(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 treatment, whereas they mainly declined after placebo treatment. However, no statistically 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

Parameter	Value
Age, years [mean (SD)]	51.9 (7.2)
Sex (F/M)	20/0
Weight, kg [mean (SD)]	69.3 (13.1)
Height, cm [mean (SD)]	160.4 (6.5)
Years since first FMS diagnosis [mean (SD)]	7.7 (6.3)
Occupational status, n (%)	
Working full-time/part-time	10 (50.0)
At home	3 (15.0)
Not working/receiving pension	5 (25.0)
Retired or unemployed	2 (10.0)
Smoking patients, n (%)	8 (40.0)
Patients on alcohol consumption, n (%)	0 (0.0)
Patients on physical activity, n (%)	2 (10.0)

F/M: female/male

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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AB0953 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 rheumatology, patient reported outcome (PROM) can guide ahead in expanding our knowledge and experience.

Objectives: To study usage of cannabinoids by rheumatology patients

To study awareness among primary physicians regarding Cannabinoid usage in rheumatology.

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 in addition to Rheumatic disease. 94% reported ongoing pain with 6-8 on a VAS scale. 79% were satisfied with their current therapy. 65% had heard about complementary medicine and 15% reported using cannabinoids.

Most common form Cannabinoids oil 60% followed by smoking 20%. 56% reported using >3 months and majority 72% use daily. Median age 55 years. 88% users Caucasians. Mean disease duration 6.25 years among users indicates chronicity of disease has a direct proportion in usage. All users had ongoing pain of 7 on VAS. 87% believed it helps them managing pain effectively with a pain free state. On an average spends between 50-100 pounds per week. More than half believe cannabinoids should be available as a prescription drug in NHS and 30% interested to know more about it.

In Arm 2 consisting of Primary care physicians, response rate 50%. Average clinical experience 5 years. Only 20% heard about usage of complementary medicine by rheumatology patient. Most replied that 10% of their patients use Cannabinoids for pain management. Most did not believe use of cannabinoids benefited the patients. Only 4% recommend its usage. 25% think it should be available as prescription. 40% experienced patients asking about cannabinoids during appointment. 88% of respondents did not know much about cannabinoid usage in rheumatology and have never prescribed it in their practice.

Conclusion: Cannabinoids widely used by the rheumatology patients with PROM favouring its efficacy for control of chronic pain. Preclinical data suggest that cannabinoids might have a therapeutic potential RA¹, OA, FMS². Clinical data regarding cannabinoid treatment for rheumatic diseases are scarce, therefore, recommendations concerning cannabinoid treatment cannot be made. All patients who reported using it suffered from moderate to severe chronic pain. Thus main indication of usage was pain rather than recreational purpose. Although a small survey it clearly highlights lack of knowledge among primary physicians. These results emphasise the need for further research regarding the benefits and risks of cannabinoids in rheumatology.

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AB0954 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. Exercise is effective and safe method in individuals with FM. Connective tissue massage, 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. Participants were randomly divided 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 interventions were applied 3 days per week for 6 weeks by the same experienced physical therapist. One session for clinical pilates exercises consisted of 60 minutes (10 minutes warm up, 40 minutes clinical pilates 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 continuous 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-treatment 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) were 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