

(45.0%, 9/20), and tramadol (40.0%, 8/20). Physical symptoms such as fatigue, functional capacity, pain and sleep quality improved at the end of the study treatment, whereas they mainly declined after placebo treatment. However, no statistically significant differences were found among the studied variables. Total ICAF score improved after NSC treatment, and declined after placebo treatment. NSC treatment was well tolerated, with a low incidence of adverse events (5.0%, 1/20).

Table 1. Patient demographics

Parameter	Value
Age, years [mean (SD)]	51.9 (7.2)
Sex (F/M)	20/0
Weight, kg [mean (SD)]	69.3 (13.1)
Height, cm [mean (SD)]	160.4 (6.5)
Years since first FMS diagnosis [mean (SD)]	7.7 (6.3)
Occupational status, n (%)	
Working full-time/part-time	10 (50.0)
At home	3 (15.0)
Not working/receiving pension	5 (25.0)
Retired or unemployed	2 (10.0)
Smoking patients, n (%)	8 (40.0)
Patients on alcohol consumption, n (%)	0 (0.0)
Patients on physical activity, n (%)	2 (10.0)

F/M: female/male

Conclusion: The results of this study constitute the first investigation of the effect of a nutritional supplement containing CoQ10, magnesium and tryptophan on FMS. Although the results should be confirmed in larger studies, they suggest that NSC treatment for 3 months, in addition to pharmacological therapy, may be of interest in the management of FMS. This treatment appeared to primarily improve physical symptoms, such as fatigue and pain, with low risk of adverse events.

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AB0953 CANNABINOIDS: FRIEND OR FOE OR A BYSTANDER?

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Background: Cannabinoids has recently gained popularity for use in chronic pain. There is a lot of inquisitiveness among our patients wherein health care professionals are asked about its efficacy, side effects and sometimes even ask for a prescription! As there is paucity of data and research about its use in rheumatology, patient reported outcome (PROM) can guide ahead in expanding our knowledge and experience.

Objectives: To study usage of cannabinoids by rheumatology patients

To study awareness among primary physicians regarding Cannabinoid usage in rheumatology.

Methods: Cross sectional survey with two arms. Arm 1 Information from patients attending tertiary rheumatology clinic, including perception regarding the use of Cannabinoids.

Arm 2 consisted of collecting data via web-based survey with 20-question from 100 GPs of Leicestershire. Questions on demographics, perspectives on and knowledge of cannabinoid use. Statistical analysis SPSS software.

Results: Arm 1 Total 102 rheumatology patients with 60% were females and 45% secondary education. 48% were unemployed. 75% Caucasians, 18% Asians. RA most common diagnosis followed by OA and FMS. 40% depression and anxiety in addition to Rheumatic disease. 94% reported ongoing pain with 6-8 on a VAS scale. 79% were satisfied with their current therapy. 65% had heard about complementary medicine and 15% reported using cannabinoids.

Most common form Cannabinoids oil 60% followed by smoking 20%. 56% reported using >3 months and majority 72% use daily. Median age 55 years. 88% users Caucasians. Mean disease duration 6.25 years among users indicates chronicity of disease has a direct proportion in usage. All users had ongoing pain of 7 on VAS. 87% believed it helps them managing pain effectively with a pain free state. On an average spends between 50-100 pounds per week. More than half believe cannabinoids should be available as a prescription drug in NHS and 30% interested to know more about it.

In Arm 2 consisting of Primary care physicians, response rate 50%. Average clinical experience 5 years. Only 20% heard about usage of complementary medicine by rheumatology patient. Most replied that 10% of their patients use Cannabinoids for pain management. Most did not believe use of cannabinoids benefited the patients. Only 4% recommend its usage. 25% think it should be available as prescription. 40% experienced patients asking about cannabinoids during appointment. 88% of respondents did not know much about cannabinoid usage in rheumatology and have never prescribed it in their practice.

Conclusion: Cannabinoids widely used by the rheumatology patients with PROM favouring its efficacy for control of chronic pain. Preclinical data suggest that cannabinoids might have a therapeutic potential RA¹, OA, FMS². Clinical data regarding cannabinoid treatment for rheumatic diseases are scarce, therefore, recommendations concerning cannabinoid treatment cannot be made. All patients who reported using it suffered from moderate to severe chronic pain. Thus main indication of usage was pain rather than recreational purpose. Although a small survey it clearly highlights lack of knowledge among primary physicians. These results emphasise the need for further research regarding the benefits and risks of cannabinoids in rheumatology.

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AB0954 IS CONNECTIVE TISSUE MASSAGE EFFECTIVE IN INDIVIDUALS WITH FIBROMYALGIA?

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Background: Fibromyalgia (FM) is a systemic rheumatic disease characterized by diffuse pain in the body, tenderness, fatigue and many more symptoms. Exercise is effective and safe method in individuals with FM. Connective tissue massage, another treatment method, is a reflex therapy where shear force is applied in a certain order at the connective tissue interfaces of the skin. In the literature, there is limited study related compared with clinical pilates exercises and connective tissue massage in individuals with FM.

