Methods: A subgroup analyses of older participants (≥65 years) from a prospective real-world evidence study conducted among 731 adult (≥18 years) consumers (467 in Germany and 264 in Sweden) of OTC topical diclofenac (1.16% & 2.32%). Treatment satisfaction, functional status and pain relief were assessed using electronic surveys (baseline, Week 4, and Week 12) via personalized link. Numerical Rating Scale (NRS-11) and Likert scale were used for questionnaire-based response collection.

Results: Data from 279 (72.3%) older participants, 203 German and 76 Swedish, were included. Baseline characteristics of participants and reported outcomes are shown in Table 1. Majority purchased 2.32% strength, were repeat users and reported having previously identified cardiovascular conditions. Improvement in pain score ≥ 1 point was observed in >57% of users at Week 12. Participants reported reduction of pain interference in different functional activities at Week 4 and 12. >70% of participants were satisfied with the treatment at Week 4 and >75% at Week 12.

Conclusion: Older participants reported reduction in pain over time, improvements in their ability to participate in daily life activities, treatment satisfaction with the use of OTC topical diclofenac and thus improved QoL.


Table 1. Baseline characteristics and Outcomes for older German and Swedish participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Germany</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline characteristics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age (yrs)</td>
<td>74.3</td>
<td>72.1</td>
</tr>
<tr>
<td>Repeat users of OTC topical diclofenac (2.32%)</td>
<td>87.7%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Quality of pain</td>
<td>43.3%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Transient pain (My pain comes and goes)</td>
<td>38.4%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Persistent pain (My pain never really goes away)</td>
<td>18.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Inconsistent pain (My pain usually occurs unexpectedly and irregularly)</td>
<td>65.5%</td>
<td>59.2%</td>
</tr>
<tr>
<td>Cardiovascular disease*</td>
<td>3.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Gastrointestinal disorders*</td>
<td>3.0%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Outcomes

- Mean (SD) worst pain on NRS
  - Mean 6.1 (1.9) vs 5.2 (1.2) at baseline
  - Mean 4.8 (2.5) vs 4.2 (2.4) at Week 4
  - Mean 4.8 (2.5) vs 4.2 (2.4) at Week 12

- Improvement in pain score ≥ 1 point
  - At Week 4: 57.7% vs 61.6%
  - At Week 12: 46.3% vs 38.2%

Background: Generally, patients with chronic rheumatic diseases use complementary and alternative medicine (CAM) in addition to their conventional treatments to manage their health. Discussing these treatments with their physician is still rare, which might be directly related to patients' trust toward them.

Objectives: The primary objective of this study was to assess the association between patients' trust in their physician and the use of complementary and alternative medicine. As a secondary objective, to estimate the prevalence of complementary and alternative therapy use among patients with chronic inflammatory rheumatism.

Methods: This is a cross-sectional study, which included patients with established chronic inflammatory rheumatism, followed at the University Hospital Center in Tangier. The questionnaire included demographic and clinical information, use of conventional therapy, complementary and alternative therapy, as well as the interpersonal trust in patient-physician relationships using the Trust in Physician Scale (TPS).

Results: The study included 189 patients. 57.1% of patients reported using complementary and alternative treatments at least once, most patients were women (77.7%), with a mean age of 46.67±13.25 years with an average course of the disease 11.1±9.23 years. The most frequent used complementary and alternative treatments were cupping therapy (45.90%), massage (40.40%) and the ingestion of a mixture of plants (27%). MeansSD Trust in Physician Scale was 47.84±7.72, and there were no significant differences between CAM users vs. non-users (48.0±6.9 vs. 47.0±4.7, p=0.35).

Conclusion: More than half of patients with inflammatory rheumatism reported the use of complementary and alternative medicine. However, the association between their use and trust in the physician assessed with TPS was not established.

REFERENCES: NIL.

Disclosure of Interests: NIL.

DOI: 10.1136/annrheumdis-2023-eular.2235

Keywords: Diet and Nutrition, Rheumatoid arthritis, Spondyloarthritis, Cardiovascular disease, Transient pain, Persistent pain, Gastrointestinal disorders, Cardiovascular disease, Pain, Vascular problems, High blood pressure, Stomach or intestinal ulcers, Bleeding from stomach, or blood in stool

**Factors associated with sedentary behavior in patients with knee osteoarthritis**

Methods: We conducted a cross-sectional study of 130 patients affected by knee osteoarthritis. Information on patients and disease characteristics were collected. Physical activity was measured objectively using the short version of IPAQ questionnaire (International Physical Activity Questionnaire) for 7 consecutive days. Activity levels were subdivided into low physical activity and moderate to vigorous physical activity. We analysed factors associated with sedentary behaviour.

Results: The mean age of the patients included was 59.9±10 years with 110 (84.6%) females. The median IPAQ was 260.0 (500.0) MET·min·week. The sedentary behaviour was noted in 69.2% of patients. Table 1 summarized factors associated with sedentary behaviour in knee osteoarthritis patients.

**Factors associated with sedentary behavior in patients with knee osteoarthritis**

Methods: A subgroup analyses of older participants (≥65 years) from a prospective real-world evidence study conducted among 731 adult (≥18 years) consumers (467 in Germany and 264 in Sweden) of OTC topical diclofenac (1.16% & 2.32%). Treatment satisfaction, functional status and pain relief were assessed using electronic surveys (baseline, Week 4, and Week 12) via personalized link. Numerical Rating Scale (NRS-11) and Likert scale were used for questionnaire-based response collection.

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Conclusion: Older participants reported reduction in pain over time, improvements in their ability to participate in daily life activities, treatment satisfaction with the use of OTC topical diclofenac and thus improved QoL.

