Background: Fibromyalgia is characterized by chronic widespread musculoskeletal pain that often co-exists with sleep disturbances, fatigue, cognitive dysfunction, stiffness and tenderness to palpation at specific tender points.Selective serotonin reuptake inhibitors represent a class of commonly used antidepressants. They act by preventing the reuptake of 5-hydroxytryptamine (5-HT) (Serotonin) through the inhibition of the 5-HT transporter (5-HTT) which is located on the presynaptic neuron, thereby increasing levels of 5-HT within the synaptic cleft and modulating neurochemical signaling.Usage of SSRIs was significantly associated with lumbar spine BMD reduction, particularly for old people.
DXA and TBS revealed that usage of SSRIs and SNRI was significantly associated with low BMD (Osteopenia and osteoporosis) specially spine BMD reduction with low TBS (partially degraded and degraded) particularly for old people. Conclusion: the present study provided evidence that usage of SSRIs or SNRI was significantly associated with low BMD (Osteopenia and osteoporosis) specially spine BMD reduction with low TBS (Partially degraded and degraded) particularly for old people and despite low BMD was found in the SRI users; it also found in 1ry fibromyalgia not on SRIs so 1ry fibromyalgia should also be considered as a contributing factor for low BM.
Objectives: This work aim to determine the correlation between selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs) usage and bone mineral density (BMD) and trabecular bone score (TBS) changes in primary Fibromyalgia patient
Methods: The present cross sectional study was conducted on a Hundred (100) Egyptian patients diagnosed as primary fibromyalgia divided according to drug medication into two 2 groups, 50 patients on SSRIs and 50patients on SNRIs, recruited from Rheumatology, Physical Medicine and Rehabilitation departments at AlHussein and Sayed Galal, Al-Azhar University Hospitals. In addition to another 50 age matched the control group subdivided into 25 primary fibromyalgia patients not on those drugs and 25 healthy individuals selected by nurses and medical staff, after an informed consent from all subjects from June 2018 to December 2018..An approval was obtained from the medical ethics committee of Al-Azhar University before starting this study. All the patients were informed about the study procedures and a written consent was obtained from all of them. The subjects were categorized into three groups. Group A: 50 1ry fibromyalgia patients on SSRI. Group B: 50 1ry fibromyalgia patients on SNRI. Group C: 50 individuals as a the control group subdivided into: group C-1: 25, 1ry fibromyalgia patients non SRIs-users and group C-2: 25) healthy individuals.
Results: DXA and TBS revealed that usage of SSRIs and SNRI was significantly associated with low BMD (Osteopenia and osteoporosis) specially spine BMD reduction with low TBS (partially degraded and degraded) particularly for old people. Conclusion: the present study provided evidence that usage of SSRIs or SNRI was significantly associated with low BMD (Osteopenia and osteoporosis) specially spine BMD reduction with low TBS (Partially degraded and degraded) particularly for old people and despite low BMD was found in the SRI users; it also found in 1ry fibromyalgia not on SRIs so 1ry fibromyalgia should also be considered as a contributing factor for low BMD
Conclusion: The present study provided evidence that usage of SSRIs or SNRI was significantly associated with low BMD (Osteopenia and osteoporosis) specially spine BMD reduction with low TBS (Partially degraded and degraded) particularly for old people and despite low BMD was found in the SRI users; it also found in 1ry fibromyalgia not on SRIs so 1ry fibromyalgia should also be considered as a contributing factor for low BMD. Keywords: SSRI, SNRI, FMS, fibromyalgia, osteoporosis, TBS, BMD, bone mineral density, trabecular bone score.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.674

AB0951 THE ITALIAN FIBROMYALGIA REGISTRY: A NEW WAY OF USING ROUTINE REAL-WORLD DATA CONCERNING PATIENT-REPORTED DISEASE STATUS IN HEALTHCARE RESEARCH AND CLINICAL PRACTICE

