patients who were intraarticular introduced HA with HS. The course of IA injec-
tions was 2 for LMW, MMW, and HA with HS, and 3 for MMW HA. Injections were
performed with an interval of 1 week. To evaluate the results of treatment, we
performed an interval of 1 week. To evaluate the results of treatment, we
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Results: The maximum reduction in pain with IA HA injections at stage I of
knee OA occurred by 3 months after the course of treatment. Moreover, improvement
was detected by 1 month in 84.3% of cases, and remained until the end of the
study in 71.1% of patients. All HA preparations used in stage I of knee OA were
effective. At stage II of the knee OA after 3 months after the course of IA HA,
different efficacies of HA preparations were revealed. So, in the groups of LMW,
MMW and HA with HS, the improvement persisted up to 3 months, and in the
injection of HMW HA - up to 1 month. After 3 months, the best results were shown
with HA with HS, by 6 months the results were comparable. IA HA injections at the
stage I of the knee OA led to good and excellent results 1 month after the course of
treatment in 53.9% of cases, but by the end of the study, improvement remained
in only 30.8% of patients. In the case of the use of HA in stage III of the knee OA,
the effectiveness of the studied drugs was comparable, and the maximum
improvement was achieved by 1 month. The positive effect of IA HA injections
in patients with stage III of the knee OA one month after the course of treatment
was obtained in 40.6% of cases, by 3 months it decreased to 18.8%, and by 6
months - to 15.7% of patients.

Conclusion: IA injections of HA at stage I of the knee OA is a highly effective
method of conservative treatment, which allows to relieve pain and improve the
condition of the knee joint for a period of 6 months or more. The use of HA prepa-
rations was found to be effective 1 month after the course of treatment and on follow-up examinations 1, 3 and 6 months after the course of
IA HA injections.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.485

AB0586

PREVALENCE OF EARLY SYMPTOMATIC KNEE OSTEOARTHRITIS ACCORDING TO THREE CLINICAL CLASSIFICATION CRITERIA

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Background: Knee osteoarthritis (KOA) is a heterogeneous disease. Different
classification criteria for symptomatic KOA (SKOA) have been proposed. Deter-
mining the prevalence and comparing the different criteria of SKOA in patients
with knee pain will serve as a basis when studying the predictive ability of these
criteria in a longer perspective.

Objectives: To study the prevalence of SKOA in individuals with knee pain according to three different classification criteria: the American College of Rheu-
matology (ACR), (1), the European League Against Rheumatism (EULAR)(2), and the National Institute for Health and Care Excellence (NICE) (3).

Methods: Baseline data from an ongoing longitudinal study (HALOCA) includ-
ing 296 individuals with knee pain, recruited by advertisement, were analysed. The
individuals were categorized according to the classification criteria of SKOA
(ACR, EULAR and NICE) based on age, clinical examination (crepitation), and
self-reported data from KOOS (pain, symptoms, ADL, and sport/recreation), and
dichotomized as fulfilling the criteria (SKOA) or not (no SKOA). BMI was mea-
sured (kg/m²). Radiographic KOA (RKOA) was assessed according to Ahlbäck criterion
(1-5), defined as OA with grade 1 or more in at least one knee. Preva-
ence was calculated (frequencies, %) for each criterion, and Chi-Square test or
the Independent-Samples t-test were used for comparisons between individuals
fulfilling SKOA or not.

Results: The mean age was 52 (min-max 24-73) years, 70% were women and
22% were classified with RKOA. The prevalence of SKOA according to each
criterion was 57% (ACR), 51% (EULAR) and 73% (NICE) respectively. In total, 48% had
SKOA according to all three criteria and whereof 32% had RKOA, compared to
10% RKOA among individuals with no SKOA. Regardless of the criterion, sig-
ificantly more individuals classified with SKOA also had RKOA compared to

Table 1. Comparisons between the ACR, EULAR and NICE criteria of symptomatic knee osteoarthrits, stratified for symptomatic knee osteoar-
thritis or not

<table>
<thead>
<tr>
<th></th>
<th>ACR</th>
<th>EULAR</th>
<th>NICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA No OA</td>
<td>P-value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>N (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA</td>
<td>296</td>
<td>170</td>
<td>98</td>
</tr>
<tr>
<td>No OA</td>
<td>(100)</td>
<td>(57.4)</td>
<td>(33.1)</td>
</tr>
<tr>
<td>OA P-value</td>
<td>0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>152</td>
<td>114</td>
<td>215</td>
</tr>
<tr>
<td>OA P-value</td>
<td>0.001</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>No OA P-value</td>
<td>0.001</td>
<td>0.001</td>
<td>0.001</td>
</tr>
</tbody>
</table>

