

Results:
Over the 5 years, the average total direct costs were €2575 (sd 8085) per patient and year and median: €1015 (IQR 430–2500) (figure 1).

- Costs increased with older age, female sex, retirement, a high BMI, a high Charlson index and poor health status.

Conclusions: These data are important results to describe the cost of care consumption of a patients with symptomatic osteoarthritis of the hip and/or knee recruited to the general population in France. However, the specific cost attributable to osteoarthritis needs to be studied.

REFERENCE:

Disclosure of Interest: None declared


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HEALTH RESOURCE USE AND COST-OF-I LLNESS OF SYMPTOMATIC KNEE AND/OR HIP OSTEOARTHRITIS: DATA FROM KHOALA COHORT

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Background: Hip and knee Osteoarthritis are a major public health problem. Politicians and health policy makers often state that osteoarthritis is the first morbidity and the second cause of mortality in France. However, despite the high number of patients affected by osteoarthritis, the epidemiological data are scarce.

Objectives: The purpose of our study was to estimate the annual direct costs of patients followed for hip and/or knee osteoarthritis from the KHOALA cohort.

Methods: Osteoarthritis patients involved in the KHOALA cohort were included in the study. The aim was to estimate the annual direct costs per patient and per year. Direct costs were divided into four categories: Drugs, Hospitalizations, Medical consultations and Physiotherapy. The costs were calculated for each of these categories in euros per patient and per year.

Results: The KHOALA cohort is a French population-based multicenter cohort of 878 patients with symptomatic knee and/or hip OA aged between 40 and 75 years old recruited between 2007 and 2009. Direct costs were collected annually for 5 years. Costs were annualised and expressed in euros per patient.

- Costs increased with older age, female sex, retirement, a high BMI, a high Charlson index and poor health status.

Conclusions: These data are important results to describe the cost of care consumption of a patients with symptomatic osteoarthritis of the hip and/or knee recruited to the general population in France. However, the specific cost attributable to osteoarthritis needs to be studied.

REFERENCES:

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URINARY 6-SULFATOXYMELATONIN EXCRETION AND GALECTIN-3 PLASMA LEVEL IN PATIENTS WITH OSTEOARTHRITIS

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Background: Melatonin and galectin-3 are considered as factors in the development of immune-inflammatory and destructive changes in joints.1 3 Melatonin has chondrogenic and antinociceptive properties, 2 4 while galectin-3 plays an important role in cell-cell adhesion, macrophage activation, angiogenesis, and apoptosis.1 2 3 The clinical and pathogenetic significance of melatonin and galectin-3 in osteoarthritis remains as an open question in the discussion.

Objectives: To study the excretion of 6-sulfatoxymelatonin (metabolite of melato- nin) and galectin-3 level in the blood and evaluate their association with the clinical manifestation and life quality in patients with OA.

Methods: Study involved 141 patients with OA of knee joints (76.6% women), aged 58.4±9.71 years, duration of the disease 10.5±6.50 years (M±SD). 47 (33.3%) patients had knee and hip OA, 38 (27%) patients had reactive synovitis. The control group was presented by 36 practically healthy subjects (72.2% female) aged 57.1±9.95 years (M±SD). 6-sulfatoxymelatonin (6-SMT) in urine and galectin-3 in blood were determined by ELISA. The severity of pain, stiffness, and physical functioning of the joints were evaluated by the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC). Quality of life was evaluated by Short Form-36 (SF-36).

Results: It was established in patients with OA a decrease in 6-SMT excretion, (mean 25.3 vs 38.6 ng/ml in control, p<0.001). 6-SMT excretion correlated with age (r=−0.40; p<0.001) and was more significant in patients with knee-hip OA (mean 26.5 vs 23.0 ng/ml in patients with OA of the knee only, r<0.001). Lower levels of 6-SMT excretion associated with higher pain and with lower quality of life. Patients with OA had increased galectin-3 levels in the blood (mean 16.4 vs 10.1 ng/ml in control, p<0.001). In patients with OA of knee and hip joints were estimated higher levels of galectin-3. Levels of galectin-3 were significantly higher in patients with synovitis (mean 21.5 vs 13.8 ng/ml without synovitis, p<0.001). The increase of galectin-3 in the blood was associated with a marked increase of the total WOMAC index and with decrease of quality of life. The level of galectin-3 directly correlated with age, disease duration (r=−0.28, p<0.01) and inversely correlated with 6-SMT excretion (r=−0.28; p<0.01).

Conclusions: Lower levels of melatonin and higher of galectin-3 were associated with higher WOMAC index and poorer quality of life in patients with OA. This association may reflect possible pathogenic role of melatonin and galectin-3 in OA.

REFERENCES:

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RISK FACTORS PREDICTING RADIOLOGICAL PROGRESSION OF KNEE OSTEOARTHRITIS

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Background: Currently a number of risk factors (RF) are considered to be responsible for radiological progression of knee osteoarthritis (OA), nevertheless key predictors of OA progression have not yet been established.

Objectives: To identify RF predicting radiological progression of knee joint osteoarthritis (OA) in a 5 year multicenter prospective study.

Methods: This study of RF predicting knee OA progression was the first with multicenter prospective design ever conducted in Russia. The study involved 344 female patients 40–75 y.o with primary stage III knee OA (ACR criteria) from 6 centres. Radiological stage was identified by Kellgren J- Lawrence J grading.

Analysis performed using SPSS software 24.0 version.

Conclusions: The following RF were identified as key predictors of OA progression: female sex, age, BMI and duration of the disease.

REFERENCES: