There was an inverse correlation between hand use and EHOA, confirming that EHOA is rather linked to systemic factors. Risk factors for both EHOA and IHOA were a longer disease duration, a higher aesthetic damage (notably in IHOA), number of painful joints on pressure, stiffness, and functional impairment (FIHOA). IHOA was also associated with more pain. Prospective longitudinal studies are needed to confirm these risk factors.

**REFERENCE:**

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.5148

---

**POS1374**

**RELATIONSHIP BETWEEN POSSIBLE TIBIOFEMORAL OSTEOARTHRITIS AND CREPITUS AND EFUSSION IN PATIENTS WITH KNEE SYMPTOMS BUT WITHOUT JOINT SPACE NARROWING**

**Keywords:** Pain, Osteoarthritis

**A. Mahmoudian**1,2, M. Englund. 1University of West Florida, Movement Sciences and Health, PENSACOLA, United States of America; 2Lund University, Department of Clinical Sciences, Orthopedics, Lund, Sweden

**Background:** Osteophytes are common structural sign identified to be associated with knee osteoarthritis (OA) and has been included as a criterion for presence and progression of knee OA.

**Objectives:** Our aim was to investigate the association of possible tibiofemoral osteophyte with knee-joint-related physical examination in symptomatic knees without radiographically detected joint space narrowing.

**Methods:** We used the Osteoarthritis Initiative (OAI) open access database (http://www.oai.ucl.ac.es), approved by the local institutional review boards. The OAI comprises data of 4976 men and women aged 45–79 years at baseline. We selected subjects, from the following two sub-cohorts: 1) progression cohort, individuals with symptomatic knee OA (n=1390); 2) incidence cohort, individuals at risk for knee OA (n=3284). Crepitus was examined at baseline by placing the palm of the hand over the patella to detect the presence of a continuous grinding sensation during passive knee flexion-extension movement in the supine position. A positive bulge sign was considered as presence of knee joint effusion. We included subjects with no joint space narrowing but no or doubtful osteophyte in either knee at baseline based on fixed-flexion posterioranterior knee radiographs.

We further required subjects to have answered YES to the following question at baseline: “Do you have knee pain, aching or stiffness for more than half the days of a month during the past 12 months?” We used unconditional logistic regression to evaluate the association between the presence of knee crepitus and effusion possible tibiofemoral osteophyte. Only one knee per subject was randomly included if both knees were eligible. In the first model the outcome was structural OA development irrespective of knee symptoms at 4 years, and in the second model we required the presence of knee pain, aching or stiffness also at the 4-year follow-up (i.e., the subjects remained symptomatic).

**Results:** We included 726 subjects with no or little radiographic evidence of OA and a symptomatic knee (60% women, mean [SD] age 58.9 [8.5], BMI 29.6 [4.9]). Our results indicated that presence of crepitus and/or effusion on physical examination were (statistically) significantly associated with possible tibiofemoral osteophyte (Table 1).

**Conclusion:** Presence of both crepitus and effusion at examination in subjects with no or minimal radiographic OA of their symptomatic knee showed moderate association with possible osteophyte in the tibiofemoral joint. An important limitation is that radiographic changes in the patellofemoral joint was not systematically evaluated within the OAI.

**Table 1. The association between crepitus and effusion and possible tibiofemoral osteophyte in 726 subjects with a symptomatic knee but without joint space narrowing**

<table>
<thead>
<tr>
<th></th>
<th>Crude odds ratio (95% CI)</th>
<th>Adjusted* odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crepitus</td>
<td>1.6 (1.2 – 2.1)</td>
<td></td>
</tr>
<tr>
<td>Effusion</td>
<td>2.1 (1.5 – 3.2)</td>
<td></td>
</tr>
</tbody>
</table>

CI: confidence interval. The number of subjects in each model are shown as presence of the sign/total number of subjects included. Unconditional logistic regression adjusted for age, sex, and body mass index.

**REFERENCES:** NIL.

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.6170

---

**POS1375**

**RELIABILITY AND VALIDITY OF THE LIE-TO-SIT-TO-STAND-TO-WALK TRANSFER TEST IN HIP OSTEOARTHRITIS**

**Keywords:** Safety, Outcome measures, Osteoarthritis

**B. Unver**1, K. S. Kacma2, V. Karatosun3, Izmir Katip Celebi University, Physical Therapy and Rehabilitation, Izmir, Turkey; 2dokuz Eylul University, Orthopedics and Traumatology, Izmir, Turkey

**Background:** Falls represent a major health problem for older adults and often lead to disability and mortality. Each year 30% to 50% of community-dwelling older adults report a fall and almost 75% of falls occur in bedrooms or bathrooms, and 41% of all falls occur during transfers [1,2]. Patients with hip osteoarthritis (OA) have many hip and age-related dysfunctions including muscle weakness, sensory loss, gait and balance deficits, which all increase the risk of falls [3,4]. Task-specificity has been shown to be a critical factor in the effectiveness of fall-reducing interventions [4]. The Lie-to-Sit-to-Stand-to-Walk Transfer Test (LSSWT) was created to measure complicated transfer abilities in older people [5]. However, the LSSWT’s reliability and validity are not known in patients with hip OA.

**Objectives:** The aim of this study was to investigate the reliability, validity, and minimal clinically important difference (MCID) of the LSSWT in patients with hip OA.

**Methods:** Twenty-seven patients with hip OA were included in this study. Patients performed trials for the LSSWT and the Timed up-and-go (TUG) test. Between the trials, patients rested for an hour to prevent fatigue.

**Results:** The relative (ICC) coefficient and absolute (SEM and SRD) reliability of the LSSWT were 0.95, 0.49, and 1.36 respectively. The Pearson correlation coefficient between the LSSWT and the TUG was 0.69.

**Conclusion:** The analysis showed that the LSSWT has excellent reliability and high validity in hip OA, (p<0.001). The low MCID of the LSSWT (1.35) shows its sensitivity and can be used as a responsive outcome measure of interventions and fall risk. the LSSWT also can be valuable in determining independent transferring ability, admissions, or discharges from/to healthcare/residential facilities.

**REFERENCES:**

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.6271

---

**POS1376**

**PARACETAMOL PRESCRIPTION PATTERNS IN LOW BACK PAIN AND OSTEOARTHRITIS IN REAL-WORLD GENERAL PRACTICE IN FRANCE**

**Keywords:** Pain, Osteoarthritis, Real-world evidence

**J. Citte**1, P. Lemire2, A. Annenkova3, J. Y. Milton2, S. Perrot4, 1University Paris-Est Créteil Val de Marne, Department of General Medicine, Paris, France; 2IQUIA, Real World Solutions, Paris, France; 3UPSA SAS, Medical Affairs, Rueil-Malmaison, France; 4Cochin Hospital, Université Paris Cité, INSERM U987, Paris, France
**Background:** Lower back pain (LBP) and osteoarthritis (OA) are the most frequent musculoskeletal disorders in the general population significantly impacting patients’ quality of life. An adequate pain management is key. General practitioners (GPs) are the front-line decision-makers in the French primary care system. In France, paracetamol remains a first-line analgesic in LBP and OA, according to the national guidelines. Few data on the real-world paracetamol prescriptions in LBP and OA are available.

**Objectives:** This observational retrospective cohort study aimed to identify the paracetamol prescription patterns in LBP- and OA-related pain in real-world GP practice.

**Methods:** Prescription data from IQVIA’s French EMR database with a representative panel of approximately 1,200 GPs. Data collection was systematic, non-interventional, reflecting the daily clinical practice. Patients aged more than 18 years old presenting with LBP- and OA-related pain and receiving a paracetamol prescription during a GP consultation over a 10-month period were included in the analyses.

**Results:** A total of 18,677 LBP and 8,882 OA patients were included. In more than 90% of these patients, the paracetamol prescriptions were not preceded by any other analgesic for the same diagnosis within the previous month. Paracetamol was mainly prescribed alone (57% LBP, 78% OA). The most frequent associations were NSAIDs and grade II arthroses. Treatment discontinuation at Month 1 was the most frequent event (67% LBP and 52% OA). In case of treatment restart, paracetamol was prescribed again in 57% LBP and 81% OA patients. At Month 3, 78% LBP and 71% OA patients discontinued treatment.

