

out strategies for pain management could improve this PCS values and therefore reduce the need for TKR. Furthermore, this study also highlights the two mainly types of OA etiology: mechanical and inflammatory. It suggests that inflammation is mostly responsible for OA progression in patients with low BMI, and plays a strong role in women pathology. Finally, specific treatments targeting central pain sensitization could also improve the management of the pathology in women.

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EULAR RECOMMENDATIONS FOR INTRA-ARTICULAR TREATMENTS FOR ARTHROPATHIES

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Background: Intra-articular therapies (IAT) are widely used in clinical practice to treat patients with rheumatic and musculoskeletal diseases (RMDs). Many factors influence their efficacy and safety. There is a wide variation in the way IATs are delivered by health professionals. In an attempt to standardise these procedures, evidence-based recommendations are the right way forward.

Objectives: To establish evidence-based recommendations to guide health professionals using IAT in adult patients with peripheral arthropathies.

Methods: At a first face-to-face meeting, the results of an overview of systematic reviews were presented to the multidisciplinary task force of members from 8 countries. The aim, scope and outline of the taskforce were also established at this meeting. Thirty-two clinical questions ranked for priority (relevance for practice plus feasibility) drove the systematic reviews performed by two fellows. In addition, two surveys addressed to physicians, health professionals and patients throughout Europe were agreed to acquire more background information. At the second face-to-face meeting, the evidence for each research question was discussed, and each recommendation shaped and voted in a first Delphi round. Level of agreement was numerically scored 0 to 10 (0 completely disagree, 10 completely agree). All panellists voted anonymously using a sli.do app. Agreement needed to be greater than 80% to be included in a second Delphi round, which also allowed reformulation of statements. Finally, a third Delphi round was sent to the taskforce. The level of evidence was assigned to each recommendation according to the EULAR SOP for establishing recommendations.

Results: Recommendations focus on practical aspects for daily practice to guide health professionals before, during and after IAT in adult patients with peripheral arthropathies. Five overarching principles were established, together with 11 recommendations that address the following issues: (1) patient information; (2) procedure and setting; (3) accuracy issues; (3) routine and special antiseptic care; (4) safety issues and precautions to be addressed in special populations; (5) efficacy and safety of repeated joint injections; (6) the usage of local anaesthetics; and (7) aftercare. The document includes the supporting evidence and results from the surveys, level of evidence and agreement.

Conclusion: We have developed the first evidence and expert opinion based recommendations to guide health professionals using IAT.

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RESULTS FROM A CROSS-SECTIONAL, OBSERVATIONAL STUDY TO ASSESS INADEQUATE PAIN RELIEF IN PATIENTS WITH KNEE AND/OR HIP OSTEOARTHRITIS IN CHINA

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Background: Osteoarthritis (OA) of the knee and hip is a leading cause of disability worldwide, particularly due to the primary symptom of pain in the weight-bearing joints. There is limited data that characterizes patients who experience moderate to severe pain despite analgesic treatment in China.

Objectives: This study estimates the real-world prevalence of inadequate pain relief (IPR) among patients with knee and/or hip OA who have been prescribed analgesic therapy and characterizes this patient population. The study was conducted in China, the Philippines, Thailand, Russia, and Mexico. This abstract presents results from China.

Methods: This is a multinational, multi-site, cross-sectional, observational study. Physicians managing patients with OA were recruited and asked to enroll patients over 50 years of age with knee and/or hip OA who had been prescribed topical and/or oral pain medication for at least 30 days prior to study visit. Patients completed a one-time assessment of pain, function, and health-related quality of life (HRQOL) using patient reported outcome (PRO) instruments. Physicians abstracted data from patient charts. IPR was defined as an average pain score of >4/10 on Brief Pain Inventory Question #5 (average pain). Statistical tests including chi-square for categorical variables and Mann-Whitney Wilcoxon test for continuous variables were conducted to assess differences in demographic and clinical characteristics as well as PROs between patients with and without IPR. A multivariate regression analysis was conducted to assess the relationship between IPR and PROs.

Results: 571 patients treated at 10 hospital centers in China were enrolled. 73% were female, the mean (SD) age was 62 (8.32) years. The number of years with OA ranged from less than one year to over 37 years, suggesting a broad sample of patients. Most patients were impacted by knee OA only (90%). Almost half (43%) of the study population met the definition of IPR. Patients with IPR tended to be older, have greater prevalence of obesity, have more comorbidities, and had longer disease duration. The majority (98%) of patients were receiving nonsteroidal anti-inflammatory drugs (NSAIDs), followed by chondroprotective