Fig.2. WOMAC pain

Conclusion: These results suggest that intra-articular injections of hyaluronic acid plus chondroitin sulfate in patients with knee OA are efficient and safe. A single injection of the drug resulted in statistically significant reduction of pain and stiffness, reduction in NSAIDs intake, as well as improvement in patients' quality of life and function:

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AB0812

PAIN CATASTROPHIZING SCORE AND GAIT, TOGETHER WITH WOMAC, ARE ALTERED IN KNEE OSTEOARTHRITIC PATIENTS UNDERGOING ARTHROPLASTY SURGERY, COMPARED WITH PATIENTS FOLLOWING CONSERVATIVE TREATMENT. PRELIMINARY RESULTS FROM HOLOA PROJECT

Laura Tio¹, Francisco Castro^{1,2}, Simone Tassani³, Santos Martinez^{1,4}, Raul Torres^{1,4}, Raquel Arredondo¹, Miguel Ángel González-Ballester^{3,5}, Joan Carles Monllau^{1,4}, Jérôme Noailly³, Jordi Monfort^{1,2}. ¹IMIM, Barcelona, Spain; ²Hospital del Mar, Rheumatology service, Barcelona, Spain; ³Pompeu Fabra University, BCN MedTech, DTIC, Barcelona, Spain; ⁴Hospital del Mar, Orthopedic Surgery and Traumatology service, Barcelona, Spain; ⁵ICREA, Barcelona, Spain

Background: Osteoarthritis (OA) is a pathology that includes several disorders that produce the same symptomatology: pain, functional impotence and inflammation. It lacks therapies that act over the physiopathology of the disease, rather than over the symptoms [1]. Patients' phenotyping is essential to describe the disorders underlying the OA symptoms, and would allow applying treatments to the altered conditions, in a personalized medicine approach.

Objectives: The HOLOA project aims to design a multivariate model that allows classifying knee OA patients according their characteristics in 3 areas: pain, clinical/morphological characteristics and articular defects. The present work is a preliminary study with the aim to describe the clinical and gait dynamics differences between OA patients classified by treatment: conservative (CNS) vs arthroplasty surgery (ART).

Methods: Prospective study of OA patients graded 2-3 in KL scale and classify by treatment. Both groups are paired by genre, age, and BMI. The studied variables are: WOMAC index (Pain (Wp), Stiffness (Wst) and Function (Wf), Hospital Anxiety and Depression Scale (HADS), London Chest Activity of Daily Living scale, Modified Baecke Physical Activity Questionnaire, Pain Catastrophizing Score (PCS), pain threshold (according to the extended peripatellar map of Arent-Nielsen) pain sensitization at the tibia anterior surface, pain temporal summation (these 3 parameters are measured with the use of an algometer [2]), ultrasound measurement of synovial hypertrophy and effusion, and gait analysis (with Helen Hayes marker protocol. Inverse dynamic analysis was performed to compute the reaction forces and torques of the OA and control leg [3]). Multivariate analysis of variance was performed for the treatment, genre, age and BMI.

Results: This study was performed with the data of the 70 patients recruited to date. They are classified as shown in Table 1.

Variable	Category	N
Gender	Male	28
	Female	42
Age	60-67	29
	68-75	41
BMI	25.5-29.9	30
	>30	40
Treatment	CNS	44
	ART	26

Only treatment factor related differences are reported.

ART group present significant higher values in Wst ($p=0.012$), Wf ($p=0.018$), and PCS ($p=0.018$), than CNS group (Figure 1). Differences in PCS values show interaction with BMI ($p=0.007$) (Figure 2). Regarding the joint, number of painful sites depend on treatment and BMI group ($p=0.032$) (Figure 3). Finally, gait study show no direct effect of the treatment, interactions are observed in the reaction forces and torques when comparing control vs OA leg, in ART and CNS group ($p=0.004$ and $p=0.002$, respectively) (Figure 4).

Figure 1- Average WOMAC stiffness (Wst) (a), WOMAC function (Wf) (b) and pain catastrophizing score (PCS) (c) in conservative and arthroplasty patients.

Figure 2- Average Pain catastrophizing score (PCS) in patients from the conservative and arthroplasty group, according to their BMI.

Figure 3.- Average of number of reported painful knee locations after pressure of <4Kg/cm2.

Figure 4.-Knee normalized Medio-Lateral forces (a) and Abduction-Adduction torques (b)

Conclusion: Although both treatment groups present the same OA radiologic grade, ART group presents significant higher stiffness and functional disability. That may affect to the gait of these ART patients, altering the forces distribution and torques between both legs. Although no differences in knee pain in life situation (Wp) between treatment group are reported, ART group present more painful sites in the knee with pressure stimuli. Emotional component may be playing a role in the pain and illness perception, influencing the patient decision to undergo ART surgery

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AB0813

AN EXPERT CONSENSUS ON THE APPROPRIATE USE OF ORAL SYSADOAS FOR THE TREATMENT OF THE OSTEOARTHRITIC PATIENT IN PRIMARY HEALTH CARE: A DELPHI STUDY