**Conclusion:** Paracetamol remains a pivotal analgesic and is prescribed first line in the majority of the patients in both indications. Paracetamol is the treatment of the given painful episode, with more than a half of patients discontinuing treatment at Month 1.

**REFERENCES:**

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.6052

---

**POS1378 PERCEIVED BENEFITS AND BARRIERS TOWARDS EXERCISE AMONG PATIENTS WITH KNEE OSTEOARTHRITIS**

**Keywords:** Mental health, Osteoarthritis, Rehabilitation

**Objectives:** Physical activity (PA) is highly recommended in patients with osteoarthritis. Despite the major benefits of PA and exercise, patients with knee osteoarthritis report low level of PA and engage more in sedentary behavior (SB). Understanding the perception of these patients towards exercise is essential to help find better interventions.

**Methods:** The Aim of this study is to assess the perception of benefits and barriers towards exercise among patients with knee osteoarthritis and analyze the associated factors.

**Results:** A Total of 178 patients were enrolled in the study, with a mean (±SD) age of 58.48 ± 9.9 years, 86.2% of them were females, and 69.1% had comorbidities. Mean (+SD) VAS pain score upon walking was 4.78 ± 2.21. According to the Kellgren and Lawrence classification, 64.4% of the patients had OA grade 2 and 25.6% had grade 3. Mean of Lequesne scale was 9.8 ± 3.8. The mean of PBBS barriers scale was 94.35 ± 20.25. Level of PA was assessed using (IPAQ-SF). Perceived benefits and barriers towards exercise was assessed using Perceived benefits and barriers to exercise scale (PBBS). Participants were also assessed for anxiety and depression (GAD-7) and (PHQ-9) scales respectively.

**Conclusion:** This is a cross-sectional study that was conducted from April to September 2022. Patients with knee osteoarthritis were included then classified on the basis of the Kellgren and Lawrence radiograph scale. Socio-demographic and clinical characteristics were collected. Level of PA was assessed using (IPAQ-SF). Perceived benefits and barriers towards exercise was assessed using Perceived benefits and barriers to exercise scale (PBBS). Participants were also assessed for anxiety and depression (GAD-7) and (PHQ-9) scales respectively.

**REFERENCES:**

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.3892

---

**POS1377 HAND OSTEOARTHRITIS: CORRELATION BETWEEN HAND ULTRASOUND AND CONVENTIONAL RADIOGRAPHY**

**Keywords:** Osteoarthritis, Diagnostic tests, Ultrasound

**Objectives:** Hand osteoarthritis (OA) is among the most prevalent OA phenotypes. The simultaneous involvement of multiple hand joints makes hand OA a heterogeneous disorder that is complex to study [1]. It is widely accepted that radiography is the gold standard for the diagnosis of hand OA [2].

**Methods:** We conducted a cross-sectional study, including patients with hand OA, fulfilling American College of Rheumatology criteria. All patients underwent a physical examination followed by an US exam. US was performed in all metacarpophalangeal, proximal interphalangeal, and distal interphalangeal joints, and features were quantitatively scored (0/1). Recent (less than six months old) posterior-anterior view X-rays of the hands were analyzed. Pearson correlation coefficient was calculated.

**Results:** We examined 280 joints in a total of 10 patients with hand OA (9 women and one man). The mean age was 68±11 years [46–78]. The mean duration of hand OA symptoms was 4±3 years. The mean tender and swollen joints were 1.5 [0–5] and 0.1 [0–1], respectively. X-rays showed joint space narrowing and osteophytes in all patients. Scoring was found in 2.4 [0–8] joints. A significant correlation was found between the number of osteophytes in both US and X-rays (p<0.001). Joint space narrowing was correlated to calcifications (r=0.003) and enthesophytes (p=0.039). X-rays subchondral cysts correlated with osteophytes (p=0.015) and calcifications (p=0.04) in US. No significant association was noted between sclerosis and US findings.

**Conclusion:** Despite the small study population, our results showed a significant match between US and X-ray in hand OA. This finding is likely to have practical implications for facilitating the diagnosis and the monitoring of hand OA.

**REFERENCES:**

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.3892