functional impairments according to ASS (American Shoulder and Elbow Surgeons Assessment) and CS (Constant Score), and a decrease in the need for NSAID use after 6 months. after the course of treatment.

Results: The dynamics of pain and functional disorders in the treatment of GLC and PRP did not differ. The pain decreased from 57.6 ± 17.8 to 30.2 ± 26.3 and 56.0 ± 14.6 to 31.8 ± 26.3 ($p = 0.768$), ASS from 54.7 ± 15.1 to 77.3 ± 22.5 and 54.8 ± 13.8 to 74.6 ± 22.4 ($p = 0.552$), CS from 47.8 ± 16.9 to 65.6 ± 19.3 and 59.2 ± 14.4 to 66.9 ± 17.4 ($p = 0.245$). In general, with the treatment of GLA and PRP, the dynamics of pain and functional disorders was significantly better in patients <45 years old than in patients ≥ 45 years old. So, pain according to VAS after 6 months. was 22.4 ± 26.3 and 35.5 ± 26.2 ($p = 0.022$), ASS 83.3 ± 20.9 and 72.1 ± 22.6 ($p = 0.017$), CS 76.2 ± 16 , 1 and 63.2 ± 18.2 ($p = 0.001$). There was no need to take NSAIDs in 82.4% and 65.2% of patients ($p = 0.103$). No serious adverse reactions have been reported with the treatment of GLC and PRP.

Conclusion: The efficacy of GLA and PRP in chronic shoulder pain caused by damage to the tendons to the muscles of the rotator of the shoulder does not differ. The clinical response to both drugs was significantly higher in those under 45 years of age.

Disclosure of Interests: None declared

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AB0715

THE PREVALENCE OF FIBROMYALGIA IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER AND THE RELATIONSHIP BETWEEN FATIGUE AND QUALITY OF LIFE

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Background: Familial Mediterranean Fever (FMF) can cause various muscle diseases. Because it is a chronic auto inflammatory disease, painful trigger points may be encountered in the examination due to a decrease in the pain threshold (1-3).

Objectives: The aim of this study was to determine the prevalence of Fibromyalgia in patients with FMF; at the same time to identify the relationship between fatigue and quality of life.

Methods: Sixtyseven patients (38 female, 29 male) with FMF were enrolled in the study. They were diagnosed with FMF based on the Livneh diagnostic criteria (4). Fibromyalgia involvement of the patients was evaluated according to the Fibromyalgia Impact Questionnaire (FIQ). Patients with diagnose with other chronic disease were excluded. Fatigue Severity Scale (FSS) was used to evaluate fatigue. Quality of life was evaluated with Short Form-36 (SF-36).

Results: Respectively, the mean age, disease duration and body mass index were 34.46 ± 12.69 years, 12.66 ± 7.86 years and 24.96 ± 5.42 kg/m². In addition, 65% of the patients had no rheumatic disease in their family history. The mean of scores of FIQ was 38.66 ± 25.14 , the mean of FSS was 38.07 ± 17.56 , the mean of SF-36-PCS was 45.55 ± 10.54 and SF36-MCS was 30.93 ± 17.39 . Patients were categorized as mild (n=28), moderate (n=24) and severe (n=15) affected according to their FIQ score. The relationships of scores of FIQ, FSS and SF-36 were demonstrated Table 1.

Conclusion: Fibromyalgia symptoms can be seen in FMF. According to our results, it has been shown that patients with moderate and severe symptoms have increased fatigue levels and decreased quality of life. In the light of these results, we can say that also the fibromyalgia symptom of patients with FMF should be considered in the treatment.

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Table 1. The correlations of FIQ, FSS and SF-36 scores.

		FSS	SF-36 PCS	SF-36 MCS
FIQ-mild	mean±sd	23.78±14.88	53.34±7.01	40.98±13.73
	r	0.595**	-0.014	-0.551**
	p	0.001	0.944	0.002
FIQ-moderate	mean±sd	45.75±10.83	41.09±8.89	38.13±9.19
	r	0.053	-0.379	-0.145
	p	0.806	0.068	0.498
FIQ-severe	mean±sd	52.46±10.11	38.13±9.19	20.32±15.68
	r	0.622*	-0.548	-0.268
	p	0.013	0.035	0.333

-Pearson Correlation

Disclosure of Interests: None declared

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AB0716

FIBROMYALGIA SYNDROME SEVERITY ACCORDING TO AGE CATEGORIES: RESULTS FROM A NATIONAL REGISTER

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Background: Fibromyalgia syndrome (FM) is characterised by a complex symptom spectrum, dominated by the presence of chronic widespread pain, fatigue and unrefreshing sleep. FM affects between 2 and 3% of the general population. It is a condition that mainly involves middle-aged women, although it is increasingly being diagnosed in younger people. The severity of symptoms can vary greatly between individual patients, and is influenced by many factors (e.g. sex,