the perceived symptoms/disabilities was found in 94% (n=73), it was partial in 3.8% (n=3) and no agreement occurred in 2.2% (n=2, both of whom needed support). The understanding was rated very good in 98% and difficult in 2% (both elderly persons >80 years). The formulation "my symptoms are ..." was preferred by everybody compared to "which symptoms do you have". In general the overall rating was good or very good for all persons, although older people with comorbidities needed help.

**Conclusions:** The patientnaire accurately documented symptoms and disabilities present in people with active musculoskeletal disorders; it also revealed the range of symptoms. The agreement between the answers in the questionaire and the perceived symptoms/disabilities is high. Older people may need help to fill it out, and this can markedly reduce the rate of misunderstanding and misinterpretation. Most people can fill it out within 15 minutes. The patientnaire and the way to perform the assessment from the standpoint of the persons/patients was welcomed by all persons.

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**PHYSICAL FUNCTION AND PROPERTIES OF QUADRICEPS FEMORIS MUSCLE IN MEN WITH AND WITHOUT KNEE OSTEOARTHRITIS**

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**Purpose:** The aim of this study was to assess the subjective joint pain, stiffness and function and the objective physical function of lower extremities and the quadriceps femoris muscle thickness and density in men with knee osteoarthritis (OA) and to compare the results with those from age- and sex-matched controls.

**Methods:** Fifty-four men (aged 49-68 years) with unilateral or bilateral hip OA and 53 age-matched randomly selected healthy men were studied. According to the side of the highest radiographic score (Kellgren-Lawrence grading scale) from the patients with clinical knee OA, 22.2% had grade 1, 27.8% grade 2, 35.2% grade 3, and 14.8% grade 4 OA. The range of motion (ROM) of the hip and knee joints was measured with goniometry and the Western Ontario and McMaster Universities (WOMAC) OA index was determined. Musculoskeletal function was assessed with a test battery. The isometric knee flexion and extension strength (peak torque (Nm/kg))) was determined. The thickness and density of quadriceps femoris muscle compartments were determined with muscle ultrasonography. Differences between the radiographic OA subgroups and between OA and control groups were determined by the Kruskal-Wallis and general linear univariate model with analysis of covariances (age, knee pain, BMI and height).

**Results:** In WOMAC OA index both stiffness and function, but not pain were positively related (p<0.05) with radiographic severity of OA. Most of the WOMAC items were significantly (p<0.05-0.001) related to the performance tests. Knee flexion and hip inner rotation were 8.4% and 19.4% lower (p<0.001) in the OA group than in the controls, respectively. The controls were significantly (p<0.001) better at ascending and descending stairs, performing a 20-meter walk, 5-min walking and straight line walking (10 m) tests and in repeated sit to stand and in the timed ‘up and go’ tests compared to the knee OA patients. The knee isometric flexion and extension strength was 11-18% lower (p<0.001) in OA subjects than in controls. The thickness of rectus femoris, vastus lateralis and vastus intermedius muscle compartments were 7-14% lower (p<0.001) in the OA group than in the controls.

**Conclusions:** The physical function tests and WOMAC OA index are useful measures in evaluation of functional severity of the knee OA patients. The decrease of muscle size may contribute to the decrease of musculoskeletal function in knee OA.

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**THE FIVE PILLARS OF PAIN MANAGEMENT: A SYSTEMATIC APPROACH TO TREATING OSTEOARTHRITIS**

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**Purpose:** Increasingly pain management of osteoarthritis as carried out by arthritis specialists needs to embrace techniques used in pain management clinics. The authors have developed a comprehensive approach to pain management entitled The Five Pillars of Pain Management. This presentation demonstrates how it can be applied to the treatment of osteoarthritis.

**Methods:** The author developed the Five Pillars initially for treatment of pelvic pain and also neuropathic pain. It came after years of experience in pain management and explaining the complexities to those not considered experts.

**Results:** Pillar 1: Assessment of pain in the individual including a risk assessment as described in "Universal Precautions in Pain Management" (Gourlay et al 2005)

Pillar 2: Doing a history and physical exam and coming up with an anatomical diagnosis and a pathological diagnosis and then treat the underlying condition

Pillar 3: Making a pain diagnosis: acute or chronic; mild, moderate, severe; cancer or non-cancer; nociceptive or neuropathic and then going down the evidenced based path of treatment.

Pillar 4: Assessing and treating co-morbidities and complications including anxiety, depression, sleep disturbance; addiction; and sexual dysfunction.

Pillar 5: Patient buy-in, practicing self management and appropriateness of the treatment.

**Conclusions:** Pain management is often considered a ‘swamp’ full of treacherous opiates, manipulative patients and many frustrations. The Five Pillars paradigm can be used to provide structure to a pain management program and allow the practitioner to use a variety of techniques to improve the condition of the patient.

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**LUMIRACOXIB SHOWS COMPARABLE EFFICACY AND A FAVOURABLE BLOOD PRESSURE PROFILE COMPARED TO INDOMETHACIN FOR THE TREATMENT OF ACUTE FLARES OF GOUT**

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**Purpose:** Acute gout is a painful inflammatory disease affecting an estimated 20 million people worldwide [1]. The NSAID indomethacin is often regarded as the gold standard for treatment of acute flares of gout. Hypertension is reported as a frequent condition in patients with acute gout, therefore managing BP during treatment of acute gout needs to be considered. In TARGET, lumiracoxib at a dose of 400 mg od has demonstrated a superior BP profile compared to the NSAIDs ibuprofen and naproxen after long-term treatment [2]. This study assessed whether the structurally distinct selective

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