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FRI0712-HPR EFFICACY OF GRADED ACTIVITY WITH AND WITHOUT DAILY-MONITORED-WALKING ON SELECTED CLINICAL ATTRIBUTES OF PATIENTS WITH CONCOMITANT LOW-BACK PAIN AND TYPE-2 DIABETES

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Background: Graded Activity (GA) is efficacious in managing clinical attributes of patients with Low-Back Pain (LBP) in the general population [1,2]. It is unknown whether GA is efficacious in managing these clinical attributes in patients with concomitant LBP and Type-2 Diabetes (T2D) or additional daily-monitored-walking as a form of physical activity will be required.

Objectives: The objectives of this study were to investigating the effects of GA with and without daily-monitored-walking, and also to compare the efficacy of the two treatment modes on selected clinical attributes of patients with concomitant LBP and T2DM.

Methods: A single-blind controlled trial involving 58 patients (mean age: 48.3±9.4 years, 64.7% females) with concomitant LBP and T2D who received treatment twice weekly for twelve weeks was conducted. Participants were randomized into GA or GA with daily-monitored-walking (GAMW) groups. Pain Intensity (PI), Back Extensors Endurance (BEE), Abdominal Muscular Endurance (AME) and Glycaemic Control (GC) was assessed using Visual Analogue Scale, Biering-Sorensen test, flexor endurance test and HBA1c analyser respectively at baseline, 4th, 8th and 12th week. Data were analysed using repeated measures ANOVA, medians, Mann-Whitney U and Unpaired t-tests at $\alpha = 0.05$.

Results: At baseline, treatment groups were not significantly different in their physical and clinical characteristics. There were within-group significant differences on PI, AME and BEE in each of GA and GAMW groups across the time points of the study. Within group difference on GC was significant for GAMW (6.3±0.9%, 5.7±0.7%) but not GA (6.3±0.9%, 6.3±0.9%) groups. There were no significant difference between the effects of GA and GAMW on PI at week 4 (Median=-0.78, IQR=0.06; Median=-0.78, IQR=0.08), week 8 (Median=-1.72, IQR=0.06; Median=-1.71, IQR=0.18) and week 12 (Median=-1.46, IQR=0.10; Median=-1.53, IQR=0.18) of the study. Further there was no significant difference between the effects of GA and GAMW on AME at weeks 4 (6.64±0.15; 6.65±0.09), 8 (7.01±0.16; 7.03±0.1) and 12 (5.16±0.05; 5.19±0.09) of the study. Graded activity with daily-monitored-walking had higher improvements than GA alone on BEE (7.34±0.1, 7.25±0.1) at week 8, but not at week 4 (2.37±0.08; 2.36±0.1) or 12 (4.5±0.06; 4.53±0.08) of the study. The GAMW participants also had significant improvement on glycaemic control than GA participants (-0.5±0.2%, -0.6±0.5%) at week 12. Graded activity relieves back symptoms via the development of a sense of control over pain, elimination of pain avoidance as well as by improving overall physical fitness/function [3].

Conclusion: Graded activity with daily-monitored-walking produced positive effects on GC and yielded better improvement on BEE.

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FRI0713-HPR COMPARISON OF BIOPSYCHOSOCIAL STATUS OF PATIENTS WITH ANKYLOSING SPONDYLITIS WITH AND WITHOUT ANTI-TNF TREATMENT

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Background: It is known that anti-TNF therapy is given to patients with persistently high disease activity despite conventional treatments according to the ASAS recommendations (1). Although biopsychosocial symptoms were well known, biopsychosocial assessments are insufficient in the literature.

Objectives: The aim of this study was to compare the biopsychosocial status between patients with AS who were decided to be treated with anti-TNF treatment and patients with AS who did not receive any anti-TNF treatment. Also, it was aimed to investigate the effectiveness of 3 months anti-TNF treatment on biopsychosocial status.

Methods: 74 AS patients who are decided to receive anti-TNF treatment and 38 AS patients, who didn't, were included in the study. Socio-demographic informations of patients were collected. The mean age of the patients (n = 112) was 41,9±19,8 years. Health Assessment Questionnaire (HAQ) was used to assess functional status and daily living activities. The Hospital Anxiety and Depression Scale (HADS) was used to assess anxiety and depression levels. Biopsychosocial status of the patients was evaluated by the BETY-Biopsychosocial Questionnaire (BETY-BQ) (2,3). The same evaluations were repeated after 3 months in 36 patients using anti-TNF.

Results: A statistically significant difference was observed in BETY-BQ, HADS anxiety and HAQ scores, when the groups were compared. There was no statistically significant difference in HADS depression scores (Table 1). The difference after 3 months of anti-TNF treatment was significant in all parameters (Table 2).

FRI0713HPR Table 1. Difference between the patients who decided to receive anti-TNF and who did not.

	Anti-TNF Decided Group (n=74)	Non-receiving Anti-TNF Group (n=38)	p-value
HAQ	14,33±10,1	5,46±10,7	,000
HADS - Anxiety	10,24±5,0	7,58±5,0	,011
HADS - Depression	8,38±4,3	6,45±4,3	,053
BETY-BQ	59,32±24,1	46,74±25,8	,032

*Mann-Whitney U

FRI0713HPR Table 2. First and 'After 3 months' measurements in patients who received anti-TNF treatment.

N=36	1st measurement	'After 3 months' measurement	p-value
HAQ	14,99±11,1	5,36±10,6	,000
HADS - Anxiety	10,33±5,3	7,72±4,7	,001
HADS - Depression	8,89±4,7	5,78±4,7	,000
BETY-BQ	59,33±25,1	44,28±23,2	,000

* Wilcoxon Test

Conclusion: It was observed that the patients who were decided to be received anti-TNF treatment had worse functionality, anxiety, and biopsychosocial status than the patients who did not receive anti-TNF treatment. Anti-TNF treatment was found to be effective in three months period in terms of these biopsychosocial symptoms that the patients had.

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