FRI0549

OSTEOARTHRITIS (OA) AND RHEUMATOID ARTHRITIS (RA) PATIENTS HAVE SIMILAR DISEASE BURDENS AT FIRST VISIT TO AN ACADEMIC RHEUMATOLOGY SETTING, BUT OA PATIENTS HAVE A HIGHER BURDEN AT A 6-MONTH FOLLOW-UP VISIT

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Background: Osteoarthritis (OA) commonly is regarded as less severe than rheumatoid arthritis (RA). However, limited data are available for direct comparisons, largely because different measures traditionally are used in RA – primarily a HAQ (Health Assessment Questionnaire) vs OA – a WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index). RAPID3 (Routine Assessment of Patient Index Data) on an MDHAQ (Multi-Dimensional HAQ) is a self-report index that is informative in RA and most rheumatic diseases, including OA.¹ A recent analysis of unselected patients from 4 rheumatology settings indicated that RAPID3 and other MDHAQ scores were similar or higher in OA versus RA patients,² but those findings were from a cross-sectional convenience sample of unselected patients likely affected by treatment, rather than from an initial visit prior to rheumatologic therapy.

Objectives: To analyse MDHAQ/RAPID3 scores in patients with a primary diagnosis of either OA or RA at their initial visit and at 6 month follow-up at an academic rheumatology centre.

Methods: At one site, all patients complete an MDHAQ/RAPID3 prior to seeing the rheumatologist. The 2-page MDHAQ/RAPID3 includes 0–10 scores for physical function (FN) (converted from 0–3) and visual analogue scale (VAS) scores for pain (PN) and patient global assessment (PATGL), compiled into a 0–30 RAPID3. New patients seen between 2013 and 2017 with physician-diagnosed primary OA or RA and complete RAPID3 data were studied. Mean FN, PN, PATGL and RAPID3 scores in RA and OA at baseline and 6 month follow-up (range 3–9 months) were compared for differences between first and second visits using t-tests, and between OA and RA using MANOVA.

Results: At first visit, mean RAPID3 was 15.9 in OA vs 15.3 in RA (table 1). At a mean of a 5 month (actual) follow-up visit, RAPID3 fell from 15.9 to 14.9 (–1.0, $p=0.06$) in OA vs 15.3 to 11.1 (–4.2, $p<0.001$) in RA, resulting in significantly higher scores in OA vs RA (table 1). These differences remained significant adjusted for age, sex, body mass index, and education level.

Mean and standard deviation (SD) at first visit and 5 month follow up visit MDHAQ/RAPID3 of patients with OA and RA seen in routine care

Measures	OA (n=109)	RA (n=102)	OA vs RA p value	OA vs RA p adjusted*
Initial visit				
Function (0–10)	3.15 (1.9)	2.89 (2.2)	0.34	0.60
Pain (0–10)	7.01 (2.3)	6.36 (2.9)	0.07	0.49
PATGL (0–10)	5.69 (2.8)	5.85 (3.0)	0.69	0.30
RAPID3 (0–30)	15.9 (5.9)	15.3 (7.0)	0.52	0.47
5 months follow-up visit				
Function(0–10)	2.93 (1.9)	2.24 (2.2)	0.02	0.006
Pain (0–10)	6.36 (2.5)	4.60 (3.0)	<0.001	0.03
PATGL (0–10)	5.62 (2.7)	4.10 (3.2)	<0.001	0.001
RAPID3 (0–30)	14.9 (6)	11.1 (7.6)	<0.001	0.001

*adjusted for age, sex, BMI and education

Conclusions: Patients with OA or RA have similar disease burdens at first visit to a rheumatology site, but OA patients have a considerably higher burden 5 months later, reflecting more effective treatments for RA than for OA. Nonetheless, OA is a severe disease at first visit, suggesting a need for further research in OA toward improved treatment and outcomes. MDHAQ/RAPID3 is feasible and useful to assess and monitor clinical status in routine care of patients with different rheumatic diseases.

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FRI0550

DIFFERENTIAL IMPACT OF OBESITY, STRUCTURAL SEVERITY AND THEIR COMBINATION ON THE EFFICACY OF VISCOSUPPLEMENTATION IN PATIENTS WITH KNEE OSTEOARTHRITIS. POST-HOC ANALYSIS OF A DOUBLE-BLIND, CONTROLLED, MULTICENTER, RANDOMISED TRIAL

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Background: It has been demonstrated that radiological severity and obesity were independent factors of VS failure and that the percentage of patients fulfilling the OMERACT-OARS response criteria was only 41.7% in patients with both marked joint space narrowing and obesity while it was 87.1% in those who did not have any of these two risk factors.¹

Objectives: The aim of the study was to assess the impact of obesity, radiographic severity and their combination on pain and function scores, 6 months after viscosupplementation in patients with knee osteoarthritis.

Methods: Post-hoc analysis of a prospective, double-blind, randomised, multi-centre, parallel-group trial, aimed to compare 2 viscosupplements (x 3 weekly intra articular injections of HANOX-M or Bio-HA) in patients with symptomatic knee OA. Patients were classified according to body mass index (BMI<or>30 kg.²) and to OARS radiological grade (1–2 versus 3). Responses in terms of WOMAC pain and function scores (differences between baseline and 6 months, as well as their variation over time) were compared according to BMI, radiological grade and to the combination of the 2 parameters.

Results: One-hundred and sixty-six patients from the intent-to-treat population, were analysed: Forty-seven patients (28.3%) were classified as obese (BMI ≥30 kg.²). At baseline WOMAC pain score was similar in obese and non-obese patients, whereas WOMAC function score was statistically higher in obese versus non-obese subjects. At month 6, WOMAC pain and function scores decreased significantly by 43.4% and 41.9% ($p<0.0001$). At month 6, WOMAC pain was significantly lower in non-obese than in obese patients (4.9±4.1 versus 7.1±4.9; $p=0.008$) and in patients OARS grade 1–2 versus 3 (4.8±4.3 versus 6.4±4.5; $p=0.009$). WOMAC pain score, was 85.7% greater in obese/grade 3 patients than in non-obese/grade 1–2 subjects (7.8±5.1 versus 4.2±4.1, $p=0.001$). Lastly, the decrease of pain was twice greater in non-obese patients with OARS 1–2 than that of obese patients with OARS grade 3 (–5.7±4.3 versus –2.8±4.3, $p=0.007$). Similarly, WOMAC function score at month 6 was significantly higher in obese versus non-obese patients, in OARS 3 versus OARS 1–2 and in obese/grade 3 than in non-obese/grade 1–2.

Conclusions: This trial confirms that obesity and advanced stage are independent predictors of a lower response to viscosupplementation in knee OA. We identified a population sub-group (patients with both obesity and severe joint space narrowing) for who HA should not be recommended, regarding the weak benefit it provides.

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FRI0551

COMPARISON OF PHYSICAL ACTIVITY (PA) BETWEEN PATIENTS WITH DIFFERENT STAGES OF OSTEOARTHRITIS(OA) AND THE GENERAL POPULATION: A CROSS-SECTIONAL STUDY

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Background: The benefit of Physical Activity (PA) in different stages of osteoarthritis (OA) is unambiguous considering the positive effects on pain and physical functioning. However, insight in the characteristics of PA (i.e. duration and