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THU0486 2019 FRENCH GUIDELINES AND CARE PATHWAY ABOUT LOW BACK PAIN MANAGEMENT IN ADULTS

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Background: Low back pain (LBP) is a frequent, disabling symptom, for which the risk of chronicity is increased by heterogeneous care. Developing and implementing recommendations is likely to improve LBP management.

Objectives: To develop French guidelines and care pathway on the management of LBP, coordinated by the French National Authority for Health (FNAH) and based on previous international guidelines in addition to update literature.

Methods: A compilation report was constituted on the basis of a systematic review of guidelines between January 2013 and December 2018, and systematic reviews and meta-analysis in the field of LBP between January 2015 and December 2018. This report summarized the state-of-the-art for each predefined area of the guideline. A panel of experts including patients' representatives and 19 health professionals involved in LBP management was constituted to elaborate the guideline based on the compilation report. A care pathway was constituted to identify the trajectory and the different steps followed by a patient with LBP. Then, the compilation report and the preliminary guidelines were submitted to 24 academic institutions and stakeholders for feedback. Based on the preliminary guideline and the responses of academic institutions and stakeholders, the final recommendations were drawn up by the expert panel. The guideline was finally submitted to an independent committee of the FNAH for final validation. For each area of the guidelines, agreement between experts of the working group was evaluated through the RAND/UCLA method.

Results: The initial literature search identified 572 references of recent international guidelines or systematic reviews about LBP. After selection, the compilation report included 101 references. The compilation report was submitted to the expert group during 3 different meetings to reach a consensus on different topics. Thirty-one preliminary recommendations and a care pathway (divided in two parts to facilitate its use and readability) were drafted and submitted to academic institutions and stakeholders. Having considered their comments, final recommendations and care pathway were written. The final guideline was validated by the FNAH. Then, the consensus of the expert panel was assessed about all the final guidelines separately: 32 recommendations (including the care pathway) were evaluated as appropriate; none were evaluated uncertain or inappropriate. Strong approval was obtained for 27 of them (including the care pathway) and weak for 5 of them.

Conclusion: This new LBP guideline was based on recent scientific evidence. It introduced several concepts, including the need to identify low back pain at risk of chronicity, in order to provide quicker intensive management if necessary. This guideline should be updated in 5 years' time, in order to keep it in line with ongoing scientific evidence.

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THU0487 DIAGNOSTIC DILEMMA: WHICH CLINICAL TEST IS MOST ACCURATE FOR DIAGNOSING SUPRASPINATUS MUSCLE TEARS AND TENDINOSIS?

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Background: Supraspinatus tears and tendinosis are the most common pathology that cause shoulder pain to approximately half of the patients presenting clinically.¹

Objectives: To investigate the diagnostic accuracy of five clinical tests in the diagnosis of supraspinatus tears and tendinosis compared with magnetic resonance imaging (MRI).

Methods: A total of 116 painful shoulders of 106 consecutive patients were examined. Patients were assessed using the most commonly used special clinical tests including the Jobe test (empty can), Neer test, drop arm test, Hawkins test and full can tests to identify supraspinatus tears and tendinosis. A visual analogue scale (VAS) was used for pain detection, and the Shoulder Pain and Disability Index (SPADI) questionnaire was administered. MRI examinations were performed on 1.5 Tesla MR system and images were assessed by a blinded radiologist. The primary outcomes were to determine the sensitivity, specificity, and accuracy of the five clinical tests, and to establish their correlation with MRI for supraspinatus tears and tendinosis.

Results: The mean age was 55.10 ± 10.20 years, and 32.08% of the patients were female. The Hawkins test had a higher sensitivity and accuracy in tears (sensitivity 89.66%, accuracy 56.03%, respectively) and higher sensitivity in tendinosis (79.07%). The drop arm test had a lower sensitivity but higher specificity in both tendinosis and tears (sensitivity 0%, 12.07%, respectively, and specificity 87.67%, 96.5%, respectively).

Conclusion: The Hawkins test was the most sensitive in both supraspinatus tendinosis and tears compared with MRI findings.

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THU0488 PSYCHIATRIC SYMPTOMS, TEMPERAMENT PROFILE, STRESS PERCEPTION AND SLEEP QUALITY IN THE PATIENTS WITH CHRONIC SHOULDER PAIN: RELATIONSHIP WITH PAIN, DISABILITY, AND FUNCTIONAL CAPACITY

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Background: Shoulder pain is very common in general population. Psychiatric symptoms and poor sleep quality related with chronic pain and disability may be present in these patients.

