fibromyalgia symptoms (AUC_{95% CI}: 0.474[0.313-0.581], $p=0.409$), and metabolic syndrome score (AUC_{95% CI}: 0.546[0.423-0.668], $p=0.480$)

Conclusion: Fibromyalgia women responded to the stress of pain by increasing the serum level of ACTH which effectively improves the clinical feature of fibromyalgia symptoms, but at the same time elevates the score of metabolic syndrome. Therefore, assessment of serum level of ACTH can serve as a predictor and discriminator of fibromyalgia comorbidity.

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THU0466

EARLY DIAGNOSIS IS ASSOCIATED WITH LESS DISEASE SEVERITY AND BETTER OUTCOME IN FIBROMYALGIA SYNDROME: A TRICENTRIC PROSPECTIVE ANALYSIS OF A COHORT OF 370 PATIENTS

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Background: Delayed diagnosis of fibromyalgia (FM) has been reported to be associated with more economic burden, healthcare utilization and worse response to treatment^{1,2}. However, its impact on the patients' symptomatology and disease severity is still underestimated.

Objectives: to evaluate the effect of diagnostic delay (DD) on FM severity and disease assessment parameters.

Methods: in this cross sectional study, 370 FM patients were prospectively interviewed. Information about DD, widespread pain index (WPI), symptom severity scale (SSS), total severity scale (SSS+WPI) and number of tender points were collected. We proposed to classify our patients into 3 categories; early diagnosis (ED ≤ 2 years; 83 patients), late diagnosis (LD: $>2-7$ years; 198) and very late diagnosis (VLD >7 years; 89 patients).

Results: the mean age of patients was 33.9 (± 9.8) and 79.4 % were female. The mean for DD was 5.6 (± 3.6) while the means for SSS, total scale and tender points were 7.8 (± 1.6), 16.46 (± 4.1), 14.31 (± 2.3) respectively. A significant correlation has been found for DD with SSS ($r = 0.14$), total scale ($r = 0.37$) and tender points ($r = 0.16$) but not with WPI ($r = 0.059$).

Comparing the three categories, the mean for SSS was 7.54 (± 1.6), 7.73 (± 1.4) and 8.25 (± 1.7) in the groups of ED, LD and VLD respectively ($P = 0.008$) while the mean for the total scale was 15 (± 3.8), 15.95 (± 3.8) and 18.96 (± 4.4) respectively ($P = 0.000$) and the mean for tender points was 13.7 (± 2.3), 14.35 (± 2.1) and 14.77 (± 2.8) respectively ($P = 0.011$). The mean for WPI did not significantly differ as it was 7.45 (± 2.8), 7.8 (± 3.6) and 7.18 (± 4.8) in the groups of ED, LD and VLD respectively ($P = 0.415$).

Conclusion: early diagnosis of FM is associated with low SSS, total severity scale and tender points reflecting a better outcome and a less disease severity.

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THU0467

CONCEPTS AND PERCEPTIONS ABOUT FIBROMYALGIA DIAGNOSIS, MONITORING AND TREATMENT AMONG COLOMBIAN RHEUMATOLOGISTS, PHYSIATRIST AND PAIN PHYSICIAN

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Background: Fibromyalgia is a chronic disease characterized by the presence of widespread and persistent musculoskeletal pain associated with a variety of symptoms. The concepts and perceptions around diagnosis and treatment of fibromyalgia among physicians are not objectively known. The purpose of this study is to obtain objective data through a survey and describe the concepts and perceptions about the diagnosis, treatment and treatment of fibromyalgia among colombian rheumatologists, physiatrist and pain physicians

Objectives: The main purpose of this study is to obtain objective data on this subject and describe the concepts and perceptions about the diagnosis, treatment and monitoring of FM among colombian rheumatologists, physiatrist and pain physicians.

Methods: Cross-sectional study. Through a focus group in which two rheumatologists and one expert in qualitative research methods participated, a survey was designed to evaluate the perceptions and concepts that rheumatologists, physiatrist and pain physicians have on the diagnosis and treatment of fibromyalgia. The survey was self-applied anonymously through the internet.

Results: Survey applied to 139 rheumatologists, 99 physiatrist and 81 pain physicians. 35 rheumatologists (25.2 %), 17 physiatrist (17.1 %) and 58 pain physicians (71.6 %) consider that there is not enough evidence to recognize fibromyalgia as a disease. 45 rheumatologists (32.4 %), 86 physiatrist (86 %) and 73 pain physicians (90.1 %) consider that the 1990 ACR (American college of Rheumatology) criteria are not sufficient to diagnose fibromyalgia, despite the fact more than 90% of them use the criteria as a tool to approach the diagnosis when suspecting fibromyalgia. The most formulated medications for managing fibromyalgia are antidepressants and is used by more than 80% of the respondents, followed by antiepileptics in pain physician (88.9%) but less than physiatrists and rheumatologists (66.6 % and 64.7 % respectively), and analgesic much more for pain physician and physiatry and less for rheumatologists (84 %, 75.7 % and 26.6 % respectively). All respondents consider that the patient with fibromyalgia should have a multidisciplinary approach. Most doctors of the three specialties believe that physiatrist should be the leaders of interdisciplinary management in the treatment of fibromyalgia patients.

Conclusion: We present objective information on the perceptions of fibromyalgia among a group of Colombian rheumatologists, physiatrist and pain physician, documenting a frequent use of the ACR 1990 classification criteria. As regards treatment, a high percentage use of antidepressants and antiepileptic. Most believe that physiatrist should be the leaders of interdisciplinary management in the treatment of fibromyalgia patients.

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Figure 1. Multivariable regression analysis with *posthoc* ANOVA test showed significant correlations between serum level adrenocorticotrophic hormone as a dependent variable with the score s of fibromyalgia impact questionnaire and metabolic syndrome, and the number of tender points. $R=0.443$, $F=7.777$, $P<0.001$, prediction 19.7%),