Objectives: The aim of the study was to examine the effectiveness of clinical pilates exercises and connective tissue massage in Individuals with Fibromyalgia on disease activity, number of painful regions, anxiety, biopsychosocial status and quality of life.

Methods: 32 women (age mean=52.43±8.32) diagnosed with FM according to American College of Rheumatology (ACR) criteria were included in this study. Participants were randomly divided into two groups as interventional group (n=15, mean age=48.80±7.48) and control group (n=17, mean age=55.64±7.87). While the connective tissue massage and clinical pilates exercises were applied to the treatment group, only clinical pilates exercises were applied to the control group. After the demographic characteristics and disease related data of the individuals were recorded; number of painful regions were assessed with Pain Location Inventory (PLI), disease impact with Fibromyalgia Impact Questionnaire (FIQ), functional status with Health Assessment Questionnaire (HAQ), anxiety with Beck Anxiety Inventory (BAI), quality of life with Short Form-36 (SF-36) and biopsychosocial status with Cognitive Exercise Therapy Approach (BETY) Scale were evaluated. All evaluations were made before and after treatment. All interventions were applied 3 days per week for 6 weeks by the same experienced physical therapist. One session for clinical pilates exercises consisted of 60 minutes (10 minutes warm up, 40 minutes clinical pilates exercises, 10 minutes cool-down). Connective tissue massage was started from lumbosacral region and continued lower thoracic, scapular, interscapular, and cervical regions, respectively. The Kolmogorov-Smirnov Test was used to determine whether the continuous variables were normal distributions.

Results: When the pre-treatment and post-treatment results are analyzed; the results were significant in the intervention group of PLI (p = 0.007), SF 36 physical component (p = 0.025) and mental component (p = 0.017) and FIQ (p = 0.004), while in the control group the difference in SF 36 physical component (p = 0.008) and mental component (p = 0.024), FIQ (p = 0.001) and BAI (p = 0.043) was significant. Delta values were calculated by subtracting post-treatment results from pre-treatment results. When the delta values of the groups are compared, it was determined that the difference only in the PLI (p = 0.023) were significant in favor of the treatment group.

Conclusion: According to our results, connective tissue massage has been shown to be effective in reducing the number of painful areas in addition to the

positive effects of clinical pilates exercises in individuals with FM. In order to increase the effectiveness of treatment in individuals with FM, we recommend the use of connective tissue massage as an additional treatment method.

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AB0955 FEATURES OF THE PAIN SYNDROME IN RHEUMATOID ARTHRITIS (RA)

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Background: The neuropathic component is present in the mechanism of pain in RA in 36% of cases. The presence of anxiety-depressive disorders and a decrease in the quality of life in patients with RA are shown.

Objectives: The study of the clinical features of pain in RA in men and women.

Methods: The group consisted of 134 patients with RA (94 women and 40 men), aged 36 to 60 years (average age 48.6 ± 7.1 years) and disease duration from 1 year to 10 years (4.03 ± 1.6 years) hospitalized in the rheumatology department of the Republican Clinical Hospital (Cheboksary). At the time of inclusion in the study, all patients were in the active stage of the disease.

An assessment of rheumatological and neurological status was carried out. Pain assessment was performed using: Visual Analog Scale (VAS); Ritchie articular index (RAI). The severity of neuropathic pain was determined using the diagnostic neuropathic pain questionnaire DN4 and PainDetect (sensitivity - 82.9%; specificity - 89.9%). To determine the psycho-emotional deviations used: general health questionnaire (anxiety and depression) - General Health Questionnaire (form GHQ - 28); HADS; Spilberger-Hanin situational and personal anxiety scale. Patient mobility limitations were assessed using the Rivermead mobility index score scale, and quality of life was quantified using the EQ-5D visual analogue scale.

To assess the activity of the disease, the level of C-reactive protein (CRP), the erythrocyte sedimentation rate (ESR), and the DAS index - 28-CRP were used. To assess mental and physical functioning, a standardized questionnaire The Short Form-36 was used.

To visualize the stage, survey radiographs were used in the direct projection of the metacarpophalangeal and metatarsophalangeal joints, wrist joints, proximal interphalangeal joints of the hands; distal parts of the feet.

Results: An analysis of chronic pain syndrome in 36% of patients revealed a neuropathic component of pain (DN4: 5.7 ± 1.1 points, PainDetect: 16.3 ± 4.2). In the group of patients with neuropathic pain (n = 78) aged 55.1 ± 7.9 years, the duration of the disease was 3.4 ± 0.9 years, the more advanced and late clinical stages of the disease, III - IV radiological stages of RA were more common, were present neurological disorders and complaints characteristic of peripheral polyneuropathy. Rivermead mobility index in patients with neuropathic disorders, (n = 78) was 9.1 ± 0.8 points, in the absence of neuropathic disorders (n = 56), 11.2 ± 1.1 points. There were no significant differences in process activity (DAS index - 28 - CRP) and quality of life.

According to the questionnaire of situational and personal anxiety, Spilberger-Khanin revealed moderate anxiety and mild - depressive disorders. Quality of life was reduced in all patients with RA.

