(45.0%, 9/20), and tramadol (40.0%, 8/20). Physical symptoms such as fatigue, functional capacity, pain and sleep quality improved at the end of the study treat-
ment, whereas they mainly declined after placebo treatment. However, no sta-
tistically significant differences were found among the studied variables. Total ICAF score improved after NSC treatment, and declined after placebo treatment. NSC treatment was well tolerated, with a low incidence of adverse events (5.0%, 1/20).

Table 1. Patient demographics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years [mean (SD)]</td>
<td>51.9 (7.2)</td>
</tr>
<tr>
<td>Sex (F/M)</td>
<td>Female</td>
</tr>
<tr>
<td>Weight, kg [mean (SD)]</td>
<td>69.3 (13.1)</td>
</tr>
<tr>
<td>Height, cm [mean (SD)]</td>
<td>160.4 (6.5)</td>
</tr>
<tr>
<td>Years since first FMS diagnosis [mean (SD)]</td>
<td>7.7 (6.3)</td>
</tr>
<tr>
<td>Occupational status, n (%)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Working full-time/part-time</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>At home</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Not working/receiving pension</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Retired or unemployed</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Smoking patients, n (%)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Patients on alcohol consumption, n (%)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Patients on physical activity, n (%)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>F/M: female/male</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: The results of this study constitute the first investigation of the effect of a nutritional supplement containing CoQ10, magnesium and tryptophan on FMS. Although the results should be confirmed in larger studies, they suggest that NSC treatment for 3 months, in addition to pharmacological therapy, may be of interest in the management of FMS. This treatment appeared to primarily improve physical symptoms, such as fatigue and pain, with low risk of adverse events.

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AB0094 IS CONNECTIVE TISSUE MASSAGE EFFECTIVE IN INDIVIDUALS WITH FIBROMYALGIA?

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Background: Fibromyalgia (FM) is a systemic rheumatic disease characterized by diffuse pain in the body, tenderness, fatigue and many more symptoms. Exer-
cise is effective and safe method in individuals with FM. Connective tissue mas-
sage, another treatment method, is a reflex therapy where shear force is applied in a certain order at the connective tissue interfaces of the skin. In the literature, there is limited study related compared with clinical pilates exercises and connective tissue massage in individuals with FM.

Objectives: The aim of the study was to examine the effectiveness of clinical pilates exercises and connective tissue massage in individuals with Fibromyalgia on disease activity, number of painful regions, anxiety, biopsychosocial status and quality of life.

Methods: 32 women (age mean=52.43±8.32) diagnosed with FM according to American College of Rheumatology (ACR) criteria were included in this study. Patients were randomized into two groups as interventional group (n=15, mean age=48.80±7.48) and control group (n=17, mean age=55.64±7.87). While the connective tissue massage and clinical pilates exercises were applied to the treatment group, only clinical pilates exercises were applied to the control group. After the demographic characteristics and disease related data of the individuals were recorded; number of painful regions were assessed with Pain Location Inventory (PLI), disease impact with Fibromyalgia Impact Questionnaire (FIQ), functional status with Health Assessment Questionnaire (HAQ), anxiety with Beck Anxiety Inventory (BAI), quality of life with Short Form-36 (SF-36) and biopsychosocial status with Cognitive Exercise Therapy Approach (BETY) Scale were evaluated. All evaluations were made before and after treatment. All inter-
ventions were applied 3 days per week for 6 weeks by the same experienced physical therapist. One session for clinical pilates exercises consisted of 60 min-
utes, 10 minutes warm up, 40 minutes clinical exercises (10 minutes cool down). Connective tissue massage was started from lumbosacral region and continued lower thoracic, scapular, interscapular, and cervical regions, respectively. The Kolmogorov-Smirnov Test was used to determine whether the contin-
uous variables were normal distributions.

Results: When the pre-treatment and post-treatment results are analyzed; the results were significant in the intervention group of PLI (p = 0.007), SF 36 physical component (p = 0.025) and mental component (p = 0.017) and FIQ (p = 0.004), while in the control group the difference in SF 36 physical component (p = 0.008) and mental component (p = 0.024), FIQ (p = 0.001) and BAI (p = 0.043) was significant. Delta values were calculated by subtracting post-treat-
ment results from pre-treatment results. When the delta values of the groups are compared, it was determined that the difference only in the PLI (p = 0.023) was significant in favor of the treatment group.

Conclusion: According to our results, connective tissue massage has been shown to be effective in reducing the number of painful areas in addition to the

CANNABINOIDS: FRIEND OR FOE OR A BYSTANDER?

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Background: Cannabinoids has recently gained popularity for use in chronic pain. There is a lot of inquisitiveness among our patients wherein health care professionals are asked about its efficacy, side effects and sometimes even ask for a prescription! As there is paucity of data and research about its use in rheu-
matology, patient reported outcome(PROM) can guide ahead in expanding our knowledge and experience.

Objectives: To study usage of cannabinoids by rheumatology patients

Methods: Cross sectional survey with two arms. Arm 1 Information from patients attending tertiary rheumatology clinic including perception regarding the use of Cannabinoids.

Arm 2 consisted of collecting data via web-based survey with 20-question from 100 GPs of Leicestershire. Questions on demographics, perspectives on and knowledge of cannabinoid use. Statistical analysis SPSS software.

Results: Arm 1 Total 102 rheumatology patients with 60%were females and 45% secondary education. 48% were unemployed, 75% Caucasians, 18% Asians. RA most common diagnosis followed by OA and FMS. 40 % depression and anxiety secondary education. 48% were unemployed. 75% Caucasians, 18% Asians. RA

The results of this study constitute the first investigation of the effect of a nutritional supplement containing CoQ10, magnesium and tryptophan on FMS. Although the results should be confirmed in larger studies, they suggest that NSC treatment for 3 months, in addition to pharmacological therapy, may be of interest in the management of FMS. This treatment appeared to primarily improve physical symptoms, such as fatigue and pain, with low risk of adverse events.

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