Methods: Cross-sectional study including 87 patients. All demographic data and visual analog scale (VAS) score at walking, VAS score at rest, Kelgren and Lawrence (KL) stage on radiography, and results of clinical examination were collected. Exclusion criteria were the presence of a total knee prosthesis and patients followed for chronic inflammatory rheumatism. Statistical data analysis was performed using SPSS version 21 software.

Results: This study included 87 patients followed for KOA, with an average age of 63.67±5.8 years (46-83 years), and a female predominance (78.3%). In the univariate analyses, significant correlations were found between the VAS score at walking with age (r=0.56, p=0.037), body mass index (BMI) (r=0.61, p=0.023), KL grade (r=0.54, p=0.039) and patellar shock (r=0.46, p=0.044). While the VAS score at rest was only correlated with BMI (r=0.26, p=0.01). And an association between VAS at rest and skin hyperalgesia was noted (p=0.034). The multivariate analysis showed that the significant explanatory factors of the VAS score on walking were BMI > 25 kg/m2 (p=0.03) and KL grade > 3 (p=0.03). On the other hand, no significant explanatory factor for the VAS score at rest was found.

Conclusion: Predisposing factors were significantly different between the two types of pain, indicating the presence of different pain mechanisms. Pain on walking was more strongly associated with mechanical and structural factors, whereas pain at rest was associated with knee hyperalgesia.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

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AB1201

WAIST CIRCUMFERENCE AND GONARTHROSIS

Keywords: Osteoarthritis

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Background: Overweight, translated into a high body mass index (BMI), is an independently associated with gonarthrosis, thus the risk is increased by 15% for each increase of a unit of body mass index (BMI). 1 Various studies indicate that the association of high BMI and abdominal obesity measured by waist circumference leads to increased morbidity especially in obese. But no study has so far shown a sufficiently strong association force between waist circumference and gonarthrosis. 2,3

Objectives: The objective of our study is to assess the relationship between waist circumference and pain perception and gonarthrosis impact.

Methods: This work included patients followed in consultation for gonarthrosis. For each patient we specified next to the demographic data, the BMI, the waist circumference, and the existence or no pain of the knee or both. The intensity of pain was assessed by the Analog Visual Scale (EVA). Functional impact was assessed by the Lequesne index and WOMAC score. Knee X-rays were classified according to the Kelgren Lawrence (KL) criteria.

Results: A total of 209 patients were included (24 men/185 women). The average age was 57.94±9.01 years. The average body mass index was 25.15 ±5.47 kg/m2 and the average BMI was 93.45 ±12.35 cm. The average pain EVA at rest was 1.95 ±2.53 and at stress 7.89 ±1.30. Women's average score was 12.3±8.92 and Lequesne's average index was 6.71 ±3.20. WOMAC SCORE was significantly higher in gonarthrosis patients with a high waist circumference (p = 0.02). A positive correlation was found between the resting and stress pain EVA and the waist circumference of gonarthrosis patients with respectively (p=0.04, p<0.002). But it is statistically insignificant between the radiographic stages, the lequesne index and waist circumference with (p=0.11, p=0.06, respectively).

Conclusion: The waist circumference seems to be a predictive factor of the presence of gonalgie and a significant functional impact.

REFERENCES:

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.5862

AB1202

DIGITAL SELF-MANAGEMENT, ANALGESIC USE AND PATIENT-REPORTED OUTCOMES IN KNEE OR HIP OSTEARTHRITIS

Keywords: Telemedicine, Osteoarthritis, Self-management

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Background: Despite recommendations for exercise therapy, patient education and weight loss as the first-line treatment for osteoarthritis (OA), analgesics are commonly used to manage pain. 1

Objectives: To investigate analgesic use among participants of a digital first-line treatment for knee or hip OA. We also explored the associations between analgesic use and pain/function.

Methods: We included individuals participating in the treatment during December 2021–July 2022 with data on analgesic use at baseline and 12-week follow-up (N=1,400, mean [SD] age 64.5 [9.3], 73.3% females). Using self-reported data on analgesic use (paracetamol, NSAIDs, opioids, other) during the past month at baseline and follow up, we created a 4-category variable: non-users (“no” at both), persistent users (“yes” at both), quitters (“yes” at baseline and “no” at follow-up) and new users (“no” at baseline and “yes” at follow-up). Data on NRS Pain (0-10, higher value = more pain) and function, measured by the Knee injury and the Hip disability and Osteoarthrosis Outcome Score 12 (KOOS-12/HOOS-12) Function subscale (0-100, higher values = better function), were collected. The McNemar test was used to assess the change in analgesic use. Multivariable logistic regression was used to compare characteristics of analgesics users/non-users at baseline. We applied a linear random intercept model adjusted for baseline characteristics to investigate the associations between analgesic use and pain/function.

Results: Among included participants, 2517 (61.4%) were analgesic users at baseline. Female, sex, hip OA, lower education, higher body mass index, living outside three largest metropolitan cities, rheumatoid arthritis, and walking difficulties were associated with higher odds of analgesic use at baseline. From baseline to 12-week follow-up, the proportion of analgesic users dropped by 12.0% (95% CI, 10.5, 13.5), from 61.4% to 49.4%. The results of linear random intercept model suggested that at both baseline and 12-week follow up, persons not using analgesics at the time had better outcomes (Table 1). Moreover, all groups but “new users” experienced improvements in their pain and function following participation in digital program with the greatest improvements observed among “quitters”. Interestingly, the magnitude of improvements was comparable for “non-users” and “persistent users”.

Conclusion: Participation in a digital self-management program for hip or knee OA was associated with worse pain and function in these people. Greatest improvements were seen for those who stopped analgesic use. Similar results were reported for a face-to-face first-line treatment in Denmark [1, 2]. These results highlight the importance of providing effective first-line treatment to people with hip or knee OA.

