unexposed patients. Restrictive bariatric surgery yielded lower risks of CTS (HRs of 0.81, 95% CI 0.69-0.88) than did malabsorptive bariatric surgery (HR of 0.95, 95% CI 0.88-1.02) when compared to obese unexposed patients. The risk of CTS increased with duration of follow-up. The greatest risk was observed 1-3 years after bariatric surgery (HR of 0.77, 95% CI 0.68-0.88) and the highest risk 6-13 years after bariatric surgery (HR of 1.20, 95% CI 1.05-1.36) when compared to obese unexposed patients.

Conclusion: Our results suggest that substantial weight loss is not overall associated with severe CTS in an obese patient population. However, bariatric surgery was associated with an initial decreased risk of CTS after bariatric surgery followed by an increased risk in later follow-up. Furthermore, restrictive bariatric surgery but not malabsorptive bariatric surgery was associated with a decreased risk of CTS.

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POSS012 EPIDEMIOLOGÍA DE FIBROMIALGIA HOSPITALIZACIONES EN LOS ESTADOS UNIDOS

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Background: Fibromyalgia is a chronic pain syndrome that is associated with protein symptoms including musculoskeletal pain, psychiatric symptoms, cognitive dysfunction, memory difficulty, and sleep disturbance. Fibromyalgia can be a primary diagnosis, or it can be associated with other conditions. Fibromyalgia is often seen in conjunction with autoimmune diseases such as systemic lupus erythematosus and rheumatoid arthritis. In 1990, the American College of Rheumatology released classification criteria for fibromyalgia that included symptoms of diffuse pain and physical exam findings of at least 11 of 18 defined tender points. In 2010, the ACR updated these criteria and eliminated the requirement of tender points. In 2011, these criteria were further modified to that they could be self-administered. A previous study used the national inpatient sample to examine hospitalization data for patients with fibromyalgia from 1999-2007. No studies, however, have examined this data since the new ACR criteria were established in 2010.

Objectives: We aim to characterize the epidemiology of hospitalized patients with diagnosis of fibromyalgia.

Methods: Hospitalized patients with a diagnosis of fibromyalgia were identified in the 2016-2018 National Inpatient Sample (NIS) using the International Classification of Diseases 10 system (ICD-10). The NIS is an all-payer inpatient database that estimates over 37 million annual U.S. hospitalizations and is maintained by the Healthcare Cost and Utilization Project. The primary outcomes were prevalence of fibromyalgia and comorbid rheumatologic conditions in hospitalized patients. Secondary outcomes included cause of admission, mortality, length of stay, and cost of care.

Results: Of 1,351,234 patients with fibromyalgia identified, 437,145 were admitted in 2016 increasing to 461,820 in 2018. On average 59.1 years old, more likely female (1,262,735, 93.5%) and white (1,060,845, 81.5%). Patients were more likely to have Medicare (775,420, 57.5%) and were in the bottom quartile of income (402,945, 30.3%). The most common rheumatologic comorbidities were rheumatoid arthritis (142,195, 10.5%), lupus (69,980, 5.2%), and inflammatory bowel disease (38,165, 2.2%). Notably fibromyalgia was commonly associated with depression (500,420, 37.0%), obesity (379,324, 28.1%), hypothyroidism (500,420, 37.0%), and similar. About 63% of those who have pain are not seen in conjunction with autoimmune diseases such as systemic lupus erythematosus and rheumatoid arthritis. In 1990, the American College of Rheumatology released classification criteria for fibromyalgia that included symptoms of diffuse pain and physical exam findings of at least 11 of 18 defined tender points. In 2010, the ACR updated these criteria and eliminated the requirement of tender points. In 2011, these criteria were further modified to that they could be self-administered. A previous study used the national inpatient sample to examine hospitalization data for patients with fibromyalgia from 1999-2007. No studies, however, have examined this data since the new ACR criteria were established in 2010.

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Conclusion: Although there is a demand of more confirmatory studies, our preliminary results showed the mutuality between endocrine diseases and musculoskeletal manifestations and, therefore, that rheumatological findings are increasingly frequent in this population. The high prevalence of these symptoms secondary to endocrine diseases raises serious questions in order to improve the quality of life of these patients, and also to increase the number of researches in this field, because the pathophysiological mechanisms of this association are not well elucidated and, from this, expand this information to professionals who may not be aware of this relationship.

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POSS004 TIMELINE TREND IN COCAINE AND HALLUCINOGEN USE DISORDER HOSPITALIZATIONS IN RHEUMATIC DISEASES: A NATIONAL TEMPEST STUDY

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Background: Cocaine use disorder is a frequent cause of drug use disorders in the U.S. Although hallucinogen use disorder is less common, both are potentially preventable public health issues. To our knowledge, epidemiological studies...