At the baseline, standard clinical examination for all patients were blood tests, urine test, coagulation panel and ECG.

Results: After comparing of two groups by the end of the group (21.85±13.24 vs 16.81±13.49; p<0.0001). There were no significant differences between groups in improvement of WOMAC, WOMAC subscales and MPQ from baseline. Serious adverse events (AE) were absent. 11 AE’s were detected 3.3% (5/150), but in 100% of cases AE’s were resolved by the end of course.

Conclusion: CS is effective, decreased intensity of pain and stiffness, improved functional ability of joints both intramuscular and concomitant route of administration. However, significantly greater results at pain intensity by VAS shows combination: pain intensity by the end of course was significantly lower in group with concomitant intramuscular and intra-articular injections. Probably, it was associated with faster resolution of synovitis by intraarticular route of administration, that leads to choose this route for patients with comorbidity.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.3778

AB0604 FACTORS ASSOCIATED WITH PAIN IN EARLY KNEE OSTEOARTHRITIS (PRELIMINARY DATA)

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Background: As far as low PA levels are associated with poor quality of life and higher all-cause mortality, PA measurement in patients with knee OA and concomitant FM is of considerable interest [2,3]. Objectives: The aim of this study was to investigate and compare physical activity measured by an actigraph in knee OA patients with and without comorbid FM.

Methods: A total of 70 patients with painful knee osteoarthritis (OA) – 35 subjects (30 females and 5 males) without concomitant fibromyalgia (FM) aged 58.5±15.7 (M±SD) years and 35 patients (30 females and 5 males) without concomitant FM aged 58.5±15.7 (M±SD) years were enrolled in the study. 35 healthy controls of the same age and gender underwent the same investigation. OA diagnosis was established according to ACR 1986 Osteoarthritis Knee Criteria. FM was diagnosed if both modified 2010 ACR diagnostic criteria and 2016 Fibromyalgia Diagnostic Criteria were met. All participants wore an actigraph (GT3X model accelerometer) on the wrist for the period of 5 working days. Average daily minutes in light, moderate and vigorous PA were calculated.

Results: All OA patients with and without FM spent significantly less time in vigorous PA compared to controls. Obtained results did not indicate significant difference between time in vigorous activity in OA patients with and without FM. Patients with OA alone showed insignificant decrease in time in moderate activity in comparison with healthy subjects. OA patients with comorbid FM showed significantly less time in moderate activity compared to OA patients without FM and healthy individuals.

Conclusion: Our study results revealed that patients with painful knee OA and comorbid FM have greater activity limitations than patients with painful knee OA alone and healthy individuals.

REFERENCES: