major fascial points as follows: thoracolumbar fascia, sacroiliac joint, pelvis ligaments, rotator cuff; potential nerve compressions (e.g., arcade of Frochse, soleus arcade); nerve sheath surrounding nerves (sciatic nerve, brachial plexus) and vessels (thoracic outlet syndrome), smaller fascia, joint capsule thickening. We detected higher rates of motility, improvement postural balance and pain decrease, fewer sessions needed in patients after extensive protocol.

Conclusion: Fascia dry needling is accessible and effective method for myo-fascial pain treatment, may provide additional mechanical benefit and help to maintain treatment effect. Affected fascia can be considered as relevant trigger points, specific ultrasound symptoms should be validated.

REFERENCES:

- [1] Bubnov R Trigger Points Dry Needling Under Ultrasound Guidance for Low Back Pain Therapy. Comparative Study. *Annals of the Rheumatic Diseases* 2015;74:624. <http://dx.doi.org/10.1136/annrheumdis-2015-eular.2323>
- [2] Bubnov R, Kalika L, Babenko L. Dynamic ultrasound for multilevel evaluation of motion and posture in lower extremity and spine. *Annals of the Rheumatic Diseases* 2018;77:1699. <http://dx.doi.org/10.1136/annrheumdis-2018-eular.3949>

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3843

POS1285

FOOT DISORDERS AND FALLS RISK IN OLDER PERSONS

N. Fani¹, E. Toulgui¹, D. Khalifa², S. Mtaoua³, W. Ouanes¹, S. Jemni¹. ¹Hôpital Sahloul, Physical Medicine and Rehabilitation, Sousse, Tunisia; ²Hospital Farhat Hached, Rhumatologie, Sousse, Tunisia; ³Hospital Ibn El Jazzar, Physical Medicine and Rehabilitation, Kairouan, Tunisia

Background: Falls are major problems in older people, leading to serious morbidity and mortality. Many studies have identified intrinsic and extrinsic fall risk factors in order to develop preventive strategies and guidelines. There are few reports which studied the impacts of aging feet on falls [1].

Objectives: The present study aimed to explore foot musculoskeletal disorders and their relationship to falls in a healthy aging population.

Methods: This was a cross-sectional descriptive study involving the patients aged 65 years and over who were independent in self-care and walking followed at the physical medicine and rehabilitation department of the university hospital of sousse over 3 months. The analysed data focused on the epidemiological and clinical characteristics. Trained physicians evaluated health status, foot problems, and fall(s) history of all subjects. Walking performance was assessed using the 'Timed Get Up & Go' test and the unipedal stance test was used for the assessment of balance. Footprints were taken from the standing position. Associated factors of foot disorders and falls were analyzed.

Results: There were 45 subjects: 18 men, 27 women with a mean age of 69.6 [65-86] years. Foot deformities presented in 87% and were significantly associated with walking performance or falls ($p=0.01$, $p=0.02$). The most common foot musculoskeletal disorder were Hallux valgus 31%, followed by Mallet toe 15%. Arch of foot classified by physical examination revealed that pes planus was presented in 35% of cases. There was a significant correlation between BMI and an arch index ($p=0.04$). Foot problems remained significantly associated with impaired timed up and go test and the unipedal stance test. The causes of pain were plantar fasciitis, hallux valgus, callus, metatarsalgia, and inappropriate footwear. Falls were reported in 33.3 of patients. Falls were significantly associated with Hallux valgus, mallet toe and pain ($p<0.05$).

Conclusion: Independent of the influence of age, gender, common conditions; foot problems have a significant impact on the ability to perform functional tasks integral to independent living.

REFERENCES:

- [1] Menz HB, Lord SR: Foot problems, functional impairment, and falls in older people. *J Am Podiatr Med Assoc* 1999;89:458–467. 3 Americ

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3918

POS1286

SHORT-TERM AND MID-TERM EFFICACY OF CAUDAL EPIDURAL STEROID INJECTIONS IN THE MANAGEMENT OF DEGENERATIVE SCIATICA

D. Khalifa¹, N. El Fani¹, R. Moncer¹, E. Toulgui¹, W. Ouanes¹, S. Jemni¹. ¹Sahloul Hospital, Physical Therapy and Rehabilitation, Sousse, Tunisia

Background: Epidural steroid injections are largely used in the management of osteoarthritis-related sciatica. Three possible sites of injection are possible: the caudal through the sacral hiatus, the interlaminar and the transforaminal site. The caudal technique is known to be the most simple one. However, doubts still persist about this infiltration's efficacy.

Objectives: The aim of this work was to study the short-term and mid-term efficacy of caudal epidural steroid injections in patients suffering from sciatica related to a degenerative etiology and to study the determining factors of its efficacy.

