of their daily living and their physical health-related quality of life. Greater tendency to catastrophize in the face of pain and higher depression levels were associated with more severe pain suggesting that psychological interventions aiming at reducing these factors could be beneficial for some patients with TMO.

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FRI0609-HPR

NUTRIENTS INTAKE CONDITION RELATES TO MAINTENANCE LOW DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS DURING 6 YEARS: TOMORROW STUDY

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Background: We have previously reported that nutritional intake status might relate to disease activity (1). Nutritional survey on prospective cohort study in rheumatoid arthritis (RA) patients and information about relationship between nutritional intake status and disease activity was very limited.

Objectives: This study aimed to obtain data from a cohort study for new nutritional therapy in RA patients.

Methods: We used TOMORROW cohort study data which conducted from years of 2010 to 2020. Two hundred and eight RA patients, and 205 non-RA sex and age matched controls were investigated, and we analyzed data from 2011 to 2017. Nutritional intake status was compared between who maintain lower disease activity during 2011 to 2017 (LDA group) and being higher disease activity even once in 2011 to 2017 (non-LDA group). Disease activity was evaluated by DAS28-ESR in every year and nutritional intake status was surveyed by brief self-administered diet history questionnaire (BDHQ) in 2011 and 2017.

Results: In RA patients, the change value from 2011 to 2017 of iron (odds ratio; 2.37), thiamin (OR; 2.96) and folic acid (OR; 3.16) intake which adjusted by energy intake, age, rheumatoid factor and medication status were extracted as independent factors for maintain LDA by multivariate logistic regression. These nutrients intake in RA patients was significantly lower than control both in 2011 and 2017. In RA patients, iron and folic acid intake in LDA group was significantly lower than non-LDA group in 2011. Folic acid intake was increased in LDA group and decreased in non-LDA group over time, and these nutrients showed significant differences in change value between LDA group and non-LDA group ($p < 0.05$).

Conclusion: The overtime change value in iron, thiamin and folic acid related to maintain six years low disease activity in RA patients.

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* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$ t-test

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B-ADRENORECEPTOR BLOCKING DRUGS ASSOCIATE WITH LOWER RISK OF KNEE OSTEOARTHRITIS AND KNEE PAIN CONSULTATIONS IN PRIMARY CARE: A PROPENSITY SCORE MATCHED COHORT STUDY USING THE CLINICAL PRACTICE RESEARCH DATALINK.

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Background: The pharmacologic management of OA is centred around optimising pain control but first-line analgesics only have modest efficacy¹. Findings from several studies suggest that β -adrenoreceptor blocking drugs (β -blockers) have anti-nociceptive effects^{2,3}. However, evidence for the benefits of β -blockers in the context of OA pain is scarce. We recently demonstrated, for the first time, an association between beta-blockers and lower pain severity, and less opioid analgesic use in a secondary analysis of data for community dwelling adults with large-joint lower OA⁴. This association, however, was not confirmed in a hospital-based study⁵.

Objectives: We examined [1] the association between β -blocker prescription and first primary care consultation for knee OA, hip OA, knee pain, and hip pain and [2] the classes of β -blocker drugs that reduce the risk of these outcomes.

Methods: This was a cohort study using data from the UK Clinical Practice Research Datalink. Participants aged ≥ 40 years, in receipt of ≥ 2 β -blocker prescriptions within 60 days were matched by age, sex, and propensity score (PS) for β -blocker prescription to one control using greedy nearest neighbour matching. Participants with chronic painful conditions, contra-indications to β -blockers,