proportion of ADRs was methotrexate 33% followed by leflunomide 14%, Certolizumab 7% and acetaminophen combined with hydrocodone 6%; see table 1. The dermatological adverse events were the most common followed by gastrointestinal events and errors in self-medication 11%, these adverse events were classified as mild or moderate; see

Abstract AB1407-HPR – Table 1

ADVERSE EVENT	N	%
DERMATOLOGIC	31	25.2
GASTROINTESTINAL	20	16.26
SELF-MEDICATION	14	11.38
THERAPEUTIC	10	8.13
FAILURE		
PAIN	9	7.32
HEADACHE	8	6.5
BREATHING	7	5.69
DIFFICULTY		
GENERAL	5	4.07
DISCOMFORT		
DIZZINESS, DYSPNEA	4	3.25
HERPES ZOSTER - VIRUS	4	3.25
INFECTION	2	1.63
HAIR-LOSS	2	1.63

Conclusions: The proportion of adverse events in our centre is low; other studies had shown, the frequency of patients with ADRs is common, mainly in patients who use anti rheumatic medications. This real life data can support the evidence for future studies in order to prevent ADRs.

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