Jordi Monfort¹, Benjamín Abarca², Xavi Carné³, Sergio Giménez⁴, Ingrid Möller⁵, Montserrat Romera⁶, Marco Bibas⁷, Marianna Vitaloni⁷, Josep Verges⁷. ¹Hospital del Mar, Barcelona, Spain; ²Centro Salud Sagrado Corazón, Lugo, Spain; ³Hospital Clínic, Barcelona, Spain; ⁴Centro De Salud Y Atención Primaria Limonar, Málaga, Spain; ⁵Institut Poal de Reumatologia, Barcelona, Spain; ⁶Hospital de Bellvitge, L'Hospitalet de Llobregat, Spain; ⁷OAFI Foundation (Osteoarthritis Foundation International), Barcelona, Spain

Background: Clinical studies have demonstrated that osteoarthritic pain is linked to disability and quality of life (QoL). The therapeutic modalities in the treatment of osteoarthritis (OA) are numerous and despite the availability of evidence-based guidelines for OA management, agreement on

treatments is lacking¹. Symptomatic Slow-Acting Drugs for OA (SYSADOA), are natural compounds, used in OA treatment. Thus, there is disagreement about SYSADOAs use in clinical practice.

Objectives: Our objective was to prepare a consensus document on the appropriate use of oral SYSADOAs: chondroitin sulphate (CS), glucosamine(G), diacerein(D) and the combination of CS plus G for OA management in primary health care.

Methods: A two-round Delphi study was carried out to assess expert consensus on the appropriate use of SYSADOAs in primary care. The questionnaire validated by the expert committee (3 rheumatologists, 2PC physicians, 1 clinical pharmacologist) included 24 questions The Delphi panel was composed of 15 experts (10 PC physicians, 1 rheumatologist, 1 traumatologist, 1 rehabilitator, 1 gynaecologist and 1 clinical pharmacologist) with extensive experience in the treatment of OA and the use of oral SYSADOAs which were identify by clinical coordinator, a methodological coordinator, and four members of the Scientific Committee. Participants were asked 24 questions on SYSADOAs use. Items that reached consensus by at least 80% across both panels were included in the guidelines. The fieldwork of the study was developed for approximately 4.5 months. This study was promoted by the International Osteoarthritis Foundation (OAFI) with the support of the Spanish Ministry of Health, Social Services and Equality.

Results: Consensus statements emerged: (1)patient phenotypes affects SYSADOAs action; (2)SYSADOAs are effective in primary and secondary OA, in the three first grade of Knee OA, hand and hip; there is no evidence for erosive hands, shoulder, spine, and ankle OA; (3)CS, G and association can reduce pain, inflammation, improve QoL and functional capacity and have a chondroprotective effect; (4)CS and D can reduce synovial membrane inflammation, all oral SYSADOAs, except D, can decrease cell death and the enzymes responsible for cartilage destruction; (5) The maximum therapeutic efficacy is reached after 3 to 6 months; (6) SYSADOAs can be prescript to patients having comorbidities: cardiovascular risk or disease, digestive disease, hypertension, dyslipidemia, peripheral vascular disease, type 2 diabetes, and oesophageal reflux. There is disagreement in the prescription of oral SYSADOA in patients with liver and kidney disease.

Conclusion: This study sheds light on the appropriate use of oral SYSADOAs in primary health care by providing added value to published evidence. Results based on literature evidence on efficacy and safety, the clinical experience of the panellist experts in OA treatment and the fact that OA patient is a chronic, elderly, with multiple diseases and polymedicated person. The diffusion of our results among primary health practitioners will contribute to improving OA patient management protocols to ensure a personalized treatment to OA patients and to ameliorate their QoL.

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AB0814

INDIVIDUAL AND SOCIAL FACTOR CAN INFLUENCE THE QUALITY OF LIFE OF KNEE OA PATIENTS: A SYSTEMATIC REVIEW

Josep Verges¹, Marianna Vitaloni¹, Marco Bibas¹, Rosa Sciortino², Maritza Quintero², Jordi Monfort³, Francisco de Abajo⁴, Patrick du Souich⁵, Ingrid Möller⁶, Elizabeth Oswald⁷, Marco Matucci-Cerinic⁷, Guy Eakin⁸, Angie Botto-van Bemden⁸. ¹OAFI Foundation (Osteoarthritis Foundation International), Barcelona, Spain; ²Universidad de los Andes, Merida, Venezuela (Bolivarian Republic); ³Hospital del Mar, Barcelona, Spain; ⁴Alcalá University, Alcalá de Henares, Spain; ⁵University of Montreal, Montreal, Canada; ⁶Institut Poal de Reumatologia, Barcelona, Spain; ⁷University of Florence, Firenze, Italy; ⁸ARTHRITIS FOUNDATION, Atlanta, United States of America

Background: Knee OA (KOA) is the most common form of chronic joint disease and bears more responsibility than any other disease for disability¹. It associates with remarkable functional restrictions due to pain. The limitations in activity caused by KOA seriously affect social relationships, emotional well-being, reducing the quality of life (QoL) of patients.