Conclusions: In young patients with ACL injury, female, medial cartilage and right side have the higher prevalence of knee OA. Meniscus lesion and evolution time are important risk factors for Knee OA.

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PAIN AND FUNCTIONAL STATUS DIFFERENCES BETWEEN RURAL AND URBAN PATIENTS WITH END-STAGE KNEE OA

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Purpose: Knee osteoarthritis (OA) is a frequent cause of disability around the world. During the last years, its undoubted public health impact has become more relevant as consequence of the aging population growth. Severe disability and pain lead these patients to knee joint replacement surgery. Different areas of residence imply distinct living and health care environments, and they may influence divergently the intensity of symptoms in knee OA. Very few studies have addressed this issue. We aimed to identify differences in functional status in patients with severe knee OA between rural and urban settings.

Methods: Cross sectional study design involving 78 outpatients with end-stage knee OA, as measured by a disease-specific scale (WOMAC index). In fact, living in rural area rather than urban residence matters beyond socio-demographic differences. Agricultural occupation is the disparity point between the two contexts, when other health conditions are also taken into account (BMI, mental health and co-morbidity). It is necessary to focus on the quality of care and be sure that the rural population is not being under treated.

This study was carried out during the Master studies of L.A. Mendoza-Torres at Andalusian School of Public Health, Granada, Spain, and Copenhagen University, Copenhagen, Denmark.

Abstract 368 – Table 1

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Abstract 368 – Table 2

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ENHANCING THE PROCESS OF A CLINICAL TRIAL IN OSTEOARTHRITIS WITH EMBEDDED QUALITATIVE APPROACHES

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Purpose: The value of qualitative research methods in the design and conduct of clinical trials is increasingly recognised. In this study we describe qualitative approaches embedded within a randomised controlled trial of anaesthesia regimens for patients with osteoarthritis receiving lower limb joint replacement (the ‘APEX trial’). We explore the role that such methods have to play in improving design and conduct of trials.

Methods: Patients with osteoarthritis and receiving total knee or hip joint replacement are eligible to take part in the APEX trial. The aim is to include 600 participants recruited at a single site within the UK’s NHS system. The trial design was informed by existing literature and our research to date on patients’ experience of osteoarthritis and outcomes after joint replacement surgery. Within the APEX trial qualitative approaches are used to assess the acceptability of participation to patients and to advise on enhancement of the recruitment process.

To examine the recruitment process we used a peer-listening approach. Research nurses audio-recorded recruitment interviews with potential trial participants. The audio-recordings were listened to by other members of the research nurse team. The nurses evaluated the recruitment interviews using a data extraction form and meetings to compare findings. In addition, qualitative interviews were conducted by an experienced researcher with a sub-sample of participating patients three weeks after their surgery. These in-depth interviews addressed trial participation, expectations and experiences of surgery, and pain management.

Results: Process analysis of the inclusion of a peer-listening approach and qualitative research within the APEX trial shows that research nurses prefer to conduct their own peer-review of recruitment interviews rather than relying on external observers to do so. The process of peer-review improves consistency in recruitment and provides a structured forum through which to discuss how best to confirm equipoise, ensure informed consent and maximise participation in a trial. Qualitative interviews with patients who participated in the APEX trial provide evidence about the clarity of trial information packs, the acceptability of altered modes of anaesthesia during joint replacement surgery as well as significant detail and depth about pain and the hospital management of joint replacement surgery.

Conclusions: Research into the process of clinical trials in osteoarthritis and other areas has begun to highlight the importance of qualitative research within the trial design stages. This study highlights the value of nurse-led ‘peer’ observation of recruitment interviews using audio-recording techniques as well as the value of ongoing inclusion of qualitative interviews with trial participants. Further research will explore the impact of these methods on patient acceptability of trials in treatment of osteoarthritis and ultimately potential improvements in levels of recruitment and retention within research studies.