alleviating pain, disability and sleep disturbances associated with spondyloarthritides.

Table 1

| Procedure | Avr. VAS score | Avr RMDQ score | Avr JSEQ score | Avr N of positive tests per joint |
|---|---|---|---|---|
| Ultrasound guided: 17 patients/22 SIJs | | | | |
| Baseline | 73.7 | 13.4 | 10.5 | 3.9 |
| In 60 days | 28.4 | 9.0 | 7.0 | 1.6 |
| Unguided: 17 patients/22 SIJs | | | | |
| Baseline | 74.9 | 13.9 | 10.5 | 4.1 |
| In 60 days | 49.2 | 10.7 | 8.6 | 2.6 |

**Disclosure:** None declared

## T210
## GREATER TROCHANTERIC PAIN SYNDROME IS AS PAINFUL AND FUNCTIONALLY DEBILITATING AS OSTEOARTHRITIS OF THE HIP, A PROSPECTIVE CONTROLLED STUDY

A.M. Fearon[1,2] *, J.M. Scarvell[1,2], J.L. Cook[3], T. Neeman[4], P.N. Smith[1,2]. *[1]College of Medicine, Biology & Environment, Australian National University, [2]Trauma and Orthopaedic Research Unit, Canberra Hospital, Canberra, ACT, [3]Faculty of Medicine, Nursing and Health Sciences, Monash University, Frankston, VIC, [4]Statistical Consulting Unit, Australian National University, Canberra, ACT, Australia*

**Background and Aims:** Greater trochanteric pain syndrome (GTPS) is common. The aim of this study was to quantify the impact on function and quality of life.
**Methods:** Forty two people with GTPS – including 11 not actively seeking treatment and 11 seeking surgical treatment, 20 with severe hip osteoarthritis (OA), and 23 age and sex matched asymptomatic participants (ASC) where recruited and interviewed. Exclusion criteria included inflammatory disorders. Measured used were the Harris hip score (HHS); the Oswestry disability index (ODI); the Australian quality of life instrument (AQoL); the Functional co-morbidity index (FCI); and fulltime work assessments.
**Results:** No difference was found between the GTPS and the OA group on the HHS, ODI, AQoL or the FCI measures. Both symptomatic groups were significantly more disabled than the ASC group on the HHS and ODI ($p < 0.001$). The GTPS and OA groups had lower AQoL than the ASC group ($p < 0.001$); and higher FCI results than the ASC group (GTPS vs ASC, $p = 0.005$; OA vs ASC, $p = 0.019$). GTPS participants were least likely to be in full time work; full time work participation probability (95% C.I.): GTPS Prob = 0.288 (0.160 to 0.463), OA Prob = 0.518 (0.273 to 0.753); ASC group Prob = 0.676 (0.439 to 0.847).
**Conclusions:** People with GTPS have similar levels of pain, disability and quality of life, but are less likely to be in full time employment than people with severe hip OA Research should measure pain, disability and work participation.

**Disclosure:** None declared

## T211
## ACTIVITY-MODIFYING BEHAVIOUR IN PEOPLE WITH EMERGENT CHRONIC KNEE PAIN PROBLEMS

C. Hamilton[1] *, M. Maly[2], J. Clarke[3], M. Speechley[4], R. Petrella[4], B. Chesworth[4]. *[1]Health and Rehabilitation Sciences, University of Western Ontario, London, [2]School of Rehabilitation Science, McMaster University, Hamilton, [3]University of Western Ontario, [4]Schulich School of Medicine & Dentistry, University of Western Ontario, London, ON, Canada*

**Background and Aims:** Chronic knee pain experience involves physical disablement, likely resulting from an interplay of pain severity, behavioral factors and psychosocial factors. This study was to determine whether activity-modifying behaviour mediates the relationship between knee pain severity and physical function; and whether activity-modifying behaviour mediates the relationship between knee pain severity and knee-related quality of life.
**Methods:** Simple mediation analysis using a series of regression equations was performed on cross-sectional data collected from 105 participants (mean age 52.2±6.7 years) with knee pain. Inclusion criteria were a history of knee pain lasting two weeks or more and no clinical or radiographic diagnosis of knee osteoarthritis. Two self-report questionnaires for measuring ongoing knee problems were completed by mail: the Knee injury and Osteoarthritis Outcome Score (KOOS) and the Questionnaire to Identify Knee Symptoms (QuIKS). A subscale of the QuIKS measured activity-modifying behaviour, while subscales of the KOOS measured physical function and knee-related quality of life. We applied bootstrapping to the mediated effects to generate 95 percent confidence intervals ($CI_{.95}$) given in unstandardized regression coefficients.
**Results:** Activity-modifying behaviour mediated the total effect of pain severity on physical function ($CI_{.95} = 0.140–0.487$). It also mediated the total effect of pain severity on knee-related quality of life ($CI_{.95} = 0.135–0.389$).
**Conclusions:** Activity-modifying behaviour partially mediates the effect pain severity has on physical functioning and on knee-related quality of life. Thus it is appropriate for clinicians to be aware of these behaviours when treating people with emergent chronic knee pain symptoms.

**Disclosure:** None declared

## T212
## MRI FINDINGS IN CHARCOT'S ARTHROPATHY OF THE ANKLE AND FEET JOINT IN DIABETIC NEUROPATHY

Y. Emad[1,2] *, Y. Ragab[3,4], A. El-Marakbi[5,6], F. Zeinhom[3,4], N. El Shaarawy[7]. *[1]Rheumatology and Rehabilitation Department, Faculty of Medicine, Cairo University, Cairo, Egypt; [2]Rheumatology and Rehabilitation Department, Dr. Erfan and Bagedo General Hospital, KSA, Jeddah, Saudi Arabia; [3]Radiology Department, Faculty of Medicine, Cairo University, Cairo, Egypt; [4]Radiology Department, Dr. Erfan and Bagedo General Hospital, KSA, Jeddah, Saudi Arabia; [5]Vascular Surgery Department, Faculty of Medicine, Cairo University, Cairo, Egypt; [6]Vascular Surgery Department, Dr. Erfan and Bagedo General Hospital, KSA, Jeddah, Saudi Arabia; [7]Rheumatology and Rehabilitation Department, Suez Canal University, Cairo, Egypt*

**Background and Aims:** Charcot's arthropathy is a complication of long standing diabetic neuropathy. A joint without proper sensory innervations is subject to repeated injury and the patient is unaware of minor trauma to the joint and continues to damage it over time. The aim of the current study is to describe the most common MRI features of this domain.
**Methods:** The study comprised 20 patients (10 males, 10 females) with long standing diabetic neuropathy. Sensory neuropathy was confirmed by Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies in all cases. For all patients Gadolinium enhanced MRI study was performed for the forefoot.
**Results:** The most frequent MRI findings observed were soft tissue edema, concentric joint space narrowing, bone marrow edema, erosive changes, joint effusion and synovial enhancement on post contrast images.
**Conclusions:** Enhanced MRI in Charcot's arthropathy is useful sensitive diagnostic tool in detection of early destructive changes characteristic of Charcot's arthropathy. The ability of MRI to detect changes that can not be detected by plain radiographs like bone marrow edema, soft tissue edema, joint effusion, and synovitis and erosive changes make MRI a very useful diagnostic and prognostic tool of investigation in this domain.

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