sciences, Section of Rheumatology, Lund, Sweden; Science, Halmstad, Sweden; The persisting pain-like behaviors were associated with accumulation of F4/80+ macrophages, Lysmcre x Csfr1-Stop-DTR were injected intrathecally or systemically with diipheria toxin (DT).

**Results:** Intraarticular monolodoacetate injection induced OA and signs of persistent pain, such as mechanical hyperalgesia and deficits in weight bearing. The persisting pain-like behaviors were associated with accumulation of F4/80+ macrophages, Lysmcre x Csfr1-Stop-DTR were injected intrathecally or systemically. In vitro, sensory neurons inner-vating the affected OA joint programmed macrophages into a M1 phenotype. Local repolarization of M1-like DRG macrophages towards M2 by intrathecal injection of M2 macrophages or anti-inflammatory cytokines resolved persistent OA-induced pain.

**Conclusion:** Overall we showed that macrophages infiltrate the DRG after knee damage and acquire a M1-like phenotype and maintain pain independent of the lesions in the knee joint. DRG-infiltrating macrophages are not required for induction of OA pain. Reprogramming M1-like DRG-infiltrating macrophages may represent a potential strategy to treat OA pain.

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**OP0084**

**PRESSURE PAIN THRESHOLDS AND THE ASSOCIATIONS WITH CHRONIC WIDESPREAD PAIN, KNEE OSTEOARTHRITIS AND OBESITY IN INDIVIDUALS WITH KNEE PAIN**

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**Background:** Approximately 30% of individuals with symptomatic knee osteoarthritis (OA) had developed chronic widespread pain (CWP) over a period of 20 years [1]. In order to prevent CWP in those with knee pain, it is important to study associated factors.

**Objectives:** The aim was to study pressure pain thresholds among individuals with knee pain with or without radiographic changes, and associations with CWP, radiographic knee OA, and obesity.

**Methods:** Out of 300 individuals with knee pain (with or without radiographic changes) from an ongoing longitudinal study, 279 conducted pressure pain thresholds (PPT) measurement at baseline in this cross-sectional study (71% women; mean age 51 years). The PPT were measured using a computerized pressure algometry on eight predefined tender points (Figure 1) out of the 18 points as part of the definition of fibromyalgia [2]. PPT's were dichotomized based on the lowest tertial vs the two higher tertials for each of the eight points. A group that had >4 points with low PPT (low PPT group) was compared to a group that had <4 low PPT (not low PPT group). A pain mannequin categorized the participants in three different pain groups: CWP, chronic regional pain (CRP), and no chronic pain (NCP) according to the definition of the ACR [2]. Radiographic knee OA was defined according to the Ahlbäck five grading scale as having score ≥1 vs score <1 [3]. Obesity was measured by biomepnding measuring BMI and visceral fat area (VFA, cm2). To study associations, a crude logistic regression model controlled for age and sex was used including main and significant variables

**Results:** The prevalence of CWP was 37% and higher in the low PPT group compared to those in the not low PPT group (Table 1). No differences were found between the groups in BMI, VFA or radiographic knee OA (Table 1). The low PPT group had significantly lower mean PPT on all eight tender points, was younger, had more pain sites, and more cases of fibromyalgia compared to the group with not low PPT (Table 1, Figure 1). Age (OR 0.95; 95% CI 0.92–0.97), having CWP (OR 3.00; CI 1.66–5.06), fibromyalgia (OR 21.91; CI 2.45–194.69) and increased number of pain sites (OR 1.13; CI 1.05–1.12) were associated with low PPT.

**Conclusion:** Baseline characteristics of individuals with knee pain showed a higher prevalence of CWP than in the general population [4]. In the group with low PPT, the prevalence was even higher. The study found associations between CWP and low PPT, however, almost half of the individuals with low PPT reported NCP/CRP. Moreover, in a third in the group that had not low PPT reported CWP. The development of widespread pain in individuals with knee pain needs to be further studied over time to increase the knowledge of CWP’s origin in order to prevent the condition.

**References:**

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**OP0085**

**THE CHANGING STATES OF FIBROMYALGIA IN A LONGITUDINAL COHORT OF PATIENTS WITH AXIAL SPONDYLOARTHRITIS**

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**Background:** The identification of predictors for longitudinal fibromyalgia (FM) development has been identified as a research priority in a recent systematic review and meta-analyses (1). This paper examines the...