NIH = National Institute for Health and Care Excellence
BMI = Body Mass Index
ACR = American College of Rheumatology
EULAR = the European League Against Rheumatism
NICE = the National Institute of Care and Excellence

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.520

AB0587

ASSESSING THE CHARACTERISTICS AND MANAGEMENT OF KNEE OSTEOARTHRITIS PATIENTS WITH HYPERTENSION BY CLINICIAN SPECIALITY

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3Ipsos Sdn Bhd, Healthcare Service Line, Kuala Lumpur, Malaysia

Background: Though the pathogenesis of knee osteoarthritis (OA) is complex, patients with OA frequently have other comorbidities, including hypertension, which eludes to other considerations needed when deciding appropriate treat-
mment. The primary aim of this study was to deliver insights into the characteristics and man-
agement of OA patients with hypertension.

Methods: A multi-center, online medical chart review study of patients with OA was
conducted between May – July 2020 among US rheumatologists (rheums), orthopedic surgeons (orthos), primary care physicians with a focus in sports medicine (SM PCPs), and pain specialists. Physicians recruited were screened for duration of practice in their specialty (3-50 years) and caseload (≥35 knee OA patients personally managed, at least 10 being moderate-severe). Patient charts were
reviewed for the next 5 eligible patients seen during the screen-
ing period. Respondents answered patient demographics and treatments used.

Objectives: This study aims to examine the profiles of knee OA patients with hypertension vs. those without any comorbidities, and to elucidate key differ-
ences between these patient groups as potential areas of consideration.

Results: 260 physicians were recruited and collectively reported 796 knee OA
patients; 559 were reported to experience hypertension whilst 237 were reported
without hypertension. When comparing patients with hypertension to those without hypertension, we found that hypertension patients were
significantly older and had higher BMI compared with no hypertension patients (Table 1).

Table 1. Comparisons between OA and no OA patients with hypertension by clinician specialty

<table>
<thead>
<tr>
<th></th>
<th>OA</th>
<th>No OA</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OA</td>
<td>260</td>
<td>59</td>
<td>0.001</td>
</tr>
<tr>
<td>No OA</td>
<td>260</td>
<td>237</td>
<td>0.001</td>
</tr>
<tr>
<td>BMI</td>
<td>71.2</td>
<td>71.6</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (%)</td>
<td>45.4</td>
<td>45.2</td>
<td>0.179</td>
</tr>
<tr>
<td>Male (%)</td>
<td>54.6</td>
<td>54.8</td>
<td></td>
</tr>
</tbody>
</table>

Disclose

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.520

References:

References:
considered for total knee replacement (TKR) surgery compared to those without comorbidities (orthos: 59% vs 32%, respectively; SM PCPs: 37% vs 19%, respectively; p≤0.01). Conversely, hypertension patients reported by rheums were less likely to be considered for TKR vs those without comorbidities (41% vs 18%, respectively; p≤0.05).

Reported hypertension patients had a significantly higher mean Visual Analogue Scale for Pain (VAS) score than patients without comorbidities (6.6 vs 5.9, respectively; p≤0.01). A significantly higher proportion of patients with hypertension demonstrated radiographic evidence of bone erosion compared to those without comorbidities (69% vs 56%, respectively; p≤0.01).

Conclusion: From the sample surveyed, knee OA patients with hypertension may require a more specific and holistic treatment approach that takes into account their CV status and managing physician specialty. Further investigation using comparator cohort is warranted.

REFERENCES:
[1] Ipsos Osteoarthritis Therapy Monitor (May – July 2020, 260 specialists reporting on 769 knee OA patients seen in consultation, data collected online. Participating physicians were primary treaters and saw a minimum number of 35 knee OA patients). Data © Ipsos 2021, all rights reserved.

[2] Ipsos Osteoarthritis Therapy Monitor (May – July 2020, 260 specialists reporting on 769 knee OA patients seen in consultation, data collected online. Participating physicians were primary treaters and saw a minimum number of 35 knee OA patients). Data © Ipsos 2021, all rights reserved.

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.549

AB0588
"ESORT" ITALIAN SOCIETY OF RHEUMATOLOGY (SIR) REGISTER ON OSTEARTHritis (OA): PRELIMINARY DATA

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Background: In Italy Osteoarthritis (OA) is a widespread and disabling disease that affects an increasingly large number of patients in the population, representing one of the main causes of morbidity and disability with high socio-economic costs. The etiology of OA is multifactorial, even if the significant association with some modifiable risk factors like mechanical overload and obesity is now well demonstrated. Early diagnosis and treatment strategies in OA could reduce both patient morbidity and associated costs.