REFERENCES:

Table 1. Predicted pain and KOOS12/HOOS12 Function subscale by analgesic use category (adjusted for sex, age, education, place of residence, index joint, physical activity, body mass index, co-existing conditions, fear of moving and walking difficulties).

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>12-week</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS Pain</td>
<td>Non-users</td>
<td>4.5 (4.4, 4.6)</td>
<td>2.9 (2.8, 3.0)</td>
</tr>
<tr>
<td></td>
<td>Persistent users</td>
<td>5.7 (5.6, 5.8)</td>
<td>4.1 (4.0, 4.2)</td>
</tr>
<tr>
<td></td>
<td>Quitters</td>
<td>5.3 (5.2, 5.4)</td>
<td>2.6 (2.5, 2.8)</td>
</tr>
<tr>
<td></td>
<td>New users</td>
<td>4.9 (4.7, 5.1)</td>
<td>4.2 (3.9, 4.4)</td>
</tr>
<tr>
<td>KOOS12/HOOS12 Function</td>
<td>Non-users</td>
<td>59.5 (58.6, 60.3)</td>
<td>66.3 (65.4, 67.1)</td>
</tr>
<tr>
<td></td>
<td>Persistent users</td>
<td>57.7 (56.8, 58.7)</td>
<td>53.2 (52.5, 54.0)</td>
</tr>
<tr>
<td></td>
<td>Quitters</td>
<td>51.6 (50.5, 52.7)</td>
<td>67.2 (66.0, 68.3)</td>
</tr>
<tr>
<td></td>
<td>New users</td>
<td>54.7 (53.0, 56.4)</td>
<td>65.3 (56.3, 57.3)</td>
</tr>
</tbody>
</table>

Acknowledgements: NIL.

Disclosure of Interests: All Kiadaliri Employee of: I acted as a consultant for Joint Academy®, provider of a digital self-management program for osteoarthritis, from August 2021 to December 2022, Stefan Lohmander Employee of: I...
AB1202  PARTICULARITIES OF KNEE OSTEOARTHRITIS: FUNCTIONAL IMPACT IN A GERIATRIC POPULATION

Keywords: Osteoarthritis

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Background: Knee osteoarthritis (KO) is the most common of osteoarticular diseases. Its increasing incidence with age means that the geriatric population is particularly exposed.

Methods: A cross-sectional study of 52 patients aged ≥65 years, followed for knee OA. Clinical characteristics of knee OA, pain intensity (VAS) were collected. Functional impact was assessed by the short form of the Knee Injury and Osteoarthritis Outcome Score (KOOS-PS) with a score ranging from 0 (no disability) to 100 (extreme difficulty).

Results: The mean age was 73.7±7.8 years and the sex ratio (male/female) was 1.6. KOA was more frequent in females. The mean KOOS-PS score was 46.04±19.1. The radiographic severity of KOA according to the Kellgren Lawrence criteria was determined.

Conclusion: In elderly patients with knee OA, there is no concordance between radiographic severity and functional impact. The latter goes hand in hand with the pain experienced.

REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

AB1203  EVALUATION OF THE URIC ACID AND HEMATOLOGICAL PARAMETERS IN PATIENTS WITH NODAL HAND OSTEOARTHRITIS

Keywords: Diagnostic tests, Osteoarthritis

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Methods: The study included 50 post-menopausal female patients, aged 40-80 years, diagnosed with symptomatic nodal hand OA, and a control group of 50 post-menopausal females in the same age range with no hand OA. Patient data including age, monocyte, neutrophil, lymphocyte, and CRP were recorded. Radiography was carried out retrospectively from the hospital information system. The ultrasonic parameters were calculated. The data were compared between the two groups.

Results: The data of 100 females were compared, comprising a patient group of 50 patients with symptomatic nodal OA, and a control group of 50 females. Age, monocyte, neutrophil, lymphocyte, and CRP were recorded. The exception of ESR, no statistically significant difference was determined between the two groups. The ESR was determined to be statistically significantly higher in the patient group than in the control group (p<0.001).

Conclusion: The main symptoms of patients with knee osteoarthritis (OA) are defined as pain, muscle weakness and functional impairments. Muscle strengthening exercises are recommended in the treatment of osteoarthritis. The combination of supervised exercise with PRP injection resulted in better symptomatic relief.

REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

AB1204  THE COMPARISON OF THREE DIFFERENT MANAGEMENT STRATEGIES FOLLOWING PLATELET RICH PLASMA INJECTION IN PATIENTS WITH KNEE OA

Keywords: Osteoarthritis

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Methods: Patients with knee OA aged 45-70 years old were included. The demographic characteristics of the patients were recorded, and they were randomly divided into three groups: PRP plus supervised exercise group (PRP+SEG); PRP plus home exercise group (PRP+HEG); PRP group.

Results: A total of 41 female patients (mean age: 56.65±6.64 years; mean BMI: 28.82±5.19 kg/m²) were randomized (PRP+SEG (n=15); PRP+HEG (n=12); and PRP (n=14)). There was no significant difference between the three groups at baseline (p<0.05). There were no significant differences in VAS (p=0.001), WOMAC Pain (p=0.003), WOMAC-Function (p=0.001) and WOMAC Total (p=0.001) scores between the three groups at 6th week. The PRP+SEG had greater relief in pain both VAS and WOMAC Pain scores and greater improvement in WOMAC Function and WOMAC Total scores compared to PRP+HEG and PRP at 6th week. There was no significant improvement in stair test and WOMAC Stiffness scores for all groups at 6th week (p<0.05) (Table 1).

Conclusion: A combination of supervised exercise with PRP injection resulted in better symptomatic relief in patients with knee OA. Clinicians should consider the