Pain syndrome in patients with neuropathic pain with symptomatic (NSAIDs, GC) and basic cytostatic therapy (methotrexate) showed that, despite the decrease in the severity of the inflammatory process, the positive dynamics was partial (VAS before therapy 6.4 ± 0.7; VAS in the presence of therapy 4.3 ± 0.5 (p > 0.05); PainDetect = 14.9 ± 4.4; DN4 = 4.3 ± 1.5).

In men, statistically significant factors associated with pain were clinical parameters that accounted for 37% and 18% of pain variation (Ritchie articular index (CIR): Fsmc = 4.107, p < 0.001; SF-36: Fsmc = 2.107, p < 0.001) In women, the main significant factors associated with pain were the subjective feeling of pain and psychological characteristics that accounted for 12% of the pain variation (SF-36: Fsmc = 11.118, p < 0.001).

Conclusion: A dynamic study of patients with RA in accordance with gender and age will further develop additional criteria for evaluating the effectiveness of complex therapy used to treat chronic pain, and will also increase the overall effectiveness of treatment.

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AB0956 VERTICAL NAIL RIDGING IN PATIENTS WITH FIBROMYALGIA: FREQUENCY, PROPOSED GRADING AND CORRELATION WITH OTHER DISEASE FEATURES

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Background: The vertical nail ridging (VNR) has long been reported to be related to stressful conditions¹

Objectives: to evaluate the frequency of VNS in FM patients and its relation to other disease parameters depending on a proposed grading.

Methods: VNR has been searched for in 212 FM patients (2016 criteria). The number of fingers, the degree of VNR according to this proposed grading (0: no ridging, 1: ridging only detected by a magnifying lens, 2: ridging seen by naked eye and 3: ridging that can be seen and felt) and other FM features according to the new and old ACR criteria have been recorded. 80 subjects of those consulting for knee osteoarthritis have been examined for VNR and those found positive were asked about the FM features and examined for tender points. Patients aged >50 years and those with psoriasis and fungal infections were excluded.

Results: the mean age of patients was 32.4±9.9 (73.6% were female). The mean disease duration was 5.8±3.7, while the means of WPI, SSS and tender points were 9.4±2.9, 7.3±1.2 and 14.7±2.3 respectively. VNR was found in 209 patients (98.6%). Of 80 controls, VNR has been found in 61 subjects, of whom FM has been diagnosed in 32 patients (52.4%) by 2016 FM criteria and in 46 (75.4%) by 1990 criteria. The number of fingers with VNR has been found only correlated with the disease duration (r= 0.276, P = 0.000). The severity of VNR was significantly correlating with fatigue (P= 0.002), sleep disturbance (P= 0.001), awaking unrefreshed (P = 0.000), WPI (p = 0.01) and mean tender points (P = 0.02). Considering the 2016 criteria as a gold standard, the sensitivity of VNR was 98.37%, the specificity was 9.68% and the diagnostic accuracy was 82.8%.

Conclusion: vertical nail ridging is a frequent finding and can be considered helpful for diagnosis of patients with FM. Further studies are needed to validate this sign for diagnosis and follow up of FM patients.

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AB0957 IS AQUATIC THERAPY MORE EFFECTIVE THAN LAND-BASED THERAPY IN REDUCING PAIN OF WOMEN WITH FIBROMYALGIA?

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Background: Fibromyalgia is a rheumatic disorder characterized by chronic widespread pain often associated with fatigue, unrefreshed sleep and cognitive problems with an increasing prevalence. Aquatic therapy has already been used for managing the symptoms of this syndrome. However, it is not clear whether there is a superiority of aquatic therapy over land-based therapy in improving the symptoms of fibromyalgia patients.

Objectives: Determine the effectiveness of two physiotherapy protocols: aquatic therapy versus land-based therapy, for decreasing pain in women with fibromyalgia.

Methods: The study protocol was a single-blind randomized controlled trial. Forty women diagnosed with fibromyalgia were randomly assigned into two groups: Aquatic Therapy (n=20) or Land-based Therapy (n=20). Both interventions include 60-min therapy sessions, structured into four sections: Warm-up, Proprioceptive Exercises, Stretching and Relaxation. These sessions were carried out three times a week for three months. The variables analyzed were: pain intensity (Visual Analogue Scale [VAS]), pain threshold (algometer), quality of life (Revised Fibromyalgia Impact Questionnaire [FIQR]), sleep quality (Pittsburgh Sleep Quality Index [PSQI]), fatigue (Multidimensional Fatigue Inventory [MFI]) and physical ability (6-minute Walk Test [6MWT]). Outcome measures were evaluated at baseline, at the end of the 3-month intervention period, and 6-weeks post-treatment. Statistical analysis will be carried out using the SPSS 21.0 program for Windows and a significance level of p ≤ 0.05 was used for all tests.

Results: At the end of intervention period, both therapies were effective in improving pain intensity (p<0.05), pain threshold (p<0.05), quality of life (p<0.05), fatigue (p<0.05) and physical ability (p<0.05). For sleep quality, only the aquatic therapy group experienced a significant improvement (p=0.033). No differences were