Objectives: The aim of this study was to investigate the psychiatric symptoms, perceived stress, temperament profile and sleep disturbance in the patients with chronic shoulder pain (CSP) and also to evaluate the relationship with pain, disability, and functional capacity.

Methods: We prospectively evaluated 150 patients (M/F=41/109) (60.46±10.59 years) who have had shoulder pain for at least 3 months and 120 healthy controls (M/F=35/85) (58.35±8.52 years). Pain was evaluated with Visual Analog Scale (VAS), disability with Shoulder Disability Questionnaire (SDQ), functionality with The University of California-Los Angeles (UCLA) Shoulder Scale and range of shoulder motion, temperament profiles with TEMPS-A, stress perception with Perceived stress scale (PSS), psychiatric symptoms with Symptom Checklist-90-R (SCL-90R), Rosenberg self esteem with Self-Esteem Scale (RSES) and sleep disturbance with Pittsburgh sleep quality index (PSQI).

Results: The mean VAS pain score, SDQ score, and UCLA score of the patients with shoulder pain were 4.34±1.79, 61.98±26.88, and 58.90±17.78, respectively. SCL-90-R total and all subscale scores except interpersonal sensitivity, psychoticism, paranoid, and phobia were significantly higher in the patient group than the control group (p<0.05). Also PSQI total and sleep quality and latency subscale scores were significantly higher in the patient group (p<0.05). There was no significant difference between the patient and control groups in terms of RSES and PSS. The study identified 28 depressive temperament in the patient group which was statistically different from the control group (p<0.05). There were no significant differences between two groups in terms of cyclothymic, irritable, anxious, and hyperthymic temperaments (p>0.05). When the patient group is evaluated according to functionality, the patients having fair/poor shoulder function had more psychiatric symptoms except hostility, poor sleep quality, decreased self-esteem and increased stress perception. Also, anxious and depressive temperaments were found more common in the patients with fair/poor shoulder function. Psychiatric symptoms (somatization, obsessive-compulsive, interpersonal-sensitivity, depression and anxiety) and total PSQI were positively correlated with SDQ (p<0.05). There was positive correlation between PSS and SDQ (p>0.05). SCL90R total score, subscale of depression and anxiety, total PSQI and PSS were significantly correlated with VAS score (p<0.05).

Conclusion: We found psychiatric symptoms such as obsessive-compulsive besides somatization, anxiety, depression, hostility and sleep disturbances higher in the patients with CSP. Additionally, psychiatric symptoms, anxious and depressive temperaments were more common in the patients with fair/poor shoulder function. Self-esteem was not related with the pain. All these findings indicate the importance of psychological health in the patients with CSP. In order to reach treatment goals, psychiatric symptoms and temperament profiles of these patients also should be considered.

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THU0489

HIP INVOLVEMENT IN DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS (DISH): CROSS-SECTIONAL STUDY

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Background: In DISH or Forestier-Rotés disease, hip involvement is often misdiagnosed as hip osteoarthritis, especially when it is the initial manifestation of the disease or in patients with scarce vertebral signs. At present, a correct identification of this entity may suppose considerable therapeutic implications¹.

Objectives: The purpose of this study was to assess the prevalence and characteristics of hip involvement in our cohort of patients with DISH and evaluate the association of this extra-spinal manifestation with the variables studied.

Methods: We carried out a cross-sectional study in DISH patients who met Resnick and / or Utsinger classification criteria. We collected demographic, anthropometric, clinical and imaging data. Hip involvement was defined as the characteristic irregular bony excrescences above acetabulum. The cohort was divided between patients with and without hip involvement. A univariate descriptive analysis was performed with means and standard deviations, absolute frequencies and percentages. The normality of the data was checked using the Shapiro-Willis test. The bivariate analysis, for the qualitative variables, the χ^2 test or Fisher's exact test were identified. For the quantitative variables, the Student's t-test was used if the data followed a normal distribution, and otherwise using the Mann-Whitney U test.

Results: Of the 58 patients included, 67.2% were male. The median age was 69.4 years (44-89). The average time of disease evolution was 14.8 (+9.3) years. Although the most frequent initial symptom was thoraco-lumbar pain (39.7%), hip complaints were initially present in 13.8%. 22.6% of patients did not fulfil Resnick classification criteria. Hip involvement was identified in 53.4% and a 61.3% the cartilage space were preserved. In the bivariate analysis, hip involvement was associated with female sex, a reduction in the intermaleolar distance (IM) and the presence of certain enthesopathies (greater trochanter, superior iliac spines and distal patellar entheses). The acetabular ossifications were significantly related to the mixed pattern compared to the other possible phenotypes of the disease.

