Results: In this cohort of 90 patients, 71 (78.9%) were women. Of the 90 patients, 19 (21.1%) had no pharmacological prescription at all. Forty-nine patients (54.4%) had one prescribed drug, 17 (18.9%) had two drugs and 5 (5.6%) had three drugs. Prescribed drugs and their frequencies are reported in Table 1.

Table 1. Prescribed drugs and frequencies.

Drug	n (%)
No treatment	19 (21.1)
Celecoxib	26 (28.9)
Oxicams	22 (24.4)
Propionic acid derivatives	6 (6.7)
Phenyl Acetic acids	5 (5.6)
Acetaminophen	15 (16.7)
Tramadol	12 (13.3)
Steroids	11 (12.2)
Methotrexate	1 (1.1)

Conclusion: The most common group of drugs used for hand arthralgia in this cohort of patients was NSAID, and the most used of this group was celecoxib. Only in one patient, PCP prescribed disease-modifying anti-rheumatic drugs (DMARD) therapy, in this case was methotrexate. Almost 80% of the patients were prescribed with at least one drug without knowing the final diagnosis.

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AB1362-HPR

COMMON PRACTICE IN DELIVERY OF INTRA-ARTICULAR THERAPIES IN RMDs BY HEALTH PROFESSIONALS: RESULTS FROM A EUROPEAN SURVEY

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Background: Intra-articular therapies (IAT) are routinely used in rheumatic and musculoskeletal diseases (RMDs); however large variability exists regarding current practice of delivery amongst health professionals.

Objectives: To inquire about common practice aspects to inform the EULAR Taskforce for the IAT of arthropathies.

Methods: A steering committee prepared a 160-item questionnaire based on the information needs of the Taskforce. The survey was disseminated via EULAR professional associations and social media and it was open to any health professional treating persons with RMDs, regardless of using IAT personally.

Results: The survey was answered by 186 health professionals from 26 countries, the large majority of whom (77%) were rheumatologists, followed by nurses (12%), general practitioners (2%) and orthopaedic surgeons (2%). The two collectives that perform IAT routinely are rheumatologists (97%) and orthopaedic surgeons (89%), with other professionals <50%. Specific training was compulsory for 32%. The most frequent indication for IAT is inflammatory arthritis (76%), followed by osteoarthritis (74%), crystal arthritis (71%) and bursitis (70%); and all joints are injected, with knee (78%) and shoulder (70%) being the most frequent. When questioned about specific contexts, such as pre-surgical, diabetic or hypertensive patients, variability among respondents was evident, with around 30 to 69% of professionals considering it acceptable to inject glucocorticoids (GC), while in others there was less variability (prosthetic or septic joints, <1%). GCs are the most used compounds, followed by hyaluronic acid and saline/dry puncture. Only 66 (36%) use ultrasound to guide IAT. In their opinion, to be accurately in the joint is moderately to largely important for

large joints (80%) and very important in small joints. The maximum number of injections to perform safely in the same joint within one year was "2 to 3" for 65% (2% thought there is "No limit"). The majority reported that they informed patients about side-effects (73%), benefits (72%), and the nature of the procedure (72%), and less frequently about other aspects; with 10% obtaining written consent and 56% oral consent (mandatory only for 32%). Other questions help to understand the setting and procedures followed, including use of local anaesthetics and care after injection.

Conclusion: Although often performed in clinical practice for RMDs, there is apparent variability in several elements related to delivery of this treatment. This information, together with patient input, will help design current recommendations where research evidence is not available.

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AB1363-HPR

EVALUATION OF SELECTION CRITERIA OF CLINICIANS IN THE TREATMENT OF OSTEOPOROSIS, OSTREQ RESEARCH IN TURKEY

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Background: Osteoporosis is a disease with increasing prevalence in the aging and growing world population and its insidious progression and lack of findings without fracture cause certain difficulties in the diagnosis and treatment of this disease. There are many medical and paramedical treatment options for osteoporosis, and clinicians make these treatment decisions with many factors in mind. **Objectives:** We wanted to evaluate the importance of these factors for clinicians through a questionnaire. This 17-question questionnaire aimed to investigate the factors that clinicians consider in the planning of osteoporosis treatment and the effect of these factors on treatment planning. We made the Turkish version of the OSTREQ questionnaire in this study which factors clinicians in planning treatment for osteoporosis in Turkey we aimed to investigate that take into consideration.

Methods: OSTREQ questionnaire developed by Makraz et al. are used in this research. In this survey, which consists of 8 sections (health care system, patients' preferences regarding regimen's administration, usage, cost, severity of disease, treatment efficacy, safety profile and pharmaceutical industry) and 17 questions, the participants were asked to evaluate their answers with 5 different scales: Absolutely Preventive, Partially Preventive, Neither Preventive or Encouraging, Partially Encouraging, Absolutely Encouraging.

Clinicians of Rheumatology, Physical Therapy and Rehabilitation, Endocrinology and Metabolic Diseases participated in our study. The questionnaires were filled in by e-mail or by inviting the participants to the our university or by going to the clinics where the clinicians were working.

Results: In our study 37 (21.8%) were endocrinology, 49 (28.8%) were rheumatology and 84 (49.4%) were physical therapy and rehabilitation specialists. The overall Cronbach alpha coefficient of the questionnaire was found to be 0.855. No material was found to significantly increase the internal reliability coefficient if deleted. As a result of t-test in 27% lower and upper groups to measure the discriminative power of the items, it was seen that all items made a significant difference in the lower and upper groups, which were formed according to the total score of 27 people. Confirmatory factor analysis and internal reliability results did not require removal of