progression of knee pain. The KOACAD system will be useful for objective evaluation of the disease severity in daily clinical practice, just as bone mineral density is in osteoporosis.

**NEUROPATHIC PAIN SYMPTOM MEASURES STRIKE A C-REACTIVE PROTEIN LEVELS ARE ASSOCIATED WITH FURTHER VALIDATION OF OARSI-OMERACT INTERMITTENT KNEE OA COHORT PARTICIPANTS WITH MPD-Q AND S-LANSS SCORES IN THE 'NP RANGE' (SD) WERE EVALUATED FOR QUESTIONNAIRE SCORES. THE PROPORTION OF KNEE OA COHORT PARTICIPANTS WITH MPD-Q AND S-LANSS SCORING IN THE 'NP RANGE' (MPD-Q > 19, S-LANSS score > 12) WAS CALCULATED USING A 90% CONFIDENCE INTERVAL. PEARSON CORRELATIONS BETWEEN MPD-Q AND OTHER QUESTIONNAIRE SCORES (SLANSS AND CPG) WERE EXAMINED.

**RESULTS:** To date, 129 (48%) questionnaires have been returned. Thirty-two (29%) responders reported no chronic knee pain. Among 92 (71%) responders with chronic knee pain, 73 had chronic right and 63 had chronic left knee pain. Mean (SD) MPD-Q scores were the same, 12 (7), for right and left knees. Mean (SD) S-LANSS scores were 8 (6) for right knees and 7 (7) for left knees. According to cut-points identified in other pain populations, the proportion (95% CI) of study subjects with scores in the ‘NP range’ on the MPD-Q was 0.21 (0.12–0.32) for right knees and 0.17 (0.08–0.28) for left knees; on the S-LANSS was 0.31 (0.20–0.42) for the right knees and 0.25 (0.14–0.36) for left knees. The MPD-Q scores had a moderate to high correlation with the S-LANSS scores for right (r = 0.68) and left knees (r = 0.73). The MPD-Q scores had a moderate correlation with CPG pain intensity scores for right (r = 0.61) and left (r = 0.65) knees. The following factors did not explain the variability seen in MPD-Q scores: presence of diabetes, another chronic pain condition, a co-morbid neurological condition.

**CONCLUSIONS:** In a population-based cohort with chronic knee OA, almost a quarter of subjects with painful knee OA scored in the ‘NP range’ on both of the measures assessed. This subgroup of patients may benefit from further evaluation for NP likely due to CS and consideration of NP medications. Further validation work on the MPD-Q is ongoing.

**469 C-REACTIVE PROTEIN LEVELS ARE ASSOCIATED WITH OA-RELATED KNEE PAIN IN WOMEN**


**Purpose:** Four previous studies (n = 1675) have shown that C-Reactive Protein (CRP) levels are associated with (progression of) knee osteoarthritis (KOA). At this moment, there are only three studies (n = 968) published, examining the relationship between CRP levels and joint complaints or disability. In this population-based study, we analyzed the association between CRP levels and KOA-related knee pain and the relationship between CRP levels, body mass index (BMI) and KOA since it is still not clear whether BMI plays a role as a confounder or as affect mediator in this model.

**Methods:** In total, 1655 women from the Rotterdam Study had data on radiographic knee OA, age, BMI and CRP levels. High-sensitivity CRP measurements were performed using rate near-infrared particle immunoassay. For all statistical analysis, log-transformed CRP values were used. KOA was defined as a Kellgren/Lawrence score ≥ 2 in one or both knees. Knee pain was defined as having pain in the right or left knee during the last month or the past five years.

**Results:** Women with knee OA had 30% higher CRP levels compared to women without KOA (p = 0.004 after adjustment for age and BMI). There was an association between CRP and joint complaints or disability (p = 0.03). Three studies published our data according to BMI, to investigate the role of BMI as an effect modifier. We observed that women with a BMI ≥ 27.0 kg/m² and with KOA had 34% higher levels of CRP compared to women without KOA (p = 0.004 after adjustment for age and co-morbidity). Importantly, this association was absent in women with a BMI ≥ 27.0 kg/m² (p = 0.63). CRP levels were borderline significantly associated with an increase of knee pain in our study (p = 0.053 after adjustment for age and BMI). This effect was only visible in women with radiographic KOA (27% higher CRP levels, p = 0.03 after adjustment for age and BMI) and not in women without KOA (p = 0.43).