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

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AB0813

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

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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) SYSADOAs, except D, can reduce pain, inflammation, improve QoL and functional capacity and have a chondroprotective effect; (4) SYSADOAs, except 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 prescribed 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 SYSADOAs in patients with liver and kidney disease.}

Conclusion: Although both treatment groups present the same OA radiology 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 presents more painful sites in the knees 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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PROCARE HEALTH


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

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Disclosure of Interests: Laura Tío: None declared, Francisco Castro Speakers bureau: Lilly, Simone Tassani: None declared, Santos Martinez: None declared, Raul Torres: None declared, Raquel Arredondo: None declared, Miguel Ángel González-Ballester: None declared, Joan Carles Morlal: None declared, Jérôme Noailly: None declared, Jordi Monfort Speakers bureau: Bioibérica Procure Health


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) SYSADOAs, except D, can reduce pain, inflammation, improve QoL and functional capacity and have a chondroprotective effect; (4) SYSADOAs, except 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 prescribed 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 SYSADOAs 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 panelist 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

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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.