Conclusion: Hip involvement has been described in more than 50% of our patients. We found out that it was associated with female sex and a more broad ossification phenotype (mixed pattern). The measurement of IM distance could be useful for the clinical evaluation of this condition. Ossifications of other pelvic ring entheses were more observed in association with acetabular hyperostosis than other peripheral insertions.

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THU0490

DEEP FRICTION MASSAGE VERSUS LOCAL STEROID INJECTION FOR TREATMENT OF PLANTAR FASCIITIS: A RANDOMIZED CONTROLLED TRIAL

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Background: Deep friction massage (DFM) has long been proven to be effective in the treatment of some tendinopathies.

Objectives: to evaluate the efficacy of DFM in the treatment of plantar fasciitis (PF) in comparison with local steroid injection.

Methods: In this randomized controlled trial, 60 patients with PF were selected from those attending the rheumatology and rehabilitation outpatient clinic and

then randomized to receive either 40mg triamcinolone local injection (group I: 30 patients; 41 heals) using the medial approach or to receive seven sessions of deep transverse friction massage (10 min each) every other day (group II: 30 patients; 36 heels). The outcome measures were the pain and function assessment by visual analog scale and foot function index, respectively, at 2 and 6 weeks of follow-up.

Results: Demographic data showed a statistically insignificant difference in age, female to male ratio, and BMI in both groups. The mean age was 39.42 years in group I and 41.32 years in group II (P=0.86). The female to male ratio was 3: 1 in group I and 2.75: 1 in group II, and the mean BMI was 32.41 in group I and 33.31 in group II (P=0.51). At 2 and 6 weeks of follow-up, DFM led to less improvement in pain and function compared with local steroid injection (P=0.001 and 0.002, respectively, at both time points of follow-up).

Conclusion: This study revealed that DFM is not effective as a single modality in treatment of PF. Further large-scale studies are needed to support this observation.

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THU0491

HYALURONIC ACID INJECTION IN PLANTER FASCIITIS: CAN WE USE?

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Background: Plantar fasciitis is the most common cause of hind foot pain. Treatment is aimed at pain reduction and maintaining or improving function. Several types of injected materials are used including corticosteroids, hyaluronic acid and Platelet-rich plasma.

Objectives: The aim of this study was to evaluate the efficacy of hyaluronic acid injection in comparison to corticosteroid injection for the treatment of degenerative plantar fasciitis.

Methods: This study included forty patients with degenerative plantar fasciitis diagnosed according to clinical examination and ultrasound findings. They were divided into two groups. Group one included twenty patients who were injected with Methylprednisolone (MP). Group two included another twenty patients who were injected with hyaluronic acid (HA). Clinical assessment was done including morning heel pain, localized heel tenderness, patient assessment of heel pain using the numerical rating scale (NRS), Functional assessment using the Manchester-Oxford foot questionnaire (MOXFQ) and musculoskeletal ultrasound assessment including planter fascia thickness, echogenicity, power Doppler signals, erosions and calcification. Patients were injected and a follow up was done at two and six weeks for each group.

Results: The two groups MP & HA showed no significant baseline differences in clinical and sonographic variables, while they both significantly improved from baseline after two & six weeks injection (P<0.001). The MP group achieved a significant improvement in NRS, MOXFQ, planter fascial thickness and echogenicity in the first follow up after two weeks better than the second follow up after six weeks (P<0.001). The HA group achieved significant improvement in NRS, MOXFQ, planter fascial thickness and echogenicity in the second follow up after six weeks better than the first follow up after two weeks (P<0.001).

Over all, MP group had significant improvement clinically and sonographically than HA group after two weeks (P<0.001), while HA group had significant improvement clinically and sonographically in comparison with MP group after six weeks.

Conclusion: Our study supports the use of a single injection of hyaluronic acid as therapy for plantar fasciitis in preference to methylprednisolone acetate injections, while MP offers short term improvement (after two weeks). HA injection offers better therapeutic advantages in the intermediate-term follow up (after six weeks). Moreover, it has a longer duration of action and enables better tissue healing and can therefore be used as an effective alternative treatment for plantar fasciitis.

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THU0492

MAGNETIC RESONANCE IMAGING OF THE SACROILIAC JOINTS IN PATIENTS WITH HYPERMOBILITY: A RETROSPECTIVE COHORT STUDY

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Background: The incidence of inflammatory and structural lesions on magnetic resonance imaging of sacroiliac joints (MRI SIJs) in patients with hypermobility related disorders has not been fully investigated. Hypermobility patients are more susceptible to pelvic instability and biomechanical stress of the SIJs, leading to MRI SIJ changes