REFERENCES: NIL.

Disclosure of Interests: NIL.

DOI: 10.1136/annrheumdis-2023-eular.2735

Factors associated with sedentary behavior in patients with knee osteoarthritis.

Keywords: Education, Pain

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REFERENCES: NIL.

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REFERENCES: NIL.

Disclosure of Interests: NIL.

DOI: 10.1136/annrheumdis-2023-eular.2735
Table 1. Analysis of factors associated with sedentary behavior in knee osteoarthritis patients.

<table>
<thead>
<tr>
<th>Factors related to sedentary behavior</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.005</td>
</tr>
<tr>
<td>Lack of regular PA before the disease</td>
<td>0.01</td>
</tr>
<tr>
<td>Socio-cultural and/or economic barriers</td>
<td>0.01</td>
</tr>
<tr>
<td>Pain caused by knee osteoarthritis</td>
<td>0.02</td>
</tr>
<tr>
<td>Functional disability caused by knee osteoarthritis</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Conclusion: Sedentary behaviour is prevalent among knee osteoarthritis patients. It is important to overcome this unhealthy lifestyle and to encourage practice of physical activity in this population by combating the barriers reported by patients.

REFERENCES: NIL.

Disclosure of Interests: None Declared.

ACKNOWLEDGEMENTS: NIL.

AB1830-HPR MUSCULOSKELETAL DISORDERS DURING COVID-19 INFECTION: A SURVEY OF HEALTHCARE WORKERS

Keywords: COVID, Health Services Research, Epidemiology

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Background: COVID-19 infection has revealed a considerable number of extra-pulmonary manifestations, especially rheumatological. The detection of these manifestations, which herald the infection, is of great value in the early diagnosis of the disease, especially in health care workers (HCWs) who are at considerable risk of infection. Although myalgia is a common clinical feature of COVID-19, other musculoskeletal disorders (MSDs) have been rarely described.

Objectives: To describe MSDs during SARS-COV2 infection in HCWs.

Methods: Prospective descriptive study conducted at the department of occupational pathology and fitness for work of Charles Nicolle Hospital in Tunis, having included the HCWs affected by COVID-19 during the period from 01 September 2020 to 28 February 2021. Data collection was carried out by regular telephone follow-up during the containment period using a pre-established form.

Results: During the study period, 656 HCWs were infected with SARS COV 2, of whom 134 (20.4%) had at least one musculoskeletal event. The mean age was 42±9 years with a sex ratio (M/F) of 0.2. The most represented occupational category was nurses (33.6%) followed by health technicians (23.1%). The median professional length of service was 12 [7; 20] years. The presence of comorbidity was noted in 58.2% of HCWs. A pre-existing osteoarticular disease was found in 8.2% of cases. Obesity was noted in 25.4% of the population. Active smoking was reported by 14.3% of respondents. A known vitamin D deficiency was noted in 16.5% of patients. Spinal pain was the most reported MSD, present in 873% of cases. Low back pain was the most frequent spinal pain (56.7%) followed by back pain (37.4%) and neck pain (5.9%). MSDs of the lower limbs were found in 12.7% of patients. They were represented by gonalgia in 11.9% of cases, ankle pain in 5.2% of cases and hip pain in 4.3% of cases. MSDs of the upper limbs were described by 7.5% of the patients, 92.5% of whom presented with shoulder pain. The median duration of MSDs during COVID-19 was 5 [3; 8] days. These manifestations were persistent on return to work in 21.1% of cases.

Conclusion: Knowledge of the frequency and consequences of musculoskeletal manifestations related to COVID-19 infection is of great importance, particularly in HCWs, in order to optimise management and ensure a rapid return to work.

REFERENCES: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.4630

AB1831-HPR SYSTEMATIC REVIEW OF LABORATORY MONITORING GUIDELINES OF CONVENTIONAL SYNTHETIC DISEASE MODIFYING ANTI-RHEUMATIC DRUGS

Keywords: Systematic review, Best practices, Disease-modifying Drugs (DMARDs)

A. Kermond1, P. Robinson1, Royal Brisbane and Women’s Hospital, Rheumatology, Herston, Australia

Background: Conventional synthetic disease modifying anti-rheumatic agents (csDMARDs) have a significant role in the management of multiple rheumatological disorders. Several clinical practice guidelines (CPG) exist to guide practitioners in the appropriate frequency and type of laboratory monitoring during csDMARD use, however few appraisals of the quality of these guidelines have been performed.

Objectives: The purpose of this study was to summarise the content and appraise the quality of CPGs for laboratory monitoring during csDMARD use.

Methods: A systematic search of electronic databases, online guideline repositories and the websites of professional societies was conducted to identify CPGs for the frequency and type of laboratory monitoring in csDMARD use. A pair of reviewers screened CPGs using predetermined selection criteria and reported according to the PRISMA-P statement. Recommendations from included CPGs were extracted and compared across guidelines. The list of csDMARDS this study reviewed includes methotrexate, leflunomide, hydroxychloroquine, mycophenolate, sulfasalazine and azathioprine.

In summary, this review identified several possible recommendations. A role for a more extensive review of the incidence of treatment complications and implications as a result of the laboratory monitoring would be of benefit. This poses an additional role for a cost-effective analysis, as was commented on within the discussion and literature reviews.

REFERENCE: [1] Abstract not cited or published to date.

Disclosure of Interests: None Declared.

Acknowledgements: NIL.

DOI: 10.1136/annrheumdis-2023-eular.2856

HPR Service developments, innovation and economics in healthcare.

Keywords: Systematic review, Best practices, Disease-modifying Drugs (DMARDs)