CURRENT PHARMACOTHERAPY FOR KNEE OSTEOARTHRITIS: SPECIFIC FEATURES OF SYMPTOMATIC AND DISEASE MODIFYING EFFECTS

L. Denisov1, E. Tsvetkova2, N. Ionichenok1, A. Lilia1, 1VA. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Objectives: to study the specific features of the symptomatic effect and tolerability of paracetamol (P), glucosamine sulfate (GS), chondroitin sulfate (CS), and meloxicam (M) in patients with knee osteoarthritis (OA).

Methods: An 18-month open-label randomized prospective parallel-group trial enrolled 80 patients with knee OA who fulfilled the American College of Rheumatology criteria and signed the informed consent. They had Kellgren and Lawrence grades I-III OA with visual analogue scale pain intensity of > 40mm in the target knee, a body mass index of < 35 kg/m², and no clinical dysfunctions of vital organs and systems. The patients were randomized into 4 groups: 1) P 2g daily; 2) a standard GS regimen; 3) a standard CS regimen; 4) M 15mg daily. The patients were followed up for 18 months. The effectiveness was evaluated by the WOMAC questionnaire, Lequesne index, and OMERACT-OARSI (D scenario) during 8 visits. Laboratory and clinical examination as well as electrocardiography were performed. Adverse events were recorded during each visit.

Results: After 4 weeks of treatment, symptomatic improvement was noted in all groups; however, the best effect was achieved by the use of M and continued to the end of the study. The percentage of patients reacting to the therapy by the OMERACT-OARSI criteria was highest in M group (100%), reached 90% in GS, 85% in CS groups and 75% in P group. In the groups of P, GS and CS failed to respond to treatment 25, 10, and 15% correspondingly. However, medium narrowing of articular space (NAS) was measured at the end of the study and was significantly lower in GS group (p = 0.0002), CS (p = 0.004) and M (p = 0.06; p = 0.06). Besides, the quota of patients without heavy NAS (≥ 0.5mm in medial KJ) was the lowest in GS group as compared with three other groups.

Conclusion: The results of this trial suggest that it is expedient to use GS, CS and M long, support the recent guidelines of the European Society for Clinical and Economic aspects of Osteoporosis and OA (ESCEO), and can give proofs of the efficiency and safety of GS, CS, and M used in the treatment of knee OA.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.1160

AB0862 CONSENSUS STATEMENT ON INTRA-ARTICULAR INJECTIONS OF PLATELET-RICH PLASMA FOR THE MANAGEMENT OF KNEE OSTEOARTHRITIS

F. Eyraud1, P. Ornetti1, J. Maillet2, P. Adam2, V. Legré Boyer2, T. Boyer1, F. Allali2, V. Grémeaux Baderer2, J. F. Kauz1,2, K. Louati2, M. Lamontagne2, F. Michel2, P. Richette1, H. Bard1 on behalf of GRIP and Lawrence.

Objectives: to evaluate the place of X-ray- and ultrasound-derived parameters as the lowest in GS group as compared with three other groups.

Results: After 4 weeks of treatment, symptomatic improvement was noted in all groups; however, the best effect was achieved by the use of M and continued to the end of the study. The percentage of patients reacting to the therapy by the OMERACT-OARSI criteria was highest in M group (100%), reached 90% in GS, 85% in CS groups and 75% in P group. In the groups of P, GS and CS failed to respond to treatment 25, 10, and 15% correspondingly. However, medium narrowing of articular space (NAS) was measured at the end of the study and was significantly lower in GS group (p = 0.0002), CS (p = 0.004) and M (p = 0.06; p = 0.06). Besides, the quota of patients without heavy NAS (≥ 0.5mm in medial KJ) was the lowest in GS group as compared with three other groups.

Conclusion: The results of this trial suggest that it is expedient to use GS, CS and M long, support the recent guidelines of the European Society for Clinical and Economic aspects of Osteoporosis and OA (ESCEO), and can give proofs of the efficiency and safety of GS, CS, and M used in the treatment of knee OA.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.1160

AB0863 RADIOGRAPHY VERSUS ULTRASONOGRAPHY – WHICH IMAGING MODALITY TELLS US MORE ABOUT PAIN SEVERITY IN KNEE OSTEOARTHRITIS?

G. Geranovan1, T. Georgiev1, T. Shivaheva1,2, 1UMHAT “St. Marina”, Medical University - Varna, Clinic of Rheumatology, Varna, Bulgaria; 2Medical University, 1st Department of Internal Diseases, Varna, Bulgaria

Background: Osteoarthritis (OA) is a leading cause of disability worldwide and pain is its cardinal symptom. Ranging from structural injuries to central sensitization, multifactorial mechanisms play an important role in pain perception in patients with knee OA (KO) defining a discrepancy between pain and structural damage. Imaging modalities such as radiography and musculoskeletal ultrasonography may assess those structural findings and both are well embedded in routine clinical practice, however, their association with pain severity is poorly studied.

Objectives: To evaluate the place of X-ray- and ultrasound-derived parameters of structural damage for pain perception in knee osteoarthritis patients.

Methods: Sixty-four knees from 38 patients with KOA fulfilling the ACR criteria were assessed. The pain severity was evaluated in all knees by 100-milimetres visual analogue scale (VAS). Anteroposterior radiographs of the fully extended knees in an upright weight-bearing position were obtained and images were evaluated according to the Kellgren-Lawrence (KL) and OARSI atlas. All patients were investigated with a portable MyLab 25 Gold system equipped with an LA43S transducer (Esaote SPA, Genoa, Italy) by two experienced ultrasonographers. The presence or absence of synovial thickening, effusion in the suprapatellar bursa, and popliteal cyst were assessed. Medial meniscal extrusion and medial and lateral cartilage thickness (medial and lateral) were measured in mm in full extension and flexion position, respectively. Femoral osteophytes were semi-quantitatively scored using a scale consisting of four grades (0-3).

Results: The levels of pain differed significantly in the KL groups (p = 0.001) and in the groups classified according to the medial/tibiofemoral compartment narrowing defined in line with the OARS atlas (p = 0.005). The other knee osteoarthritis radiographic characteristics derived from the OARSI atlas did not correlate with the pain. From the assessed ultrasound parameters, medial...