

observed between the groups in post-treatment, but they were found at the follow-up, in favor of aquatic therapy for pain intensity ($p=0.023$) and sleep quality ($p=0.030$).

Conclusion: Both physiotherapy interventions showed to be effective in reducing pain in patients with fibromyalgia. However, aquatic therapy was more effective in improving quality of sleep and decreasing pain intensity at six weeks of follow-up than land-based therapy. It seems that the therapeutic effects achieved in post-treatment were maintained for a longer time in the aquatic therapy group. Even so, in order to maintain the benefits obtained with the interventions, continuous physiotherapy treatment seems to be necessary.

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AB0958 LOW-ENERGY PULSED ELECTROMAGNETIC FIELD THERAPY REDUCES PAIN IN FIBROMYALGIA: A RANDOMIZED SINGLE-BLIND CONTROLLED PILOT STUDY.

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Background: Fibromyalgia is a clinical condition characterized by diffuse chronic muscle-skeletal pain, fatigue, sleep/mood disorders and muscular stiffness. The pathogenesis of fibromyalgia remains poorly understood but numerous lines of evidence suggest a role for alterations of both the central and peripheral nervous systems leading to heightened pain sensitivity along with a *corollarium* of other symptoms¹. Low-energy pulsed electromagnetic field (PEMF) has promising data in the prevention of falls in senior individuals and is believed to promote osteogenesis and angiogenesis thus proving promising to treat bone diseases with chronic pain². No data is available in fibromyalgia.

Objectives: To investigate the efficacy and safety of PEMF on fibromyalgia symptoms in a randomized single-blind pilot study.

Methods: We enrolled 21 women (median age 59 years, IQR 16,5) affected by fibromyalgia according to the 2010 ACR classification criteria³ not receiving chronic medical treatment for pain; patients were randomly allocated to receive PEMF TEPT (triple energy pain treatment) / New Sunrise 280 (THS - Therapeutic Solutions, Milan, Italy) on the selected points (10 agopuncture points) or scrambled points for 20 minutes at baseline (T0) and after 4 (T4) and 8 (T8) weeks. Outcome measures were recorded at T0, T4 and T8 and included FIQ (fibromyalgia impact questionnaire), WIP (widespread pain index), VAS pain, SS (symptom severity scale), and SF-36 (short form 36 health survey questionnaire).

Results: Patients receiving the active treatment had a deep reduction of WIP from T0 to T8 (-76% vs -13% in placebo) with a statistically significant difference compared to the placebo group ($p=0.0025$) (Figure 1). In all endpoints, we observed a general reduction at T4 and T8 compared to T0 also for FIQ, VAS pain, SS, SF-36, regardless of the treatment arm and the decrease was higher in the active treatment arm compared to the placebo group, albeit not reaching statistical significance (Figure 2).

Conclusion: The results of our pilot study show that PEMF is more effective than placebo in reducing widespread pain in fibromyalgia while confirming that a placebo effect is clear in this complex disease.

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Figure 1. WIP

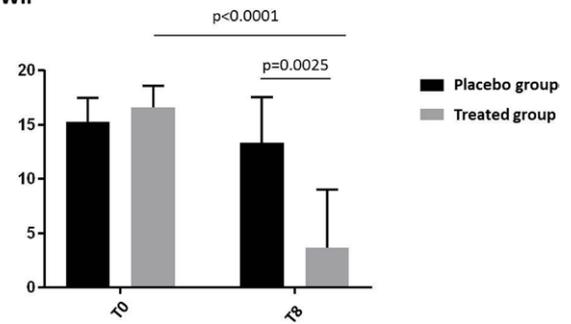
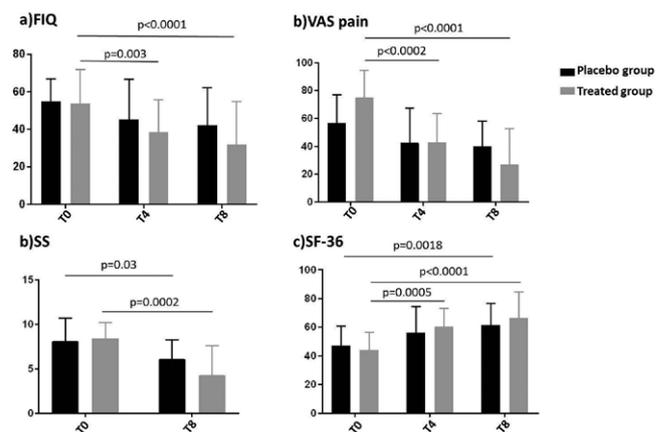


Figure 2.



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AB0959 FREQUENCY OF SEXUAL DYSFUNCTION IN WOMEN WITH FIBROMYALGIA

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Background: The impact of rheumatic diseases on patients' sexual life has been gathering the attention of the scientific community over the last decade. The existing studies, especially related to fibromyalgia, are scarce.

Objectives: To assess the prevalence of sexual dysfunction in women with fibromyalgia followed up at the Outpatient Clinic of the Medical Hospital in Russia.

Methods: The main group consisted of 54 women aged from 18 to 55 who sequentially applied for rheumatologist consultation. All subjects fulfilled ACR 2016 Fibromyalgia criteria. The comparison group included 100 healthy women adjusted by age who came for a scheduled health check up and signed the informed consent form. The Female Sexual Function Index (FSFI), obtained by applying a 19-item questionnaire that assesses six domains (sexual desire, arousal, vaginal lubrication, orgasm, sexual satisfaction and pain) and Hospital Anxiety and Depression questionnaire (HADS) were used. The data are presented as means and standard deviations.

Results: 26 (48,1%) of the patients interviewed reported no sexual activity over the past 4 weeks. fibromyalgia patients reported no sexual activity during the previous 4 weeks. Fibromyalgia group had significantly lower values of all FSFI