THU0484

ESTIMATION OF PATIENT ACCEPTABLE SYMPTOM STATE FOR PATIENT-REPORTED OUTCOMES BETWEEN 2 POPULATIONS OF PATIENTS WITH NON-SPECIFIC CHRONIC LOW BACK PAIN

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Background: Clinical relevance of commonly used patient-reported outcomes (PROs) is unclear in people with non-specific chronic low back pain (cLBP) (1).

Objectives: To estimate and compare patient acceptable symptom state (PASS) at 1 month post-intervention for 4 PROs between 2 populations of patients with non-specific cLBP and to determine which baseline variables contribute to having an acceptable symptom state at 1 month.

Methods: Overall, we included 256 patients: 135 patients with cLBP and active discopathy participated in a randomized controlled trial assessing the efficacy on pain at 1 month of a single glucocorticoid intradiscal injection compared to contrast alone (2), and 121 patients with cLBP and without active discopathy participated in a randomized controlled trial assessing the efficacy on pain at 4 months of 12 sessions of immersive virtual reality (VR) compared to usual care (3). Using an anchor-based method, PASS estimates for PROs were obtained using the 75th percentile method (4). Logistic regression was used to determine baseline variables contributing to achieving PASS at 1 month.

Results: At 1 month, 137/256 (53.52%) participants self-rated their health as acceptable. In the whole population, PASS (95% IC) were 47.50 (40.00 to 50.00) for the lumbar-pain VAS, 30.50 (30.00 to 40.00) for the radicular-pain VAS, 39.27 (33.60 to 45.26) for the QUEBEC score, 9.95 (9.16 to 10.00) for the HAD anxiety subscale and 6.70 (6.00 to 8.00) for the HAD depression subscale. The PASS estimates did not differ between the 2 populations of cLBP patients for any of the PRO. The only baseline variable contributing to having an acceptable symptom state at 1 month was symptom intensity.

Conclusion: PASS estimates at 1 month did not vary across 2 independent samples of people with cLBP and 2 distinct nociceptive sources of cLBP. The main contributor of the PASS was symptom intensity at baseline. Our findings can be useful in interpreting the clinical relevance of PROs values.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.3904

THU0485

EFFICACY OF EXTRACORPOREAL SHOCK-WAVE THERAPY IN THE TREATMENT OF SHOULDER CALCIFIC TENDINITIS IN INSUFFICIENT RESPONDERS TO LOCAL STEROID INJECTION THERAPY: A RETROSPECTIVE ANALYSIS

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Background: Calcific tendinitis (CT) results from the deposition of calcium hydroxyapatite crystals in periarticular muscular attachments, and most commonly affects the tendons of the shoulder (1). Extracorporeal shock wave therapy (ESWT) is based on the use of shock waves, and used for pain reduction and tissue healing (2).

Objectives: The aim of this analysis is to demonstrate the effects of ESWT in patients with shoulder CT with inefficient response to local steroid injection.

Methods: 2-year data of shoulder outpatient clinic were scanned. 10 patients with shoulder calcific tendinitis without satisfying response to local steroid injection (less than 50% decrease in pain-visual analogue scale (VAS) score) who were treated with ESWT were reviewed.

Results: 10 patients (9 women, 1 man) fulfilled the inclusion criteria. The mean patient age was 51.3 years (range, 32-70 years) and body mass index was 26.2 kg/m². The affected shoulder was left in 6 (60%) patients and right in 4 (40%). The calcific tendinitis involved the dominant side in 5 (50%) patients and non-dominant side in other 5 (50%). All patients had one peritendinous local steroid injection-2 ml 2% prilocain and 1 ml steroid (5 mg of betamethasone dipropionate + 2 mg betamethasone sodium phosphate). Mean time from symptom onset to the ESWT treatment was 3.5 weeks (range, 2-6 weeks). Mean VAS score was 9 and Shoulder Disability Index (SDI) score was 84.4 before ESWT treatment. ESWT system Elmed-Vibrolith ver.3.0 was used in the treatments, each treatment consisted 2000 shocks with a frequency of 150 shocks a minute with maximum tolerable energy density (range, 3.2-3.4 bar). Mean ESWT session was 3.3 (8 patients had 3, 1 patient had 4 and 1 patient had 5 sessions of treatment). Mean post-treatment VAS score was 4.2 (53.3% decrease) and SDI score was 43.8 (48.1% decrease) which were evaluated after the last ESWT session.

Conclusion: With its good tolerance and safety, ESWT might be an alternative treatment method for calcific tendinitis of the shoulder. Although limited number of patients, we hope that this study might give rise to future randomized-controlled studies about the efficacy of ESWT in acute-subacute shoulder calcific tendinitis.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4330

THU0486

PREGABALIN EFFICACY IN THE TREATMENT OF CHRONIC PAIN IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background:

Objectives: To study the efficacy of Pregabalin in the treatment of chronic pain in patients with rheumatoid arthritis.

Methods: We enrolled 80 patients with rheumatoid arthritis. Screening with the DN4 neuropathic pain questionnaire showed that 31% of patients (n=25) had a neuropathic pain component (NPC+), DN4>4 points. Mean age was 57,0 ±7,49 years, disease duration - 9.87 ± 9.5 years, DAS28 disease activity - 5.5 ± 1.3, VAS pain intensity - 73.1 ± 17.4. All patients were randomized into two groups: group I received pregabalin in combination with DMARDs; group II received DMARDs only. All patients underwent a clinical and neurological examination, disease activity was assessed with the DAS28 index, the effect of treatment on neuropathic pain was assessed with the DN4 and Pain DETECT questionnaires, pain intensity at rest – with the VAS scale.

Results: There were no significant differences between groups before the start of the study (Table 1)

Abstract THU0486 –Table 1.

	Group I	Group II	P<0.05
Mean age (years)	58.2±9.15	56.2 ±6.69	0.6
Disease duration (years)	13.6 ±11.45	7.07 ±8.42	0.3
DAS28	5.3±0.6	4.8±1.6	0.4
DN4 (points)	5,2±1.1	5.0±0.6	0.7
Pain Detect (points)	17.0±3.2	18.2±2.9	0.4
HADS-Anxiety	6.8±3.2	12.0±4.8	0.7
HADS-Depression	8.4±2.2	8.0±2.6	0.7
VAS, mm	77.0±13.5	75.2 ±14.7	0.5

Positive dynamics of VAS pain intensity was observed in both groups [Fig. 1] (77.0 ± 13.5 vs 75.2 ± 14.7, at week 2 48.8 ± 14.2 vs 72.9 ±