299. PAIN MANAGEMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: National guidance highlights the importance of pain management in patients with RA. Pain is also an important component of the DAS 28 and may persist despite the absence of inflammation. We were keen to investigate the factors influencing pain within our RA cohort.

Method: Patients with RA were recruited consecutively from the outpatient clinic. A face to face interview was performed to determine (i) whether their pain had been discussed during the consultation and (ii) their understanding and beliefs about pharmacological and non-pharmacological aspects of pain management. Demographics, past medical history, comorbidities and disease activity were also collated.

Results: 31 patients (12 male and 19 female patients) were recruited with an average age of 66.6 years and a mean disease duration of 9.4 years. Patients had a mean of 3.2 comorbidities and were taking a mean of 8.5 different medications which resulted in an average of 15.4 tablets daily. Despite an overall average DAS28 of 3.1, only 7 patients (22.5%) felt their pain was managed all of the time and 13% said their pain was never controlled. The majority of patients were taking paracetamol (81%), 19% were taking NSAIDs and 58% were taking a weak opioid. Only 48% reported taking their analgesics at regular intervals. 87% said that they were able to discuss their pain in clinic but only 69% recalled having been asked how the pain impacted on their lives. Most patients felt that they had been provided with sufficient information on pain management; however, it was felt that further education about pain medications and non-pharmacological pain management techniques would be helpful. Although no correlation was seen between the numerical pain score and the DAS28, the worst pain was seen in those with poor RA control, rather than in those where pain was felt to be mainly as a result of secondary degenerative change. There was some evidence that those who felt they were given the opportunity to discuss their pain management at every visit and how it affected their life felt that their pain was better managed. The number of comorbidities and number of medications taken did not influence objective measures of pain or how well pain was managed.

Conclusion: Patients benefit from being given the opportunity to discuss pain and its impact on daily life. Pain remains a prominent feature even after inflammation is controlled. Access to pain
management resources is therefore important at all stages of disease and should be as important as education on disease modifying drugs. Disclosure statement: The authors have declared no conflicts of interest.