through the 36-item Short Form Health Survey (SF-36). Participants were evaluated at baseline (pre-test), at the end of the intervention (post-test) and following a detraining period of 12 weeks after the end of the intervention (re-test). Land-based, water-based, and control groups were comparable in sex, sociodemographic characteristics, disease duration, drugs intake, and BMI. Age, tenderness, and baseline outcomes values were used as covariates in the comparisons of the changes from baseline (post-test vs. pre-test and re-test vs. pre-test) between groups.

Results: Post-intervention changes from baseline in QOL dimensions in the land-based exercise group were better for physical role (compared to the control and water-based groups; all, $p < 0.01$), bodily pain, general health, social function, emotional role, mental health, and mental component (compared to the control group; all, $p < 0.05$). Post-intervention changes from baseline in the water-based exercise group were not statistically significant compared to land-based or control groups ($p > 0.05$). After a detraining period of 12 weeks, changes in QOL from baseline in the land-based exercise group were better for physical role, bodily pain (compared to the control and water-based exercise groups; all, $p < 0.01$), physical function and physical component (compared to the water-based exercise group; all $p < 0.05$). No significant changes in QOL after the detraining period from baseline were observed in the water-based exercise group compared to land-based or control groups ($p > 0.05$).

Conclusion: A land-based exercise intervention improved FM patients' QOL, whereas a water-based exercise intervention showed no significant effect. Improvements in the physical role and bodily pain domains of QOL were sustained in a 12-week detraining period. Land-based exercise might be an easily accessible treatment option that improves QOL to a greater extent than water-based exercise for FM patients.

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OP0102 INTERVERTEBRAL DISC THERAPIES FOR NON-SPECIFIC CHRONIC LOW BACK PAIN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Intervertebral disc therapies (IDT) for the management of non-specific chronic low back (NSCLBP) pain are raising interest (1).

Objectives: To review evidence on the benefits and harms of IDT in people with NSCLBP.

Methods: We searched 4 databases and conference abstracts, from inception to July 2018, for randomized trials of IDT versus placebo interventions, active comparators or usual care. Two independent investigators extracted data and assessed the risk of bias. The primary outcome was LBP intensity at short, intermediate and long terms (2). Secondary outcomes were LBP-specific activity limitation and safety (3). Our review was registered with the International Prospective Register of Systematic Reviews (CRD42019106336).

Results: Of 17 eligible trials, 5 trials (436 patients) assessed glucocorticoid (GC) IDT and were included in a quantitative synthesis. Twelve trials assessed IDT of other products including ozone (n=2, 140 patients), methylene blue (n=1, 72 patients), stems cells (n=1, 24 patients), glycerol (n=1, 11 patients), etanercept (n=2, 96 patients), tocilizumab (n=1, 60 patients), platelet-rich plasma (n=1, 47 patients), chymopapaine (n=1, 39 patients) and rhGDF-5 (n=2, 55 patients) and were included in a narrative synthesis. Standardized mean differences (SMD) of GC IDT for LBP intensity and activity limitations were -1.33 (-2.34;0.32) and -0.76 (-1.85;0.34) at short-term, -2.22 (-5.34;0.90) and -1.60 (-3.51;0.32) at intermediate-term and -1.11 (-2.91;0.70) and -0.63 (-1.68;0.42) at long-term, respectively. OR of GC IDT for serious and minor adverse events were 1.13 (0.20; 4.59) and 0.97 (0.49;1.91).

Conclusion: GC IDT are associated with a reduction in LBP intensity at short-term in people with NSCLBP. Positive effects are not sustained. There is no effect on activity limitations.

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OP0103 EFFECTS ON A FRENCH MASS MEDIA CAMPAIGN ON BACK PAIN BELIEFS AND BEHAVIORS

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Background: Low back pain (LBP) in general and chronic LBP specifically is frequent with high impact on both individuals and Society. In 2017, the French national public health insurance (CNAMTS, Caisse Nationale d'Assurance Maladie des Travailleurs Salariés) has decided to launch a countrywide mass media campaign to improve general population (POP) and general practitioners (GPs) beliefs and behaviors about LBP and tend to reduce its impact on health resource use and including sick leaves.

Objectives: To evaluate the impact on population and physician beliefs and behaviors of the nationwide population-based campaign on LBP.

Methods: A campaign was conducted by the CNAMTS with the help of health experts (rheumatologists, rehabilitation specialists, algologists, GP and physiotherapists). It ran between November 2017 and November 2018, using multi media: booklets for POP and GPs available on CNAMTS website, TV and radio spots, large size wall posters hanged in public areas, videos on social networks, publicity articles and a smartphone application. The campaign main messages were: "LBP is not a severe disease" and "rest doesn't help to heal" with a tagline: "Low back pain? The right treatment is the movement". The impact of the campaign was assessed by internet surveys conducted by a private polling company (BVA, Brulé, Ville et Associés), in random samples of the two populations (POP and GP). The respondents were selected according to the quota method, which enabled adequate representativeness based on sex, age, region of living and socio-economic status. The pre-test survey was performed on June 2017 and the post-test in May 2018, 6 months after beginning of the campaign. The questions explored different domains: 1) memorization, understanding and perception of the campaign, 2) knowledge and beliefs about LBP, and 3) repercussions on behaviors. Statistical significance at 5% was assessed with student test for means and sd, and chi2 test for categorical variables.

Results: Among the 2000 POP, 92% have already experienced LBP with mean pain intensity of 5.7/10 on VAS. Among the 400 GPs, 74% reported to be consulted for LBP almost every day. 35% of the POP and 74% of GPs saw, read or listened to the campaign. Overall, it was well perceived with an average rating of 7.0 and 7.3/10, respectively. POP and GP beliefs and behaviors about LBP are summarized in the table 1. There were statistically significant improvements in beliefs and behaviors related to activity in both populations. GPs are more confidence in preventing chronicization of back pain and declare to prescribe less sick leave superior to 5 days.

Table 1. Evolution in beliefs and behaviors concerning LBP in GPs and POP before and after campaign

Questions	% of agreement		p
	Pre-test	Post-test	
POP	n=2000	n=2000	
Beliefs			
We have to maintain activity	56%	74%	<.001
The best treatment is rest	68%	45%	<.001
Behaviors			
You try to continue daily life independently of pain	46%	54%	<.001
You practice activity to heal	15%	25%	<.001
GPs	n=400	N=400	
Beliefs			
We have to maintain activity	88%	95%	=.001
The best treatment is rest	33%	14%	<.001
It is easy to prevent chronicization	31%	43%	<.001
Behaviors			
% of sick leaves >5 days prescribed last year	51%	33%	<.001

Conclusion: The French media campaign appears to have significant impact on public and physicians beliefs, mainly related to the message of staying active. An additional campaign focused on employers and occupational therapists is