existing options, there is still no general consensus on the choice and priority of the best intra-articular injection in knee osteoarthrosis.

Objectives: Our study compare the short and long-term efficacy of the intra-articular injection of hyaluronic acid (HA), platelet-rich plasma (PRP), plasma rich in growth factors (PRGF), and ozone in patients with knee osteoarthrosis (OA).

Methods: In this single-blinded randomized clinical trial, 238 patients with mild to moderate knee OA were randomized into 4 groups: HA (3 doses weekly), PRP (2 doses with 3 weeks interval), PRGF (2 doses with 3 weeks interval), and Ozone (3 doses weekly). Our outcome measures were the mean changes from baseline until 2, 6, and 12 months post intervention in scores of visual analog scale, Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), and Lequesne index.

Results: A total of 200 patients enrolled final analysis. The mean age of patients was 56.9 ± 6.3 years, and 69.5% were women. In 2 months follow up, significant improvement of pain, stiffness, and function were seen in all groups compared to the baseline, but the ozone group was the best (P<0.05). In 6 month follow up HA, PRP, and PRGF groups demonstrated better therapeutic effects in all scores in comparison with ozone (P<0.05). At the end of the 12th month, only PRGF and PRP groups had better results versus HA and ozone groups in all scores (P<0.05). Despite the fact that ozone showed better early results, its effects begin to wear off earlier than other products and ultimately disappear in 12 months.

Conclusion: Ozone injection had rapid effects and better short-term results after 2 months, but its therapeutic effects did not persist after 6 months and at the 6-month follow up. PRP, PRGF, and HA were superior to ozone. Only patients in PRP and PRGF groups improved symptoms persisted for 12 months. Therefore, these products could be the preferable choices for long-term management.

References:

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NEUROPATHIC PAIN IN PATIENTS WITH KNEE OSTEARTHRITIS: PREVALENCE AND RELATED FACTORS

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Background: Discordance between radiographic and pain severity in osteoarthritis (OA) has led researchers to investigate other pain mechanisms, including neuropathic pain (NP). Recent meta-analysis concluded that NP prevalence in people with knee or hip OA was 23% [1].

Objectives: The primary objective of this study was to determine the prevalence of NP in patients with painful knee OA. Secondly, we evaluated the relationship between NP and pain intensity, function, and radiographic severity of knee OA.

Methods: This cross-sectional study enrolled patients with knee OA (ACR criteria) from a rheumatology outpatient Hospital over a four-month period. Exclusion criteria were: knee surgery, chronic conditions of the nervous system, cognitive or psychiatric disorders. The patient’s characteristics and pain severity using the Visual Analogue Scale (VAS) were evaluated. The NP was assessed according to the Douleur Neuropathique 4 questionnaire (DN4) (arabic valid version). Functional impairment was estimated using the short form of the Knee Injury and Osteoarthritis Outcome Score (KOOS-PS) (KOOS-PS scores to 0 representing no difficulty and 100 representing extreme difficulty).

Results: We included 143 patients with a mean age of 65.17±10.7 years and 62.5% of women. Patients were from low socio-economic class in 37.6% of cases. At least one comorbidity was revealed for 90.3% of patients and their mean BMI was 31.6±6.3 [19.9-52.3]. Knee OA was bilateral in 85.3% and other OA sites were associated in 37.8%.

Conclusion: These data, from a subset of participants with symptomatic radiographic knee OA, demonstrate no correlation between obesity and pain, functional impairment and radiographic severity.

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