

**Results:** At baseline, levels of MDA were significantly increased in BMCs and plasma in patients compared to controls,  $p < 0.005$ . Oral CoQ10 supplementation led to a significant decrease in MDA levels and induced a significant improvement in clinical symptoms in the intervention group compared to the placebo group. After therapy, the CoQ10 group achieved statistically significant improvements compared to the placebo group in VAS for pain ( $p < 0.001$ ), FIQ ( $p < 0.001$ ) and BDI ( $p < 0.005$ ). A significant correlation between MDA and clinical parameters was observed for VAS;  $r = 0.488$ ,  $p < 0.001$ , FIQ total score;  $r = 0.573$ ,  $p < 0.001$  and BDI;  $r = 0.575$ ,  $p < 0.005$ . No adverse events were observed.

**Conclusions:** The results of this study suggest a role for oxidative stress in the symptoms associated with FM. Thus, determination of CoQ10 deficiency and consequent supplementation may result in clinical improvement. CoQ10 may be a useful addition in the therapeutic armamentarium for FM and merits long-term study in larger study populations.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2014-eular.2611

#### THU0306 STAYING HEALTHY FROM FIBROMYALGIA IS ONGOING HARD WORK – INTERVIEWS OF WOMEN WITH PRIOR FIBROMYALGIA

H.E. Grape, K.N. Solbrække, M. Kirkevold, A.M. Mengshoel. *Institute of Health and Society, University of Oslo, Oslo, Norway*

**Background:** Fibromyalgia syndrome (FMS) is a chronic musculoskeletal pain condition without any known curative treatment. Although studies have reported that some patients can become healthy again, little is known about what they tell about their lives after having recovered from FMS.

**Objectives:** What do women say about their everyday lives in the past having FMS and presently being healthy again?

**Methods:** Eight Norwegian women previously fulfilling the ACR-1990 criteria, but who now do not have FMS any more were interviewed about their experiences when ill and presently being healthy again. The study had a narrative approach with a thematic interview guide following a time line; everyday-life before, during and after FMS. The analysis was guided by understanding a narrative as a sequence of events with a beginning, middle and an end whereas the meaning of the story, the plot, weaves together the events into a whole, and a thematic, narrative analysis was conducted.

**Results:** The informants lived in rural and urban areas in different parts of Norway. Their age varied from 34 to 59 years. They differed in social and professional backgrounds and educational levels. All were employed, three of them part-time. The narratives about the past as ill was a story about "a struggling for survival" which constitutes a great effort invested in maintaining everyday life, as well as a struggling to understand what was wrong with them and obtain recognition for the reality of their affliction. Although everyday life presently has been restored and reassumed its content and meaning, the narratives about here and now describes how the women invest a considerable effort in remaining healthy. They are avoiding becoming ill again by exercises, diets and relaxation, and by watching their bodies for symptoms so they can take necessary preventive precautions. The narratives also describe how they have established daily routines and regimens for themselves to promote their health.

**Conclusions:** Remaining healthy from FMS requires ongoing hard bodily work. The plot linking the narratives about past as ill and present as healthy is a presentation of hard working women. Although FMS has retreated, it is there in the background and a strong reminder of something they do not wish to have back.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2014-eular.4386

#### THU0307 THE SPANISH VERSION OF THE AMERICAN COLLEGE RHEUMATOLOGY PRELIMINARY DIAGNOSTIC CRITERIA FOR FIBROMYALGIA: RELIABILITY AND VALIDITY

B. Casanueva<sup>1</sup>, F. García-Fructuoso<sup>2</sup>, R. Belenguer<sup>3</sup>, C. Alegre<sup>4</sup>, J. Moreno<sup>4</sup>, J. Hernandez<sup>5</sup>, R. López-Mejías<sup>6</sup>, M. González-Gay<sup>6</sup>. <sup>1</sup>Rheumatology Service, Specialist Clinic of Cantabria, Santander; <sup>2</sup>Rheumatologist, CIMA Hospital, Barcelona; <sup>3</sup>Rheumatologist, 12 de Octubre Hospital, Valencia; <sup>4</sup>Rheumatologist, Vall D'Hebron Hospital, Barcelona; <sup>5</sup>Internal Medicine. H. U. Marqués de Valdecilla. IFIMAV; <sup>6</sup>Rheumatology. H.U. Marqués de Valdecilla. IFIMAV, Santander, Spain

**Background:** Fibromyalgia (FM) requires an expert clinical examination that constitutes a limitation for an easy assessment of diagnostic criteria of the American College Rheumatology (ACR) 1990 in some health settings. This problem leads to delays of diagnosis, treatment, and referral to specialized services. To solve this problem, a new screening criteria, the ACR Preliminary Diagnostic Criteria for FM, was created.

