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

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; $p \leq 0.01$). A significantly higher proportion of patients with hypertension demonstrate radiographic evidence of bone erosion compared to those without comorbidities (69% vs 56%, respectively; $p \leq 0.01$).

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.

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AB0588

“ESORT” ITALIAN SOCIETY OF RHEUMATOLOGY (SIR) REGISTER ON OSTEOARTHRITIS (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 register 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 / FHOA / 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 radiological 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 analgesics (44%), less used in other OA locations.

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

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

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AB0589

STUDY OF THE EFFECTIVENESS OF PELOID THERAPY IN THE TREATMENT OF OSTEOARTHRITIS OF THE KNEE JOINTS IN THE CONDITIONS OF THE SANATORIUM “CHUVASHYAKURORT”

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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”