Objectives: Promoted by the Italian Society of Rheumatology (SIR), The Early Symptomatic OsteoArThritis (ESORT) registry has the aim to study the natural history of OA from the earliest stages (pre- radiographic) considering risk factors in the progression of the disease, and the influence of therapeutic factors on long-term disease outcomes. The ESORT registry aims to describe the socio-demographic and clinical characteristics of patients affected by OA in Italy; evaluates the extent of symptoms, functional damage, comorbidities, the frequency of use of drugs currently indicated in our country, and differences related to clinical subsets according with comorbidities and geographical localization of the patient.

Methods: Actually 8 Italian Rheumatology centers are involved in the online data entry data of the SIR registry (developed and validated by SIR Study Center), considering patients affected by OA. In particular, the electronic database collects information about main demographic variables, significant anamnestic elements (risk factors and comorbidities), localization of OA, laboratory data, clinimetric indices with WOMAC / FIHOA / VAS scales, radiographic instrumental data and therapy in act. These data are reported in specific forms in the register with annual reassessment.

Results: Currently, 318 patients with OA are included in the “ESORT” registry with an extension of observation up to 48 months, 214 women and 104 men with an average age of 71 years and an average weight of 72 kg. About 14% of patients affected by knee OA show Kellgren and Lawrence radiographical stage 0 in presence of painful symptoms at the knees. The most frequent localization of OA is the knee (63%), followed by the hip (41%), hand (36%), spine (34%), and other sites (16%). The Table 1 shows details of some parameters (average age, average weight, intake of NSAIDs, intake of opioids and intake of chondroprotectors) according to the localization of the disease. From the registry data, patients with OA results treated mainly with NSAIDs and chondroprotectors, and patients with knee OA are the most frequently treated with opioid analogues (44%), less used in other OA locations.

Conclusion: The “ESORT” register is a useful tool for epidemiological and clinico-informational relating to patients with OA and for monitoring the evolution of the disease and the response to therapy.

<table>
<thead>
<tr>
<th>OA localization</th>
<th>Average age (years)</th>
<th>Average weight (kg)</th>
<th>Intake of NSAIDs (% of patients)</th>
<th>Intake of opioids (% of patients)</th>
<th>Intake of chondroprotectors (% of patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA hand</td>
<td>70</td>
<td>67</td>
<td>74%</td>
<td>10%</td>
<td>25-31%</td>
</tr>
<tr>
<td>OA knee</td>
<td>74</td>
<td>75</td>
<td>85%</td>
<td>44%</td>
<td>53-59%</td>
</tr>
<tr>
<td>OA hip</td>
<td>69</td>
<td>70</td>
<td>75%</td>
<td>25%</td>
<td>24-28%</td>
</tr>
<tr>
<td>OA spine</td>
<td>75</td>
<td>75</td>
<td>76%</td>
<td>14%</td>
<td>19-28%</td>
</tr>
<tr>
<td>OA other</td>
<td>74</td>
<td>73</td>
<td>69%</td>
<td>13%</td>
<td>15-35%</td>
</tr>
</tbody>
</table>


N. Zhuravleva1, L. Karzakova, S. Kudryashov, A. Arkhipova1. 1Federal State Budgetary Educational Institution of Higher Education "The Chuvash State University named after I.N. Ulyanov"; Department of Internal Medicine, Cheboksary, Russian Federation; 2Budget Institution “Republican Clinical Hospital” of Public Health Ministry of the Chuvash Republic, rheumatology department, Cheboksary, Russian Federation

Background: Peloids are successfully used in the treatment of various diseases. The sapropel mud-silt deposits of freshwater reservoirs are the most widely used for joint diseases. The sapropel mud from the freshwater lake «Kogoyar»

AB0589

Table 1: Details of some parameters (average age, average weight, intake of NSAIDs, intake of opioids and intake of chondroprotectors) according to the localization of the disease.

<table>
<thead>
<tr>
<th>OA localization</th>
<th>Average age (years)</th>
<th>Average weight (kg)</th>
<th>Intake of NSAIDs (% of patients)</th>
<th>Intake of opioids (% of patients)</th>
<th>Intake of chondroprotectors (% of patients)</th>
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<td>25%</td>
<td>24-28%</td>
</tr>
<tr>
<td>OA spine</td>
<td>75</td>
<td>75</td>
<td>76%</td>
<td>14%</td>
<td>19-28%</td>
</tr>
<tr>
<td>OA other</td>
<td>74</td>
<td>73</td>
<td>69%</td>
<td>13%</td>
<td>15-35%</td>
</tr>
</tbody>
</table>