Methods: A retrospective, descriptive and monocentric study was conducted in Sahloul university hospital of Tunisia. Medical records of patients who suffered from sciatica due to disc herniation or spinal stenosis were analysed. Only patients who benefited from at least one caudal epidural steroid injection were included. Other etiologies were ruled out by CT-scan or MRI and laboratory tests. Efficacy of the injection was evaluated by the visual analog scale of pain (VAS) at the first week post infiltration, 3 months and 6 months later. The infiltration was considered effective if the difference of pain score by VAS was $\geq 50\%$ compared to baseline's score. The presence of anxiety and depression was also tracked down with the hospital anxiety and depression scale. Data was collected and analysed using the statistical tool SPSS.20.

Results: Twenty-five patients were included. They were 7 males and 18 females. The mean age at diagnosis was 51.88 ± 15.28 years. Eleven patients had another osteoarthritis site. Five patients had previous back surgery: 2 dissections, 1 arthrodesis, and 2 laminectomies. Median duration of sciatica was 30 months. Sciatica was bilateral in 41.7% of the cases, impulsive during efforts in 52% of the cases and with claudication in 92% of the cases. The median VAS score at baseline was 7 out of 10 (min=4; max=9). All patients had tried medical treatment using NSAIDs and painkillers, and physical therapy before prescribing the infiltration. The technique was similar in all patients: Lidocaine 1% was first injected at a median volume of 5ml, followed by corticosteroids and finally a saline solution (median volume of 20ml). The median number of epidural caudal injections was 3 injections (min=1; max=3). The caudal epidural steroid injections were effective in 60% of the patients at the first week, 56% in the cases at 3 months and 56% of the cases at 6 months. Factors associated with efficacy of the injection at the first week were greater total volume injected ($p=0.001$), and greater saline solution volumes ($p=0.016$). At 3 months, factors significantly associated with efficacy of the infiltration were having unilateral pain ($p=0.05$), a positive straight leg raise test sign ($p=0.028$), a lower anxiety score (0.014) and a lower depression (0.000) score. At 6 months, factors associated with efficacy were not having cervical osteoarthritis ($p=0.03$), unilateral pain ($p=0.05$), low anxiety ($p=0.014$) and low depression ($p=0.001$) scores and a higher number of steroid injections ($p=0.05$).

Conclusion: Caudal epidural steroid injections seem effective on the short-term and this efficacy is maintained till the mid-term. Greater volumes may help with pain by possible adhesiolysis-like mechanisms and having unilateral pain, positive straight leg raise sign, a higher number of injections, no anxiety or depression and no other osteoarthritis sites makes the infiltration more effective.

REFERENCES:

- [1] Dincer U, Kiralp MZ, Cakar E, Yasar E, Dursan H. Caudal epidural injection versus non-steroidal anti-inflammatory drugs in the treatment of low back pain accompanied with radicular pain. *Joint Bone Spine*. 2007;5.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3967

POS1287

ANXIETY, DEPRESSION, FIBROMYALGIA SYNDROME AND PAIN INTENSITY IN PATIENTS WITH LOW BACK PAIN

R. Dhahri¹, A. Dghaies¹, M. Slouma¹, L. Metoui¹, I. Gharsallah¹, I. Dorgham², R. Ayari², Y. Mallat², K. Amri². ¹The Military Hospital of Tunis, Rheumatology, Tunis, Tunisia; ²The Military Hospital of Tunis, Traumatology-Orthopedic Department, Tunis, Tunisia

Background: Common low back pain (LBP) is a common health problem affecting 50 to 80% of working age adults resulting in significant personal, social and occupational impairment. Chronic pain has a negative impact on quality of life and psychological well-being.

Objectives: The aim of this study was to examine the relationship between anxiety, depression and pain intensity in patients with low back pain in a population made of military agents.

Methods: It was an analytical cross-sectional study including 50 patients with at least three months of LBP, in the department of rheumatology and orthopedics at the Military Hospital of Tunis between January 1st and March 31, 2020. All patients had a standardized clinical assessment. Patients completed the «hospital anxiety and depression scale» (HADS) and the «Fibromyalgia Rapid Screening Tool» (FIRST) to evaluate psychological impact of chronic LBP. Pain intensity was assessed using a visual analog scale (VAS).

Results: The mean age of the patients was 41.9 ± 8.4 years and the sex ratio was 4.5. LBP duration was 66.4 months. The mean lumbar visual analog scale (VAS) was 4.5 ± 1.9 , and the root VAS was 2.6 ± 2.5 . Neuropathic pain was found in 26% of patients. Abnormal level of anxiety and depression were found in 58% and 62% of the patients respectively. Out of them 20% and 26% were borderline abnormal for anxiety and depression respectively, while 38% (16.4%) and 36% were certainly abnormal for anxiety and depression respectively. Twelve percent of the patients had fibromyalgia syndrome associated with LBP as they had a FIRST score ≥ 5 . Positive correlations were found between lumbar VAS and HAD anxiety/depression scores ($r = 0.35$; $p < 0.01$ / $r = 0.3$; $p = 0.04$). Positive correlations were also found between root VAS and HAD anxiety/depression ($R = 0.38$;