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QUALITY OF LIFE AND TREATMENT SATISFACTION IN CHINESE PATIENTS WITH CHRONIC KNEE OSTEOARTHRITIS PAIN: A CROSS-SECTIONAL STUDY

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Background: Joint pain is one of the most common symptoms of osteoarthritis (OA) and affects the physical function and quality of life of patients.

Objectives: To understand the impact of chronic pain due to knee OA on health-related quality of life (HRQoL) and evaluate treatment satisfaction of current medications among Chinese patients.

Methods: A cross-sectional survey was conducted in orthopedics, rheumatology and pain departments in five first-class hospitals in China from March to October 2018. Eligible patients were ≥ 40 years old, with diagnosed knee OA, experiencing joint pain for at least 3 months and receiving oral medications during the past 12 months. Socio-demographics, disease characteristics, Brief Pain Inventory (BPI), treatment information, Treatment Satisfaction Questionnaire for Medication (TSQM-1.4), and HRQoL (EQ-5D-5L) were assessed. Descriptive analysis and t-test were used for statistical analysis.

Results: A total of 601 patients were included and 75.2% of them were female. The mean (SD) age was 61.77 (9.53) years. More than half (55.1%) had at least 1 comorbidity. The most common comorbidities were hypertension (39.8%), diabetes (15.3%), gastritis (14.3%) and coronary heart disease (12.5%). The mean (SD) age at first diagnosis of knee OA was 58.13 (9.62) years. The most commonly used current treatments for knee OA were oral medication (78.0%), followed by patch or ointment (45.1%) and intra-articular hyaluronic acid injection (31.5%). The mean (SD) of BPI-Severity and BPI-Interference ratings were 3.78 (1.62) and 2.97 (1.70), respectively. More than half (52.9%) of patients rated BPI-average pain ≥ 4 . Around 37.1% of patients reported ≥ 4 days per week of work or housework loss due to OA pain. Overall, the mean (SD) score of EQ-5D-5L is 0.72 (0.21). Patients with BPI-average pain ≥ 4 reported significantly lower EQ-5D-5L score than those with BPI-average pain < 4 (0.62 vs 0.84, $p < 0.0001$). The mean (SD) scores of TSQM effectiveness, side effects, convenience and global satisfaction were 54.19 (14.13), 96.00 (10.93), 62.30 (10.42) and 58.97 (15.43), respectively. The scores in all of the four dimensions of TSQM were lower in patients with BPI-average pain ≥ 4 than in those with BPI-average pain < 4 (effectiveness: 51.01 vs 57.81, $p < 0.0001$; side effects: 94.91 vs 97.24, $p = 0.0099$; convenience: 60.18 vs 64.71, $p < 0.0001$; global satisfaction: 57.74 vs 60.35, $p = 0.0402$).

Conclusion: Chronic pain due to knee OA, especially moderate to severe pain, has significant impact on patients' HRQoL and work productivity. Patients were not satisfied with current treatments. There are unmet needs for better pain management including more drug choices in China to improve the treatment satisfaction.

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Osteoporosis

AB0817

CAN STATINES IMPROVE BONE QUALITY IN POSTMENOPAUSAL OSTEOPOROSIS?

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Background: Osteoporosis (OP) is the most frequent metabolic bone disease. It has low bone mass and microarchitectural deterioration, which increases the risk of fractures. The most commonly used drugs are

bisphosphonates, however statins (ST) have pleiotropic properties, and some researchers suggested their use in OP.

Objectives: To determine the effect of ST on bone mineral density (BMD) in postmenopausal osteoporotic women.

Methods: A cross-sectional study, control case where postmenopausal women with hypercholesterolemia treated with ST for a period not less than 6 months were studied for two years. The control group was postmenopausal population that did not receive statins. Exclusion criteria: Diabetes, previous treatment with estrogen, calcitonin, anabolic, steroids, bisphosphonates or vitamin D during a period of 6 months prior to enter to the study or with amenorrhea less than 12 months. We evaluated age, weight, height, BMI, personal and first degree family members' history of fracture, use of corticosteroids, smoking, alcoholism, daily calcium intake, sedentary lifestyle, phosphocalcic metabolism laboratory and Vitamin D. All patients were performed Bone Densitometry by dual-energy X-ray absorptiometry (DXA) with an Hologic equipment in right hip and lumbar spine, staging them according to WHO. The statistical analysis was performed using the Student's test and the Fisher test for categorical variables. Values of p less than 0.05 were considered significant.

Results: 202 patients were enrolled in the ST group and 203 in the control group. Age, weight, height and BMI were 62.54; 69.6; 1.60 and 27.1 in the ST group and 58.5; 65.7; 1.59 and 26.83 in the control group respectively ($p = 0.000$, $p = 0.001$, $p = 0.79$, $p = 0.38$). There were no significant differences in risk factors for OP between groups. The average lumbar BMD was -0.87 for the ST group and -1.76 for the control group ($p = 0.000$), the average femur neck BMD was -1.15 for the ST group and -1.56 for control ($p = 0.000$), the total hip BMD was -0.32 for the ST group and -0.74 for the control group ($p = 0.001$), vitamin D was 25.57 for the ST group and 27.71 ($p = 0.120$).

Conclusion: ST can improve Bone Mineral Density in postmenopausal women, more studies are needed to confirm these results.

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AB0818

INCIDENCE OF FRACTURES AND ASSOCIATED RISK FACTORS DURING THE DRUG HOLIDAYS PERIOD WITH BISPHOSPHONATES

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Background: Biphosphonates are the most widely used treatment for osteoporosis. The optimal treatment duration, however, remains unclear. The occurrence of adverse effects, such as osteonecrosis of the jaw (ONJ) and atypical femoral fractures (AFF), has raised the issue of bisphosphonate discontinuation ("drug holiday") after a certain treatment period.

Objectives: To assess the incidence of fractures in patients during the drug holidays period with bisphosphonates, as well as to determine the risk factors are associated to it.

Methods: Analytical, observational, longitudinal, and ambispective study of a cohort of patients with postmenopausal osteoporosis or men over 50 years of age treated with oral bisphosphonates (at least for 5 years) or intravenous (at least for 3 years) and who had been at least for one year in a drug holidays period, from 01/01/2012 to 12/31/17. Patients treated with corticosteroids and/or with diseases with effects on bone