Background: Intra-articular injections of glucocorticoids (IAI GC) are widely used in the complex therapy of rheumatic diseases (RD). However, there are adverse reactions in IAI.

Methods: The study group consisted of 290 patients with RD, mainly osteoarthritis (OA) and rheumatoid arthritis (RA) (69.0% of women, age 55.6 ± 12.6 years), who underwent IAI GC in the knee joint. The indications for IAI were determined by the attending physicians. The control consisted of 112 patients with OA (71.4% of women, age 59.3 ± 14.6 years), who underwent a course of IA of hyaluronic acid (HA). The result of treatment was assessed after 2 weeks, 1 and 3 months, and a telephone survey.

Results: After 2 weeks, 1 month, and 3 months, after IAI GC, the severity of pain during movement decreased (numerical rating scale, NRS 0-10, Me [25%; 75%]) from 6.0 [4.0; 8.0] to 1.0 [0; 2.0], 2.0 [1.0; 4.0] and 2.5 [1.0; 4.0], respectively (p < 0.001). After 3 months, the number of patients with no/mild pain (+4 according to the NRS) was 68.3%, with a complete / almost complete absence of pain (51) by the NRS) - 30.3%. The effect of HSI HA was higher in RA than in OA: the dynamics of pain after 3 months. -4.0 [-2.0; -6.0] and -2.0 [-1.0; -5.0], p = 0.003. In OA, the effect of HA HA and HA did not differ: the dynamics of pain after 3 months. was -2.0 [-1.0; -5.0] and -3.0 [-1.0; -5.0] p = 0.869. There were no serious adverse reactions in IAi.

Conclusion: IAI HA are an effective and safely method of short-term treatment of synovitis in RD.

Disclosure of Interests: None declared

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RELATIONSHIP BETWEEN WALKING SPEED AND LOWER LIMB SKELETAL MUSCLE MASS IN PATIENTS WITH KNEE JOINT DISORDERS.

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Background: Knee joint disorder is one of the factors causing frailty in the elderly, which is associated with a decrease in walking speed. Objectives: We measured the walking speed of patients scheduled to undergo primary total knee arthroplasty (TKA) and examined factors correlated with walking speed.

Methods: Overall 72 patients with OA were studied, 28 (39.8%) male and 44 (61.1%) female; mean age was 51.3±7.5 years and the duration of disease was 11.2±5.3 years. The diagnosis of OA was made according to the ACR criteria. Anthropometric data were assessed by height, body weight, waist and hip circumference, body mass index (BMI). Clinical and instrumental studies of OA revealed monoarthritis in 2 (2.8%), oligoarthritis in 32 (44.4%) and polyarthritis in 38 (52.8%) patients. Visual analogue scale (VAS) in centimetres (cm) was used to assess pain, Lequesne and WOMAC indices were determined. Synovitis was documented on the basis of an ultrasound examination of the joints.