groups ($p < 0.05$) without any statistically significant difference. Responders in the first group in the end of the year were 40% (10/25) and 60% (15/25) in group 1 and group 2, respectively ($p > 0.05$). In the end of the follow-up period HAQ-DI did only statistically improve among patients in group 2.

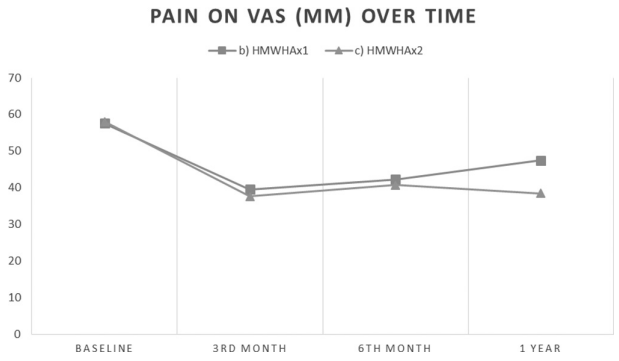

Fig.1. Mean change in 100-mm VAS values for pain over time in both groups

Conclusion: If maximal symptomatic relief is our primary goal, it would be logical to choose a two-injection regimen. However, if we take into account the financial aspect, we may be satisfied with a single injection of highly cross-linked HA over a year.

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AB0792 CURCUMIN IN OSTEOARTHRITIS TREATMENT: THE PRESENT STATE OF EVIDENCE

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Background: Osteoarthritis (OA) is a degenerative disease of the joint occurring in elderly population. According to World Health Organization, its worldwide prevalence ranges from 11,8% to 12,7%. Since it is known that OA has an inflammatory cause, with IL-1β and TNF-α being the key cytokines that drive the production of inflammatory mediators and matrix-degrading enzymes, the compounds with anti-inflammatory properties are targeted as therapeutic options for osteoarthritis treatment. Curcumin is a plant-derived compound extracted from the rhizomes of turmeric (*Curcuma longa*). It has been demonstrated as an effective anti-inflammatory and antioxidative agent. In vitro studies have shown that curcumin can block the activation of NF-κB system in the chondrocytes. Therefore, it prevents the apoptosis of chondrocytes, suppress the release of proteoglycans and metal metalloproteases and expression of cyclooxygenase, prostaglandin E-2, and inflammatory cytokines in chondrocytes. Besides its influence on inflammatory markers, clinical trials also demonstrated curcumin's effects in pain and function in patients with osteoarthritis.
Objectives: The purpose of this paper is to critically review evidences regarding the role of curcumin in osteoarthritis treatment.
Methods: PubMed/MEDLINE, Lilacs, and SCIELO databases were searched using the terms "curcumin" AND "osteoarthritis" without imposing time limitations. The search was limited to humans and to the English and Portuguese languages. Studies that met the following inclusion criteria were included in the review: 1) clinical trials that evaluated the effects of curcumin on osteoarthritis. The selection phase involved a review of abstracts and an examination of the full text based on the eligibility criteria and the last search was conducted on January 2019.
Results: Overall, 9 clinical trials involving a total of 797 patients met the inclusion criteria. The studies have a degree of heterogeneity concerning the dosage, treatment duration, objectives and endpoints, but the main objectives were to evaluate the efficacy and safety of curcumin in osteoarthritis treatment. All studies have shown a beneficial effect of curcumin supplementation in the treatment of osteoarthritis, mainly in reduction of pain, stiffness, improvement of physical function, decrease the use of NSAIDs and other painkillers. Results also showed a decrease on inflammatory markers
Conclusion: The studies demonstrated that curcumin is clinically effective as a long term adjuvant treatment of osteoarthritis further to an excellent tolerability. However, large and well-designed randomized controlled trials are warranted to confirm the use of curcumin in osteoarthritis treatment.

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AB0793 LONG-TERM USE OF AMTOLMETIN GUACIL IN PATIENTS WITH OSTEOARTHRITIS, RHEUMATOID ARTHRITISAND ANKYLOSING SPONDYLITIS

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Background: Long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) is used to control of chronic pain in osteoarthritis (OA), rheumatoid arthritis (RA) and to prevent the progression of ankylosing spondyloarthritis (AS). Amtolmetin guacil (AMG), which has a low risk of gastrointestinal complications, may have advantages for long-term use.
Objectives: To evaluate the effect and safety of long-term use of AMG.
Methods: AMG 600-1800 mg/day was prescribed to 442 patients with OA (60.6 + 10.2 years, women 88.7%), 126 with RA (55.0 + 14.0 years, women 84.2%) and 73 with the AS (47.0 + 12.0 years, women 30.0%). The primary end point was the dynamics of pain on a numerical rating scale (NRS), additional for OA - WOMAC pain and HAQ, for RA - DAS28-CRP, for AS - BASDAI, BASFI and ASDAS-CRP. The result of treatment was evaluated on 3 consecutive visits after 3 months (9 months of treatment).
Results: After 9 months 65.2% of OA patients, 75.3% of RA patients, and 82.2% of AS patients continued to take AMG. In end of study, the median of pain decreased with OA from 5.6 [4.1–6.9] to 3.4 [1.7–5.1], with RA from 5.8 [4.0–7.5] to 3.4 [2.0-4.8], with AS from 5.8 [4.2-7.5] to 3.1 [1.5-5.0] NRS ($p <0.001$). In OA WOMAC pain decreased from 127 [24-159] to 13.7 [14-40], $p <0.001$, HAQ from 0.54 ± 0.44 to 0.34 ± 0.26, $p <0.001$. With RA, the average value of DAS28 decreased from 4.81 + 1.18 to 4.30 + 1.24, $p <0.05$. In AS, the median BASDAI index decreased from 4.5 [1.0–8.0] to 3.0 [0–8.0], $p <0.001$. The number of AS patients with high activity on the ASDAS-CRP index (> 3.5) decreased from 76.9% to 25.8%, $p <0.001$. The BASFI index has not changed. 77.9% of patients with OA, 77.0% of patients with RA, and 74.5% of patients with AS were satisfied with the results of AMG treatment.