Conclusion: Our results from this real-world RA cohort suggest that monotherapy with bDMARDs is not associated with incident DIP OA but may increase the risk of radiographic progression of existing DIP OA when compared to csDMARDs.

Acknowledgements: We thank all patients and rheumatologists involved for their contribution to the SCQM RA cohort. A list of rheumatology offices and hospitals that contribute to the SCQM registry can be found at <http://www.scqm.ch/institutions>. The SCQM is financially supported by pharmaceutical industries and donors. A list of financial supporters can be found at <http://www.scqm.ch/sponsors>.

Disclosure of Interests: Theresa Burkard: None declared, Christian Lechtenboehmer: None declared, Stephan Reichenbach: None declared, Monika Hebeisen: None declared, Ulrich Walker: None declared, Andrea Michelle Burden: None declared, Thomas Hügler Consultant of: Pfizer, Abbvie, Novartis, Grant/research support from: GSK, Jansen, Pfizer, Abbvie, Novartis, Roche, MSD, Sanofi, BMS, Eli Lilly, UCB

DOI: 10.1136/annrheumdis-2021-eular.3927

POS0123

NEUROPATHIC PAIN SYMPTOMS IN INFLAMMATORY HAND OSTEOARTHRITIS(OA) LOWERS HEALTH RELATED PHYSICAL QUALITY OF LIFE AND MAY REQUIRE ANOTHER APPROACH THAN ANTI-INFLAMMATORY TREATMENT

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Background: Pain is a common, difficult to manage symptom in hand osteoarthritis (OA). Multiple pain mechanisms may play a role in hand OA.

Objectives: To investigate presence of neuropathic pain symptoms in patients with inflammatory hand OA, characteristics of those patients, their impact on health related quality of life (HR-QoL), and the influence of anti-inflammatory treatment on neuropathic pain symptoms.

Methods: Data from a randomised, double-blind, placebo-controlled trial of prednisolone including 92 patients with hand OA fulfilling ACR criteria were used. At baseline patients had signs of synovial inflammation, a VAS finger pain of ≥ 30 mm and who flared ≥ 20 mm upon NSAID washout. The primary endpoint was VAS finger pain (0-100) at week 6.

Neuropathic pain symptoms were measured at baseline and week 6 using the validated painDETECT questionnaire, consisting of questions on pain quality, pain intensity over time and radiating pain. Scores range -1 to 38 and patients are classified as having unlikely (<13), indeterminate (13-18) and likely (>18) neuropathic pain. HR-QoL was measured with physical component scale (PCS) of Short-Form 36 (SF36; 0-100), comorbidities with the Self-administered Comorbidities Questionnaire (SCQ; 0-45), radiographic severity with Kellgren-Lawrence (KL) sum score (0-120), and treatment response with OMERACT-OARSI responder criteria.

Association of patient characteristics with neuropathic pain symptoms was analysed with univariate and multivariate ordinal logistic regression, with painDETECT as dependent variable. Association of neuropathic pain symptoms with HR-QoL was analysed with multivariate linear regression, adjusted for age, sex, BMI, VAS finger pain, SCQ score and KL sum score, with PCS as dependent variable. Response of neuropathic pain symptoms and VAS pain to prednisolone was analysed with generalised estimating equations. Association of neuropathic pain symptoms at baseline with response to treatment was analysed using χ^2 -tests and GEE.

Results: 91 patients had complete painDETECT data at baseline (mean painDETECT score 12.8 [SD 5.9]). Scores were <13 in 53%, 13-18 in 31% and >18 in 16%. Higher painDETECT score categories were associated with less radiographic damage, more comorbidities, female sex and higher VAS finger pain in multivariate analysis. (table 1)

Patients with painDETECT scores >18 had a lower HR-QoL (PCS -6.5 [95%CI -10.4 to -2.6]) than those with painDETECT scores <13.

PainDETECT scores remained unchanged throughout the trial in both prednisolone-treated and placebo-treated patients, and there was no between-group

difference at week 6. VAS pain improved more in the prednisolone group than in the placebo group (mean between-group difference -16.5 [95%CI -26.1 to -6.9]) (figure 1). No association between the presence of neuropathic pain symptoms at baseline and OMERACT-OARSI response to treatment was found.

Conclusion: Patients with inflammatory hand OA and additional neuropathic pain symptoms are more often female and have more comorbidities, and report a lower QoL, than those without. Neuropathic pain symptoms seem unresponsive to anti-inflammatory therapy. Clinicians should be aware of neuropathic pain symptoms in their patients as they might benefit from additional, specific treatment.

Table 1. Ordinal logistic regression with painDETECT categories as dependent variable

Variables	Mean (SD) N=91 (100%)	Odds ratio (95% CI)
Age	64 (9)	0.96 (0.90 to 1.02)
Female sex; N (%)	72 (79%)	3.84 (1.19 to 12.39)*
BMI; median (SD)	27 (24 to 29)	0.97 (0.89 to 1.06)
SCQ score; median (SD)	2 (1 to 5)	1.04 (1.04 to 1.36)*
VAS finger pain	53.8 (2.1)	1.02 (1.00 to 1.04)*
KL sum score	37 (16)	0.96 (0.93 to 1.00)*

*p<0.05. BMI = body mass index. SCQ = Self-administered comorbidities questionnaire. VAS = visual analog scale. KL= Kellgren-Lawrence.

Acknowledgements: The authors thank all patients for their participation in the HOPE study, and participating rheumatologists for inclusion of patients in the HOPE study. We also thank research nurses B.A.M.J. van Schie-Geyer and S. Wongsodihardjo, and technicians J.C. Kwekkeboom and E.I.H. van der Voort, for their contributions.

Figure 1

Figure 1. Mean score at week 0 and week 6, per treatment arm, for VAS finger pain and PainDETECT. Placebo shown in dashed line, prednisolone 10 mg daily in solid line. Whiskers indicate 95% CI.

Disclosure of Interests: Coen van der Meulen: None declared, Lotte van de Stadt: None declared, Féline Kroon: None declared, Marion Kortekaas: None declared, Annelies Boonen Speakers bureau: Lecture for UCB; paid to department., Consultant of: Yes. Advisory board meetings at Galapagos, Eli Lilly and Abbvie; paid to department., Grant/research support from: Yes. Grants by Celgene and Abbvie; paid to department., Stefan Böhlinger: None declared, Marieke Niesters: None declared, Monique Reijnierse: None declared, Frits Rosendaal: None declared, Naghmeh Riyazi: None declared, M. Starmans: None declared, Franktien Turkstra: None declared, Jende van Zeben: None declared, Cornelia Allaart: None declared, Margreet Kloppenburg Consultant of: For Abbvie, Pfizer, Levicept, GlaxoSmithKline, Merck-Serono, Kiniksa, Flexion, Galapagos, Jansen, CHDR and local investigator of industry-driven trial (Abbvie). All fees were paid to the institution., Grant/research support from: Grant by the Dutch Arthritis Society

DOI: 10.1136/annrheumdis-2021-eular.692

POS0124

QUALITY OF LIFE FOR PATIENTS WITH KNEE OSTEOARTHRITIS WITH OR WITHOUT PAIN SENSITIZATION

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Background: Patients with central sensitization (CS) may have poorer quality of life (QOL).