

## HPR Epidemiology and public health (including prevention)

### AB1352-HPR INVESTIGATION OF EFFECT OF DISEASE AND RELATED FACTORS IN INDIVIDUALS WITH FIBROMYALGIA

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**Background:** Fibromyalgia (FM), one of the most common rheumatologic disorders, is characterized by widespread pain in the body, sensitivity in the certain anatomical regions, fatigue, sleep disorders and reduced pain threshold, uncommon and extra-articular rheumatism disease (1). It has been reported that impairments in functional capacity and quality of life cause significant limitations in individuals with FM (2).

**Objectives:** The aim of this study was to examine the effect of disease and to investigate the factors associated with the disease in individuals with FM.

**Methods:** In our study, 334 voluntary individuals with FM (324 female, 10 male) who applied to Pamukkale University Department of Internal Medicine, Department of Rheumatology were diagnosed according to 2010 American College of Rheumatology criteria whom participated in the study with the mean age of 47,55±10.46 (years). Fibromyalgia Impact Questionnaire (FIQ) was used to determine the effect of disease, Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) for emotional status and Pittsburgh Sleep Quality Index (PSQI) for sleep quality, right after demographic information and disease related data were recorded. Multiple regression analysis were used to examine the factors related to disease activity.

**Results:** High body mass index (B=121, p=0.023), high tender point score (B=427, p=0.000), high depression score (B=350, p=0.00), high anxiety score (B=258, p=0.000) and poor sleep quality (B=157, p=0.002) corresponded to the higher FIQ score. However, age (B=-0.019, p=0.716), level of education (B=0.009, p=0.858) and disease duration (B=0.054, p=0.331) did not significantly affect FIQ.

**Conclusion:** As a result of our study the progress of body mass index in individuals with FM, increase in number of tender points, poor sleep quality, depression and anxiety were among the factors affecting the disease. Therefore, these factors must be considered in order to reduce the severity of the disease in individuals with FM.

#### REFERENCES

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### AB1353-HPR PREVALENCE OF PAIN MEDICATIONS PRESCRIPTIONS IN PATIENTS WITH RA

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**Background:** Pain is often disabling and can reduce the quality of life of a patient. Pain medications are drugs commonly prescribed for a variety of conditions one of them rheumatoid arthritis. The common molecules prescribed are paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs), and opioids.

**Objectives:** The goal of this study was to analyze the prevalence of pain medication prescription in patients with Rheumatoid Arthritis in a specialized center in Colombia.

**Methods:** We collected data from the medical charts in a specialized RA center conducted during 5 years, we performed a descriptive analysis, we collected sociodemographic information, DAS28, and the prevalence of

prescription of analgesic medications divided in three groups non-opioid analgesics, opioid analgesics and NSAIDs. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We evaluated the relationship between DAS28 and the usage of pain medications.

**Results:** We reviewed the medical charts of 7076 patients diagnosed with rheumatoid arthritis, 82% were female and 17% were male. Median age was 60 years RIQ (51-69). The prevalence of usage of pain medications was 45%. Most of patients received paracetamol followed by a combination of paracetamol. See table 1. The prevalence of pain medications usage was not with associated disease activity.

Pain medication	n	%
Paracetamol	2407	34
Paracetamol + opioids	744	11
NSAID	63	1

**Conclusion:** As other studies have shown the prevalence of pain medications in patients with RA is high. The most prescribed medication was paracetamol or opioids, coinciding with other studies (1). This descriptive study is useful for further studies to develop in Colombia and Latin America. Additionally, it is important to consider other alternative therapies in order to approach in painful condition like RA.

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### AB1354-HPR DESCRIPTION OF INDIVIDUALS WITH FIBROMYALGIA SYNDROME

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**Background:** Fibromyalgia (FM) affects negatively physical and mental health and reduces quality of life. The most common symptom is chronic widespread musculoskeletal pain in FMS.

**Objectives:** This study was planned to investigate comorbidities, number of medication and to determine the most painful body region in individuals with FM.

**Methods:** The study included 166 individuals (161 women, 5 men) who were diagnosed with FM, with a mean age of 47.56±10.91 years. Comorbidities, number of medication which were used for FMS or other diseases of participants were recorded also painful body regions were assessed for 28 regions. The categorical variables were expressed in numbers and percentage.

**Results:** The results showed that a total of 42.8% (n=71) of individuals in this study had no comorbidities, 11.4% (n=19) of individuals had hypertension and 7.8% (n=13) of individuals had asthma. When the number of medication were examined, a total of 66.3% (n=110) of individuals did not use any medication, 25.8% (n=43) of individuals did use one type of medication with FM-related and 4.2% (n=7) of individuals did use two type of medications with FMS-related. Painful body regions were reported by 74.1% (n=123) for neck, 66.3% (n=110) right shoulder, 68.7% (n=114) left shoulder, 68.1% (n=113) right knee and 68.1% (n=113) left knee.

**Conclusion:** In general, there was no comorbidities with FMS. The study found that individuals with FMS usually did not use medication. Also neck were found the most painful body region in individuals with FMS.

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