

WORLD CONGRESS
ON OSTEOPOROSIS,
OSTEOARTHRITIS AND
MUSCULOSKELETAL
DISEASES

VIRTUAL CONGRESS

March 24-26, 2022



2022 VIRTUAL



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AbstractBook

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PSYCHOSOMATIC ASPECTS OF PAIN IN PATIENTS WITH FIBROMYALGIAR. Grekhov¹¹Zborovsky' Research Institute For Clinical and Experimental Rheumatology, Volgograd, Russia

Objective: Fibromyalgia is a special form of extraarticular soft tissue disease characterized by diffuse pain and fatigue of the skeletal muscles, and a decrease in the pain threshold on palpation in some areas. Aim of the study was to investigate the influence of pain syndrome on the formation of some psychological characteristics of the personality of fibromyalgia patients.

Methods: 100 women with fibromyalgia, aged 24-51 y, were examined. The diagnosis was made in accordance with ACR 2010 fibromyalgia diagnostic criteria. Clinical parameters of pain were assessed using a visual analogue scale and expressed in points (from 0 to 10). The individual standardized test methods were used in order to investigate the psychological status of the patients: NL [1] and LSI [2].

Results: The manifestations of pain in patients with fibromyalgia was 7.25 ± 0.17 points in average, which can be regarded as pronounced as revealed the data of our study. Pain scores significantly correlated with patient age ($r=0.30$, $p=0.002$) and disease duration ($r=0.30$, $p=0.002$). When examining the psychological status of patients with fibromyalgia, a high level of anxiety was noted (7.8 ± 0.98 points). Indices of the scales of asthenia (6.72 ± 0.17), depression (6.46 ± 0.15), hypochondria (5.53 ± 0.18) were regarded as moderate. It was also revealed that the manifestation of musculoskeletal pain significantly correlated with asthenia ($r=0.30$ at $p=0.032$), depression ($r=0.25$ at $p=0.011$) and hypochondria ($r=0.32$ at $p=0.001$). It can be assumed that the intensity of pain causes the growth of the examined neurotic features. On the other hand, due to an increase in the level of depression, asthenia, hypochondria, there is an increase in musculoskeletal pain.

Conclusion: Taking into account the peculiarities of the course of fibromyalgia, the lack of clear ideas about the pathogenetic mechanisms and methods of treatment, the clinical and psychological characteristics of patients we revealed can provide some assistance for the selection and timely activation of appropriate psychotherapeutic correction programs in order to increase the effectiveness of the treatment.

References:

1. Wasserman LI, et al. Scale for psychological express diagnosis of the level of neuroticism (NL). St. Petersburg, 1999. 29 P.
2. Wasserman LI, et al. Psychological diagnostics of the life style index: A manual for psychologists and doctors. St. Petersburg, 2005. 54 P.

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ANALYSIS OF ADVERSE REACTIONS OF LOCAL NSAIDS THERAPY IN PATIENTS WITH MUSCULOSKELETAL DISEASESA. Useinova¹, E. Egorova¹, E. Gerashenko², S. Mar'yanenko², S. Kulanthaivel³, V. Kaliberdenko⁴

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Objective: WHO data of Global Burden of Disease study (2019) indicates that 1.71 billion people worldwide suffer from disorders and diseases of the musculoskeletal system. In arthrological diseases, pain is most often chronic in nature, mainly of inflammatory origin which requires continuous therapy to improve the quality of life. Even with balanced and reasonable prescribing of a drug, the risk of adverse reactions (AR) persists. Topical administration of drugs is widely used to avoid systemic adverse drug reactions. Purpose of the study is to study the AR that occur with the local use of NSAIDs in the treatment of musculoskeletal diseases.

Methods: The object of the study is the notification cards about the AR of drugs registered in the database of Crimean region from 2019-2021.

Results: During this period, 310 cases developed AR from the use of NSAIDs (for musculoskeletal diseases) were registered in the regional database, which accounted for 14% of the total number of registered AR cases during 2019-2021. AR were more observed in patients aged from 45-60 y (74%), it's more often in women (55%) than in men. With long-term resorptive use of NSAIDs, patients have an increased risk of developing obesity by 2.25 times, gastritis by 2 times, phlebitis by 1.8 times, CAD by 1.73 times. So, physicians tend to avoid the resorptive effect of NSAIDs and often use them locally. But in our observation, topical NSAIDs can also cause significant ARs. These adverse events include skin reactions, including urticaria 61.3%, Quincke's edema 4.5%, no effect in 11.1%, cardiovascular manifestations 10.3%, dyspepsia in 6.4%, hemodynamic disorders 2.9%, from the respiratory system 0.6%, Lyell's syndrome (0.3%), anaphylactic shock (2.6%). Life-threatening conditions have been observed with the use of piroxicam (Quincke's edema), ketoprofen (anaphylactic shock), diclofenac (Lyell's syndrome).

Conclusion: The analysis of the notification cards registered in the database made it possible to identify a high frequency of serious adverse reactions requiring the withdrawal of the suspected drug and urgent pharmacological correction. Ketoprofen was the "leader" drug in terms of the incidence of such adverse events. Drugs of the NSAID group should be prescribed carefully,