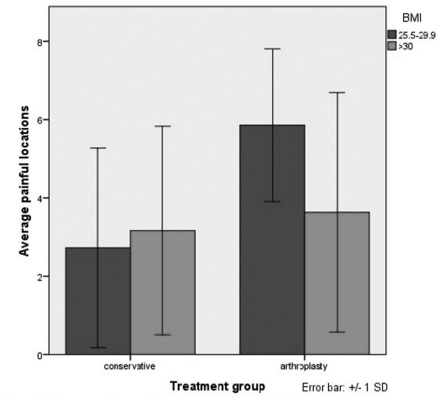

Figure 3.- Average of number of reported painful knee locations after pressure of <4Kg/cm2.

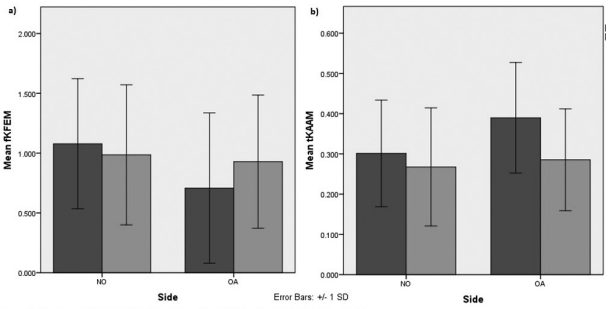

Figure 4.-Knee normalized Medio-Lateral forces (a) and Abduction-Adduction torques (b)

Conclusion: Although both treatment groups present the same OA radiologic grade, ART group presents significant higher stiffness and functional disability. That may affect to the gait of these ART patients, altering the forces distribution and torques between both legs. Although no differences in knee pain in life situation (Wp) between treatment group are reported, ART group present more painful sites in the knee with pressure stimuli. Emotional component may be playing a role in the pain and illness perception, influencing the patient decision to undergo ART surgery

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AB0813 AN EXPERT CONSENSUS ON THE APPROPRIATE USE OF ORAL SYSADOAS FOR THE TREATMENT OF THE OSTEOARTHRITIC PATIENT IN PRIMARY HEALTH CARE: A DELPHI STUDY

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Background: Clinical studies have demonstrated that osteoarthritic pain is linked to disability and quality of life (QoL). The therapeutic modalities in the treatment of osteoarthritis (OA) are numerous and despite the availability of evidence-based guidelines for OA management, agreement on treatments is lacking[1]. Symptomatic Slow-Acting Drugs for OA (SYSADOA), are natural compounds, used in OA treatment. Thus, there is disagreement about SYSADOAs use in clinical practice.
Objectives: Our objective was to prepare a consensus document on the appropriate use of oral SYSADOAs: chondroitin sulphate (CS), glucosamine(G), diacerein(D) and the combination of CS plus G for OA management in primary health care.
Methods: A two-round Delphi study was carried out to assess expert consensus on the appropriate use of SYSADOAS in primary care. The questionnaire validated by the expert committee (3 rheumatologists, 2PC physicians, 1 clinical pharmacologist) included 24 questions The Delphi panel was composed of 15 experts (10 PC physicians, 1 rheumatologist, 1 traumatologist, 1 rehabilitator, 1 gynaecologist and 1 clinical pharmacologist) with extensive experience in the treatment of OA and the use of oral SYSADOAs which were identify by clinical coordinator, a methodological coordinator, and four members of the Scientific Committee. Participants were asked 24 questions on SYSADOAs use. Items that reached consensus by at least 80% across both panels were included in the guidelines. The fieldwork of the study was developed for approximately 4.5 months. This study was promoted by the International Osteoarthritis Foundation (OAFI) with the support of the Spanish Ministry of Health, Social Services and Equality.
Results: Consensus statements emerged: (1)patient phenotypes affects SYSADOAs action; (2)SYSADOAs are effective in primary and secondary OA, in the three first grade of Knee OA, hand and hip; there is no evidence for erosive hands, shoulder, spine, and ankle OA; (3)CS, G and association can reduce pain, inflammation, improve QoL and functional capacity and have a chondroprotective effect; (4)CS and D can reduce synovial membrane inflammation, all oral SYSADOAs, except D, can decrease cell death and the enzymes responsible for cartilage destruction; (5) The maximum therapeutic efficacy is reached after 3 to 6 months; (6) SYSADOAs con be prescript to patients having comorbidities: cardiovascular risk or disease, digestive disease, hypertension, dyslipidemia, peripheral vascular disease, type 2 diabetes, and oesophageal reflux. There is disagreement in the prescription of oral SYSADOA in patients with liver and kidney disease.
Conclusion: This study sheds light on the appropriate use of oral SYSADOAs in primary health care by providing added value to published evidence. Results based on literature evidence on efficacy and safety, the clinical experience of the panellist experts in OA treatment and the fact that OA patient is a chronic, elderly, with multiple diseases and polymedicated person. The diffusion of our results among primary health practitioners will contribute to improving OA patient management protocols to ensure a personalized treatment to OA patients and to ameliorate their QoL.

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AB0814 INDIVIDUAL AND SOCIAL FACTOR CAN INFLUENCE THE QUALITY OF LIFE OF KNEE OA PATIENTS: A SYSTEMATIC REVIEW

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Background: Knee OA (KOA) is the most common form of chronic joint disease and bears more responsibility than any other disease for disability[1]. It associates with remarkable functional restrictions due to pain. The limitations in activity caused by KOA seriously affect social relationships, emotional well-being, reducing the quality of life (QoL) of patients.