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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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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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 ±

16.9, at week 5 48.3 ± 34.2 vs 64.5 ± 20.2 $p = 0.004$). Neuropathic pain indices improved significantly according to the DN4 (5.2 ± 1.1 vs 5.0 ± 0.6 , at week 5 2.3 ± 0.6 vs 4.5 ± 0.6) and Pain DETECT questionnaires (17.0 ± 3.2 vs 18.4 ± 2.2 , at week 5 7.3 ± 3.06 vs 16.8 ± 3.8).

Abstract THU0486 – Figure 1. Dynamics of VAS pain intensity with different treatments

However, disease activity did not differ significantly in either group (group I 5.6 ± 0.6 vs 4.8 ± 1.6 $p = 0.4$; group II 4.9 ± 0.3 vs 5.2 ± 1.2 $p = 0.8$).

Conclusion: This preliminary data shows greater effectiveness of Pregabalin in comparison with NSAID and DMARD treatment, both in terms of pain intensity and the neuropathic pain component, which is of practical importance.

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THU0487 PERINEURAL INJECTION THERAPY; A NEW MODALITY IN MANAGEMENT OF MECHANICAL LOW BACK PAIN; A COMPARATIVE STUDY

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Background: Chronic mechanical low back pain represents the second leading cause of disability worldwide being a major welfare and economic problem¹.

Subcutaneous prolotherapy treats prolonged pathological peripheral neurogenic inflammation for several painful conditions. As it induces apoptosis of proliferating peptidergic nociceptors and neovessels by reducing vascular endothelial growth factor²

Objectives: To assess the effectiveness of subcutaneous perineural injection therapy in management of pain, physical function, disability and psychological status in mechanical low back pain

Methods: Ninety patients with non-radiating non-specific chronic mechanical low back pain (LBP) that persisted for 12 weeks or more were selected in this study. (Patients with inflammatory LBP, radiating, or LBP due to specific cause, pregnant women or Patients with implanted pacemaker or spinal cord stimulator were excluded from this study). After giving written consent, the patients were randomly divided into 3 groups 30 patients in each. Group I received 8 weekly subcutaneous injections of 1 ml of buffered dextrose 5% in each chronic constriction injury points and tender points in back and buttock. Group II treated by using pulsed electromagnetic field stimulation (PEMFs) for 30 minutes over the lower lumbar region with frequency of 10 Hz and intensity of 2 millitesla every other day for 8 weeks. Group III received sham PEMFs. All patients will be instructed to follow an exercise program in the form of stretching for hamstring, calf, and back muscles, and strengthening exercises for back and abdominal muscles. Assessments were performed at baseline, at the end of the treatment and after four months, using the following measurements: visual analog scale (VAS), Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) scores, Lequesne index, Hospital Anxiety and Depression Scale (HADS).

Results: The mean age of patients in the 3 groups was 40.2 ± 10.5 , 38.3 ± 9.9 , and 43.1 ± 10.8 respectively. The mean VAS was 7.9 ± 1.4 , 8.2 ± 0.6 , and 7.6 ± 1.1 respectively. No baseline differences existed between all groups in all parameters. There was significant improvement in VAS, WOMAC and HDAS in group I & II ($p < 0.05$) after treatment, and 4 months later (figure 1). While the improvement in group III was non-significant ($p > 0.05$). The improvement in group I was better than in group II with significant difference between the two groups ($p < 0.05$) after treatment and 4 months follow up.

Figure 1: the improvement of the perineural group after treatment and 4 months later

Abstract THU0487 – Figure 1

Conclusion: Perineural Injection Therapy is an effective new modality in management of pain, physical function, psychological status and disability in mechanical low back pain.

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THU0488 ACHILLES TENDON RUPTURE ASSOCIATED WITH THE USE OF FLUOROQUINOLONES IN PATIENTS OLDER THAN 60 YEARS

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Background: Fluoroquinolones (FQ) are a class of broad-spectrum antibiotics whose use has spread as they are considered safe and well tolerated drugs. Among its musculoskeletal side effects, Achilles tendon rupture (ATR) is a well-known complication that can be disabling, arising recent interest from the pharmacovigilance system after evaluating the reported side effects.

Objectives: To describe the epidemiological and clinical features of patients diagnosed with FQ-associated ATR in a Spanish tertiary hospital.

Methods: A retrospective observational study was performed, which included all patients older than 60 years who were diagnosed of ATR in our center during the period 2000-2017, identifying patients who had been previously treated with FQ. The demographic, clinical and outcome data were obtained from their medical records.

Results: During the study period, 44 patients with ATR were identified, 8 (14.6%) of them previously treated with FQ. In this group of patients, the mean age at diagnosis of ATR was 77.37 ± 9.54 years, being male 6 (75%). Four of them (50%) received concomitant treatment with corticosteroids (CS) and one patient had undergone kidney transplantation due to nephroangiosclerosis. Seven patients (87.5%) were treated with Levofloxacin and one case received Ciprofloxacin, all of them orally. The indication for FQ treatment in half of the cases was acute bronchitis and in the other half exacerbations of underlying respiratory pathology (chronic obstructive pulmonary disease and diffuse interstitial lung disease). The mean duration of treatment with FQ was 6.16 ± 2.4 days, while the mean time from the start of treatment to the diagnosis of ATR was 19.25 ± 14.83 days. In seven patients (87.5%) the rupture was spontaneous, while one patient presented traumatic rupture (low impact trauma). 87.5% of the ruptures were total ruptures and all cases required surgical treatment, without recurrence reported. The comparison of the characteristics of patients with ATR who had or not received treatment with FQ is shown in the table, identifying significant differences in favor of a higher percentage of patients who were smokers, received concomitant treatment with CS and had spontaneous rupture in the group of patients who had received FQ.