Rheumatologist	24 (88.9%)	326 (68.2%)
General practitioner	3 (11.1%)	152 (31.8%)
Physician type of practice		
Private practice	9 (33.3%)	247 (51.7%)
Hospital practice	7 (25.9%)	118 (24.7%)
Mixed practice	11 (40.7%)	113 (23.6%)

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EVALUATION OF TOPICAL THERAPY OF PATIENTS WITH OSTEOARTHRITIS OF SMALL JOINTS OF THE HANDS

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Objective: More and more attention is paid to the problem of osteoarthritis (OA) of small joints of the hands. To date, there is evidence of the efficacy of diclofenac diethylamine 2% in the treatment of OA of large joints, but there is no data on it effect on OA of small joints of the hands. This study aimed to evaluate the efficacy and safety of using the diclofenac diethylamine 2% for 14 d in patients with osteoarthritis of small joints of the hands.
Methods: 62 patients of both sexes with hands OA were included in the study, 31 of whom (main group) used diclofenac diethylamine 2% topically, and the remaining 31 (comparison group) – diclofenac diethylamine 2% + oral nonsteroidal anti-inflammatory drugs. The effectiveness of therapy was assessed by using a visual analogue scale in dynamics: joint pain and stiffness at rest, during movement and palpation, by functional indices AUSCAN, FIHOA, by assessment of the effect of therapy by the doctor and the patient on a weekly basis.
Results: Joint pain decreased after 2 weeks of therapy in all patients during treatment with diclofenac diethylamine 2% in both groups. Significant reduction in stiffness and improvement in hand joint function was achieved after 7 days and lasted until the end of treatment. By the end of treatment, 100% of patients assessed their condition as improvement.
Conclusion: Diclofenac diethylamine 2% demonstrates efficacy in patients with OA of the hand joints (reduced pain, stiffness and improved joint function) both in monotherapy and as part of complex therapy, while being well tolerated.

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RISK OF REVISION AFTER TOTAL HIP ARTHROPLASTY: WHAT IS THE ROLE OF PHYSICALLY DEMANDING WORK?

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Objective: To investigate the role of occupational exposure post total hip arthroplasty (THA) in increasing the risk of future revision.
Methods: People in the Geneva Hip Arthroplasty registry aged 18-64 y who underwent an elective THA between March 1996-December 2012 were eligible for this study. A postal questionnaire was sent to collect postoperative: leisure time physical activities and physically demanding work exposures. Preoperative health status and relevant surgical factors were extracted from the GAR records. People were excluded if they had undergone revision surgery for postoperative complications or infection. Proportional Cox regression hazard models were fitted to calculate crude and adjusted hazard ratios (HR) for the risk of revision surgery and their 95% confidence intervals (CI).
Results: Amongst 557 respondents (57% response rate) who underwent THA at a median of 58 years (IQR: 51-61), 329 worked post-THA. Of these, 241 provided information on job title, physical occupational activities and duration of work. There were 17 revision THAs amongst those who worked post-THA. We found no increased risk of revision THA amongst people who reported: standing >4 h/d; walking >2 miles/d; carrying/lifting weights; climbing ladders; or climbing >30 flights of stairs/d. However, after adjusting for age at THA, sex, BMI and time to reach best function, people who knelt/squatted at work post-THA showed a HR of 2.79 (95%CI 1.00-7.81) for risk of revision compared with those who did not.
Conclusion: There were few revision procedures even despite the long period of follow-up, thus diminishing our statistical power. Although no occupational activity reached significance, the estimated risk of revision surgery after kneeling/squatting is doubled. This result requires replication but may be of importance in advising THA patients preoperatively.

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ASSESSMENT OF THE RESPONSE PROFILE TO HYALURONIC ACID PLUS SORBITOL INJECTION IN PATIENTS WITH KNEE OSTEOARTHRITIS: POST HOC ANALYSIS OF A 6-MONTH RANDOMIZED CONTROLLED TRIAL

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Objective: Independent risk factors for osteoarthritis (OA) progression have been identified but little is known whether they might also alter the response to treatments. In a previous randomized trial, the noninferiority of two hyaluronic acid injections (Synolis VA vs. Synvisc-One) was assessed in patients with knee OA, with an OMREACT-OARSI response rate of 79% for Synolis VA. The objective of the present study was to assess whether a responder profile could be established for this treatment modality.
Methods: Post hoc analysis using the Synolis VA arm of a 6-month prospective, multicentre, comparative, randomized, double-blinded trial. At baseline and during the study, pain and function were assessed using the WOMAC questionnaire. Patient response to treatment at after 6 months was also assessed according to the OMERACT/OARSI criteria. Data were collected, at baseline, on variables that could potentially impact the response to treatment (e.g., age, sex, BMI, Kellgren-Lawrence grade, duration of OA since diagnosis, and baseline WOMAC scores).
Results: 91 subjects with complete data were included in the analyses. The probability of improving the WOMAC Pain with Synolis VA was independent of any baseline clinical data. However, the chance to improve the WOMAC Function was significantly associated with its baseline level, even after adjustment for potential confounding variables (p=0.046). In addition, the WOMAC total score at baseline was independently associated with treatment response using the OMERACT/OARSI criteria (OR: 1.05; 95%CI: 1.02-1.09) in multivariate logistic regression analysis adjusted for age, sex, and baseline BMI. Only baseline WOMAC pain (p=0.005) and WOMAC function (p=0.01) specific subscales play a significant role as predictor of response to treatment according to the OMRERACT/OARSI criteria, while baseline WOMAC stiffness had no significant effect (p=0.08).
Conclusion: In addition to the high absolute response rate to Synolis VA, the probability of success is even increased if administered in patients with more intense pain and more limited physical function at baseline. Further research with other potential confounding clinical variables is warranted in order to better applicate the concept of personalized medicine.