the second cycle. Socio-demographic, personal characteristics and life habits were collected. LBP was assessed using the Nordic musculoskeletal health questionnaire. The impact of low back pain was assessed using the Oswestry disability index (ODI).

Results: One hundred and seventy-nine students were included. The mean age was 22.9 ± 2.3 years [19.64-38.21]. The sex ratio was 0.29. The average body mass index was 23.55 ± 4.22 kg/m² [17.63-43.07]. 82% of the students were in the second cycle of medical studies. 26.4% of the students had a regular sports activity, 91.2% spent more than 4 hours a day in a sitting position. The point, annual, and lifetime prevalence of LBP among medical students was 41.2%, 80.4% and 90.6%, respectively. Low back pain was acute in more than 58.8%, subacute in 14.9% and chronic in 26.3%. The mean ODI score was 10.32 ± 8.48% [0-32%]. Students with LBP were significantly younger than students without LBP (p = 0.015). LBP was more common in students who spent more than 4 hours in a sitting position with a difference at the limit of significance (p = 0.059). Being in the 2nd cycle was significantly associated with the occurrence of LBP (p = 0.006). Poor screen projection in the amphitheater was significantly associated with the occurrence of LBP (p = 0.029). We found a statistically very significant relationship between the occurrence of LBP and the poor layout of the amphitheaters (p = 0.000). The feeling of depression was significantly higher among LBP students (p = 0.018). Feelings of fatigue, being overwhelmed, irritability and worry were more frequently found in LBP students, but this difference was not statistically significant. In a multivariate analysis, the only factors that remained statistically significant were feeling of depression (p = 0.046, OR = 3.88, CI = [1.31-11.55]) and the poor layout of the amphitheaters (p = 0.036, OR = 8.99, CI = [2.55-31.69]).

Conclusion: The annual prevalence of LBP was 80.4%. These results testify to the magnitude of this health problem. The factors associated to LBP seemed to be essentially modifiable factors. This encourages special attention from medical schools to increase students’ awareness of low back pain and to provide appropriate measures at reduce this musculoskeletal disorder.

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AB0063

HOW OFTEN DO DOCTORS TREAT PATIENTS WITH LOCAL DAMAGE TO THE PERIARTICULAR SOFT TISSUES IN REAL CLINICAL PRACTICE?

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Background: Damage of the periaricular soft tissues (DPST) - tendinitis, entesitis, bursitis, etc. are one of the most common reasons for patients to contact rheumatologists and orthopedic surgeons.

Objectives: To evaluate the frequency and localization of DPST in real clinical practice, as well as the effectiveness of therapy for this pathology in the acute period.

Methods: 68 outpatient orthopaedic surgeons evaluated the frequency of initial patient recourse due to DPST within one month. The study did not include patients with systemic rheumatic diseases such as spondyloarthritides. The localization of DPST and the dynamics of clinical manifestations were evaluated in 1227 patients (women 42.5%, cf. age 51.3±15.5 years). Non-steroidal anti-inflammatory drugs (NSAIDs), mainly meloxicam, were used as a first-line treatment for DPST. The results of treatment were evaluated after 10-14 days with repeated visits of patients.

Results: 7766 cases of primary outpatient treatment by orthopedic surgeons were evaluated. DPST was the cause of treatment in 1227 (15.8%) patients. This was the third highest incidence after acute injuries (37.2%) and knee osteoarthritis (23.2%). The mean DAS28-ESR score indicated complete remission in 54 patients and LDA in 63 patients, Class 2 in 18, and Class 3 in one (Steinbrocker classification). Bio-pharmaceuticals had been administered in 27 patients. As for disease activity, the DAS28-ESR scores indicated complete remission in 54 patients and LDA in 28. The survey form was used to investigate the presence or absence/duration of MS, the presence or absence/severity of P (Pain VAS), and the presence or absence/severity of D (Dullness VAS). On lateral functional radiographs of the cervical spine, patients with spinal lesions were selected and divided into the asymptotic stability (ASS; atlantoaxial dislocation ≤3 mm) + vertical setting (SS; Ranawat value <13 mm) group, the cervical spondylolisthesis group (≥3 mm of slippage on dynamic radiographs), and the spondyloolisthesi group (≥3 mm of slippage on dynamic radiographs). They were examined for association with residual symptoms.

Results: According to cervical spine lesions, patients who achieved the therapeutic goal were divided into the ASS+VS group comprising 15 patients (18.3%), the spondylolisthesis group comprising 11 (13.4%), and the stenosis group comprising 18 (22.0%). Among them, only the spondylolisthesis group showed significant differences in residual RA symptoms. In the spondylolisthesis group, the disease duration was longer, but there was no difference in age. MS, P, and D were significantly severer. The duration of MS was longer, and both Pain and Dullness VAS scores were higher. The score on each component of the DAS28 showed no difference in inflammatory findings. VAS and DrVAS scores were higher. No common perceptions of spinal symptoms were shared between any patients with cervical spine lesions and physicians.

Conclusion: Improved patient-reported outcomes (PROs) are considered to be important to achieve more complete remission. There are various reports on the causes of residual RA symptoms, but many aspects remain unknown. Based on the results of this study, because asymptomatic subaxial subluxation is one of concerns in patients with spondyloarthrosis with dynamic instability of the cervical spine, cervical spine diseases should also be considered in patients with severe residual symptoms. Not only radiography but also magnetic resonance imaging needs to be performed.

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AB0065

EVALUATION OF THE IMPACT OF THE JOB STRESS ON THE ONSET OF MUSCULOSKELETAL DISORDERS IN THE HEALTHCARE WORKERS OF THE GENERAL HOSPITAL OF DOUALA, CAMEROON

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Background: Job stress (workload) and its repercussions on health have already been described. However, very few publications has been performed in sub-Saharan Africa.

Objectives: To assess the link between job stress and musculoskeletal disorder (MDD) among healthcare workers of the Douala General Hospital.

Methods: In this cross-sectional study, the job stress, evaluated according to the Karasek model, made it possible to measure job-strain (high psychological