Results: Patients and healthy volunteers had similar anthropometric and demographic characteristics but PCOS women were expectedly more hyperandrogenic and hirsute than controls. Patients and controls did not differ significantly in their knee pain, knee-related QoL, and sport and recreation function. Knee-related symptoms were more prominent in the PCOS group compared to controls ($p = 0.035$). ADL associated with the knee joint were also more impaired in patients ($p = 0.001$). Obese PCOS women had a significantly lower score in the ADL domain than normal and overweight patients ($p = 0.035$). In the PCOS group, both knee-related ADL and sport and recreation function correlated significantly with weight ($p = 0.025$ and $p = 0.034$, respectively) and waist circumference ($p = 0.011$ and $p = 0.016$, respectively), among all studied anthropometric parameters. Sex hormones did not correlate with any of the evaluated KOOS subscales.

Conclusion: PCOS patients may experience impaired physical function related to daily life due to knee problems. Obesity may further contribute to knee-related ADL dysfunction. Hormonal disturbances did not show any association with knee complaints in our study.

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AB0592

ASSESSMENT OF KNOWLEDGE OF THE APPLICATION OF TOPICAL ANALGESICS

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Background: In chronic osteoarticular pain, especially knee osteoarthritis, topical analgesics and topical non-steroidal anti-inflammatory drugs represent an interesting therapeutic alternative for patients with several comorbidities in order to avoid side effects and medical interactions.

Objectives: The aim of this work was to assess how patients apply a topical analgesic.

Methods: A prospective study has been conducted over a period of 4 weeks. Sixty-six patients followed for knee osteoarthritis at different stages of the disease and under topical analgesic treatment were integrated into this study. Epidemiological data, physical examination and x-ray data were collected. The impact of knee osteoarthritis was evaluated by the Lequesne and WOMAC indices. Patients were asked about how long they apply the treatment, how often they use the treatment per week and whether they are massaging the aching area while applying the treatment.

Results: In the studied population, the majority of patients were women (87%) with an average age of 55 years. Forty percent of the patients were illiterate as long as 21% received a college education. Patients' occupations were distributed as follows: 59% housewives, 21% retirees, 12% manual occupations and 8% non-manual occupations.

The most common comorbidities were high blood pressure (61%), diabetes (38%) and osteoporosis (36%).

The average duration of development of osteoarthritis of the knee was 9 years. The most common radiological stage was stage 1 (58%). The site was femorotibial in 88% of cases, patellofemoral in 4% of cases and bi or tri-compartmental in 8% of cases. The osteoarthritis most often affected both knees: 86% of cases. The average of the Lequesne index was 11. The average WOMAC index was 12 for pain, 1.5 for stiffness and 48 for dysfunction.

All the interviewed patients were on topical analgesics for an average of 5 years. The average frequency of application of topical analgesics was 9 times per week. Housewives and retirees used the treatment on average 14 times per week while working patients use the treatment on average 5 times per week. Seventy-two percent of patients reported that they performed an average massage lasting 11 minutes with each application.

Among patients with secondary and university education, 64% of patients reported that they performed a massage on the painful knee while applying the medication.

Patients followed for knee osteoarthritis for more than 10 years tend to apply the local analgesic for a shorter period of time (an average of 5 minutes).

Conclusion: Patients followed for osteoarthritis of the knee who are taking topical analgesics tend to make misuse, including massaging for a long time and applying treatment less frequently than recommended. The level of education

does not seem to play a role in knowing the right way to apply. However, patients who have been followed for a longer period for knee osteoarthritis use the treatment more correctly.

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AB0593

PERCEPTION OF THE EFFECTIVENESS OF TOPICAL ANALGESICS IN PATIENTS WITH OSTEOARTHRITIS OF THE KNEE

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Background: Osteoarthritis of the knee is one of the most common joint diseases. It mainly manifests as pain and can become disabling over time. Several symptomatic therapeutic methods are used to relieve patients with knee osteoarthritis and give them more autonomy. Topical analgesics are considered as an interesting alternative for old and poly-medicated patients.

Objectives: The aim of this work was to assess the perception of the effectiveness of topical analgesics by patients followed for knee osteoarthritis.

Methods: A prospective study has been conducted collecting 66 patients followed for knee osteoarthritis at different stages of the disease and under topical analgesic treatment. Epidemiological data, physical examination and x-ray data were collected. The impact of knee osteoarthritis was evaluated by the Lequesne and WOMAC indices. Patients were asked to evaluate their perception about: the time that makes the medication to act, the duration of action and overall satisfaction with the topical analgesic by rating it from 0 to 5. Zero represents complete dissatisfaction while 5 represents complete satisfaction. Patients were also asked about the side effects observed after the use of the topical treatment and whether they recommended this treatment to a friend or a parent.

Results: In the studied population, the majority of patients were women (87%) with an average age of 55 years. The most common comorbidities were high blood pressure (61%), diabetes (38%) and osteoporosis (36%). Sixty-nine percent of patients were taking more than two oral treatments. The average duration of development of osteoarthritis of the knee was 9 years. The most common radiological stage was stage 1 (58%). The site was femorotibial in 88% of cases, patellofemoral in 4% of cases and bi or tri compartmental in 8% of cases. The osteoarthritis most often affected both knees in 86% of cases.

The average of the Lequesne index was 11. The average WOMAC index was 12 for pain, 1.5 for stiffness and 48 for dysfunction.

All the patients surveyed were on topical non-steroidal anti-inflammatory drugs (NSAIDs), 37.7% combined local herbal medicine with local NSAIDs, 53% were taking oral analgesics, and 19% were using oral non-steroidal anti-inflammatory drugs in the past month.

The average rating for time that takes the topical treatment to act was 2.9, for duration of action was 1.2, and for overall satisfaction was 2.8. No adverse effects of topical treatment have been reported.

For patients over 60 years old, better satisfaction was noted (the average score for overall satisfaction was 3.2).

Patients with a WOMAC Pain Index greater than 10 were less satisfied (the average overall satisfaction score was 1.1). Patients who took both topical NSAIDs and topical herbal medicine reported that topical NSAIDs were more effective in 66% of cases. Forty percent of patients recommended topical treatment to a friend or a family member.

Conclusion: In patients with chronic pain associated to osteoarthritis of the knee, topical analgesics are considered a good long-term therapeutic alternative. Patients are generally satisfied with the effectiveness of the local treatment, in particular the immediate effect felt after application, but less satisfied with the duration of action. Perception of effectiveness appears to be affected by age and degree of pain.

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