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Background: Fibromyalgia (FM), the most frequently encountered cause of widespread musculoskeletal pain, affects an estimated 2% of the general Italian population. However, it is not a homogeneous clinical entity, and a number of interacting factors can influence patient prognosis and the outcomes of standardised treatment programmes. Registries are a source of high-quality data for clinical research, but relating this information to individual patients is technically challenging.
Objectives: The aim of this article is to describe the structure and objectives of the first Italian Fibromyalgia Registry (IFR), a new web-based registry of patients with FM.
Methods: The IFR was developed to collect, store, and share information electronically entered by physicians throughout Italy who are members of the Italian Society of Rheumatology and have a particular interest in FM. It has a web-based architecture that uses two separate servers and an encryption algorithm to ensure the confidentiality and integrity of the exchanged data. The questionnaires included on the platform are the Revised Fibromyalgia Impact Questionnaire (FIQR), the modified Fibromyalgia Assessment Status (ModFAS), and the Polysymptomatic Distress Scale (PDS).
Results: The registry includes data relating to 2,339 patients (93.2% female) who satisfied the 1990 or 2010/2011 American College of Rheumatology Classification Criteria for Fibromyalgia at the time of diagnosis. At the time of this analysis, the patients had a mean age of 51.9 years (SD 11.5) and a mean disease duration of 7.3 years (SD 6.9). The majority were married (71.3%), and generally well educated. The overall median FIQR, ModFAS and PDS scores and 25^{th}-75^{th} percentiles were respectively 61.16 (41.16-77.00), 8.91 (41.16-77.00), and 19.0 (13.00-24.00). The six highest scoring items indicating the greatest impact of the disease on the patients related to fatigue/energy (7.18), sleep quality (6.87), tenderness (6.69), pain (6.68), stiffness (6.66), and environmental sensitivity (6.35). A high proportion of the responding patients reported experiencing pain in the neck (80.46%), upper back (68.36%), and lower back (75.05%).
Conclusion: The IFR is the most comprehensive FM registry in Italy, and provides healthcare professionals with a secure, reliable, and easy-to-use means of monitoring the patients' clinical progression, treatment history and treatment responses. This can help clinicians to plan patient management, facilitates research study patient recruitment, and provides the participating pain clinics with statistics based on real-world data. It also helps address the Italian Ministry of Health long-term goal of using precision medicine for chronic pain prevention and treatment. It is hoped that the IFR will enhance both scientific research and clinical practice.
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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.5535

AB0952 COENZYME Q10, TRYPTOPHAN AND MAGNESIUM: A NUTRITIONAL SUPPLEMENT IN THE TREATMENT OF FIBROMYALGIA SYMPTOMS

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Background: Fibromyalgia syndrome (FMS) is a multidimensional chronic disorder characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, cognitive dysfunction, depressive episodes, and anxiety [1]. Management of FMS remains challenging and treatment strategies are required to be multidisciplinary. Among nonpharmacological therapies, nutrition is a promising tool, since oxidative stress and/or an imbalance of nutritional components have demonstrated to play a critical role in the pathophysiology of FMS [2,3].
Objectives: We conducted a pilot study (FATMIA Study) to investigate the efficacy and tolerability of a dietary supplementation (NSC) containing coenzyme Q10, magnesium and tryptophan in FMS patients.
Methods: This was a prospective, double-blind, placebo-controlled, two-period pilot study conducted between March 2017-October 2017. All patients underwent two 3-month treatments with NSC and placebo, with a 1-month washout period in between. To evaluate the most prevalent clinical manifestations of FMS, the Combined Index of Severity of Fibromyalgia questionnaire (ICAF) [4] was used. A sample of 23 patients aged from 18 to 80 years, with a formal diagnosis of fibromyalgia of at least two years, was included in the study.
Results: Twenty patients completed the study, while three (13.0%) dropped out because they failed to attend all clinical visits (n=2) or presented an adverse event (n=1). Participant demographics are presented in Table 1. All participants were female with a mean age of 51.9 (7.2) years. Depression and anxiety were reported in 65.0% (13/20) and 30.0% (6/20) of cases, respectively. All patients were under pharmacological treatment for FMS symptoms. The most commonly reported medications were paracetamol (60.0%, 12/20), selective serotonin reuptake inhibitors

Ann Rheum Dis: first published as 10.1136/annrheumdis-2020-eular.5535 on 2 June 2020. Downloaded from http://ard.bmj.com/ on January 29, 2021 by guest. Protected by copyright.