often ask whether certain foods, described as inflammatory or anti-inflammatory, can improve or worsen their disease.
Objectives: The objective of our study is to investigate whether Moroccan patients report a relationship between certain foods and their symptoms and also to study whether they adopt specific dietary behaviors in an effort to alleviate their symptoms.
Methods: This is a survey based on a questionnaire, that included any patient followed for osteoarthritis who presented to the rheumatology department.
The questionnaire consisted of 3 parts:
1) Socio-demographic data, co-morbidities, and information on osteoarthritis (location, duration of evolution, functional impact and treatments).
2) Beliefs and attitudes of patients regarding diet in relation to osteoarthritis.
3) A list of 24 foods for which patients were asked to indicate whether they aggravated, improved or left their joint symptoms unchanged.
Results: At this time we included 120 patients. The mean age was 57.1 ± 11.8, 88.3% of the patients were women, 41.2% had comorbidities, 62.5% were illiterate. The median duration of osteoarthritis was 4 years [2; 7]. 64.2% of the patients were followed for gonarthrosis, 25% for discarthrosis and 10.8% for digital osteoarthritis. The average BMI was 27.8 ± 5.2. 8.3% of the patients thought that diet influenced their osteoarthritis. 9.5% of the subjects stated that food had an effect on their symptoms, 9.2% of them reporting an improvement and 8.3% an aggravation. Fish (1.7%), garlic (1.7%), and olive oil (1.7%) were the foods most often cited as improving joint symptoms, while red meat (3.3%), and sweetened soft drinks (2.5%) were the most often cited as worsening symptoms. 6.7% of the patients had food avoidance behaviors, 10.8% adopted certain diets and 5.8% had tried fasting in order to relieve joint symptoms. In univariate and multivariate analysis, education level (OR: 0.165; 95% CI [0.046-0.592]; p=0.006) and experience with a food that improves symptoms (OR: 46.8; 95% CI [1.798-1222.5]; p=0.021) were associated with reporting that food influences OA symptoms.
Conclusion: Our study showed that associations between certain foods and worsening or improving joint symptoms were reported by a minority of patients and appeared to be mostly associated with patients' education level and experience of a food improving symptoms.
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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.4915

AB0999 OSTEOARTHRITIS. PHARMACOECONOMICS ASPECTS OF SYMPTOM-MODIFYING THERAPY IN REAL CLINICAL PRACTICE.

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Background: Treatment of osteoarthritis (OA) is a significant medical and social problem worldwide. Modern therapeutic approaches include a combination of pharmacological and non-pharmacological methods aimed at reducing pain, improving joint function, and preventing disease progression. A wide variety of symptomatic slow-acting drugs for osteoarthritis and their usage dictate the necessity for a clinical and economic analysis to select the most economically feasible treatment regimen for OA.
Objectives: To conduct a clinical and economic assessment of OA therapy using drugs of the SYSADOA group.
Methods: The search for publications for the period 2011-2022 on the clinical efficacy and safety of SYSADOA (bioactive concentrate of small marine fish containing chondroitin sulfate, amino acids, peptides, sodium, potassium, calcium, magnesium, iron, copper and zinc ions) was conducted using available sources (Medline, eLIBRARY.ru). The research selection methodology was in compliance with the PRISMA criteria(Preferred Reporting Items for Systematic reviews and Meta-analysis), 124 sources were analyzed. To collect data on the costs for managing patients in real clinical practice, a survey of 15 rheumatology experts was conducted with an assessment of the frequency and average duration of SYSADOA drugs usage. The direct medical costs paid from budgetary funds and/or funds of the compulsory medical insurance system related to the treatment of OA were assessed. Cost minimization analysis was carried out for 10 SYSADOA drugs; the average course cost of treatment was calculated according to the dosage regimens and duration of admission, as well as the cost of providing medical services.
Results: Analysis of the literature data showed that bioactive concentrate of small marine fish, produced by Biotehnos S.A. is a modern original SYSADOA for the initial therapy of knee joint OA with proven efficacy and safety. The estimated course cost of SYSADOA therapy ranges from 36.961 to 92 euros. The median exchange rate of all drugs in the sample was 50.2 euros; for SYSADOA drugs with oral administration - 85.82 euros; injectable drugs - 47.76 euros. The median amount of direct costs for injectable SYSADOA was 388,012 euros. Cost minimization analysis showed that the use of an alternating mode of administration of the drug (2 ml every other day intramuscularly - 10 injections) in patients with knee joint OA is the most cost-effective method for the treatment of OA and allows to reduce direct costs up to 64% per patient by reducing the number of medical services provided.
Conclusion: The analysis proved rationality of the established medical practice in prescribing of the injectable SYSADOA (bioactive concentrate of small marine fish was a leader among injectable SYSADOA according to HWC and IQVIA marketing analytical data for the period 2020-2021). Choosing the most economically feasible drug for the treatment of patients with OA will reduce the costs of the healthcare system and reduce the overall economic burden of OA.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.5033

AB1000 RELIABILITY AND VALIDITY OF THE CONE EVASION WALK TEST IN PATIENTS WITH TOTAL KNEE ARTHROPLASTY: A PILOT STUDY

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Background: Total knee arthroplasty (TKA) is the gold-standard procedure for end-stage knee osteoarthritis, however, some residuel problems may still continue and cause a variety of dysfunctions, such as impaired strength, proprioception, gait, balance, postural instability, and, impaired ability to avoid obstacles while walking. Tripping over an obstacle is the most frequent cause of falls 1 and falls can limit daily activities and induce post-fall syndromes, such as dependence, loss of autonomy, immobilization, and depression 2. The Cone Evasion Walk test (CEW) to assess fall risk by the ability to evade obstacles, (ICF-code d455), which requires attentional, perceptual, and several neuromusculoskeletal and movement related functions 3. However, there is no study investigating the reliability and validity of the CEW in TKA patients.
Objectives: The aim of the study is to investigate the reliability and validity of the CEW in patients with TKA.
Methods: Twenty patients with TKA included in the study. The CEW, the Timed Up And Go Test (TUG) and the Hospital for Special Surgery (HSS) Knee Score administered to the patients. Patients rested between the tests for an hour.
Results: Mean age was 68.1 ± 2.59 years and the mean HSS Knee Score was 85.43± 3.47. The relative (ICC coefficient) and absolute (SEM and SRD95) reliability values were 0.98, 1.01, and 2.75 respectively. The Spearman correlation coefficient of the CEW with the TUG was 0.72.
Conclusion: Based on the current findings, the CEW has excellent reliability, high validity and responsiveness in evaluating dynamic balance and obstacle avoidance in patients with TKA. The minimal clinically important difference of CEW in TKA patients is 2.75 and it may be concluded that the fact that this value is low, indicates the sensitivity of the test. Therefore, the CEW can identify even small alterations in the functional status, can be reliably used for post-operative surveillance of TKA to observe patient results, and the usage of the CEW for assessing the fall risk and mobility in the community may be a better predictor of the patients' current condition.
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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.5197

Ann Rheum Dis: first published as 10.1136/annrheumdis-2022-eular.5197 on 23 May 2022. Downloaded from http://ard.bmj.com/ on October 30, 2022 by 193.140.151.30. Protected by copyright.