**Objectives:** The aim of this study is to investigate the reliability and validity of the Spanish version of the 2010 ACR Preliminary Diagnostic Criteria for FM.

**Methods:** The Spanish translation of the original 2010 ACR classification questionnaire was carried out by consensus of Rheumatologists from the FM Study Group of the Spanish Society of Rheumatology. We conducted a prospective and multicenter study, including a total of 1169 patients who were divided into 3

groups. Group of study: 813 FM patients diagnosed by a rheumatologist according to the 1990 ACR criteria. Control groups: 147 Rheumatoid Arthritis (RA) patients and 219 Osteoarthritis (OA) patients. They all gave their informed consent and the study was approved by the local Ethical Committee. We evaluated the number of tender points at the time of the study, the Widespread Pain Index (WPI), Symptom Severity Scale (SS1 and SS2), and the Fibromyalgia Impact Questionnaire (FIQ). Results were expressed as median and interquartile range (IC), sensitivity, specificity and predictive values were calculated. P values  $< 0.05$  were considered significant.

**Results:** The mean FIQ of 803 patients with FM (792 women and 26 men) was 73.29. The median number of tender points was 16 (IC: 14-18). At the time of the study, 13 patients with FM did not meet the 1990 ACR criteria. Of the patients studied, 665 fulfilled the 2010 ACR criteria and 93 did not meet these criteria (45 did not complete the assessment). From the control groups, patients with RA + OA, 112 met the 2010 ACR criteria and 254 did not meet them. Comparison between FM patients who fulfilled the 2010 ACR criteria and those who did not fulfill the criteria showed significant differences in the number of tender points ( $p < 0.03$ ), FIQ ( $p < 0.001$ ), WPI ( $p < 0.001$ ), SS1 ( $p < 0.001$ ), SS2 ( $p < 0.001$ ) and short symptom severity ( $p < 0.0001$ ). Sensitivity of the Spanish version of the modified 2010 ACR criteria was 87.7% (95% IC: 85.3 to 90.1), specificity 69.4% (95% IC: 64.5 to 74.3), positive predictive value 85.6% (95% IC: 83.0 to 88.1) and the negative predictive value 73.2% (95% IC: 68.4 to 78.0).

**Conclusions:** Although sensitivity result (87.7%) was slightly lower than in the original study (sensitivity 88.1%), the high specificity and predictive values of the Spanish version of this questionnaire make it useful in facilitating diagnosis and evaluation of patients with FM.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2014-eular.3567

#### THU0308 THE SPANISH VERSION OF THE FIBROMYALGIA RAPID SCREENING TOOL (FIRST)

B. Casanueva<sup>1</sup>, R. Belenguer<sup>2</sup>, J. Moreno<sup>3</sup>, J. Urtiaga<sup>4</sup>, B. Urtiaga<sup>5</sup>, J. Hernandez<sup>6</sup>, R. López-Mejías<sup>7</sup>, M. González-Gay<sup>7</sup>. <sup>1</sup>Rheumatology Service, Specialist Clinic of Cantabria, Santander; <sup>2</sup>Rheumatology Service, 12 de Octubre Hospital, Valencia; <sup>3</sup>Rheumatology Service, Vall D'Hebron Hospital, Barcelona; <sup>4</sup>Professor of French. Madrid; <sup>5</sup>Professor of Spanish language and Literature, Madrid; <sup>6</sup>Internal Medicine. H. U. Marqués de Valdecilla. IFIMAV; <sup>7</sup>Rheumatology Service, H. U. Marqués de Valdecilla. IFIMAV, Santander, Spain

**Background:** Fibromyalgia (FM) requires an expert clinical examination that constitutes a potential limitation for the assessment of the diagnostic criteria of the American College Rheumatology (ACR) 1990 in some health settings. Fibromyalgia Rapid Screening Tool (FIRST) is a brief, simple and straightforward self-administered questionnaire with excellent discriminative value, of potential value for the detection of FM in patients with diffuse chronic pain.

**Objectives:** The aim of this study was to investigate the reliability and validity of the Spanish version of the FIRST for detection of FM in primary health care centers

**Methods:** The Spanish translation of the original FIRST French questionnaire was carried out by Rheumatologists and Professors of French and Spanish Language. Translation was performed in second person, to enable self or hetero application. This study was prospective and multicenter, including 404 consecutive patients diagnosed with FM according to the 1990 ACR modified criteria and 2010 ACR criteria. FM was diagnosed by specialists in Rheumatology. We also included a control group of similar age and sex, consisting of 147 Rheumatoid Arthritis (RA) patients and 219 Osteoarthritis (OA) patients. The modified 2010 ACR criteria were applied, the number of tender points was evaluated, and the FIRST questionnaire and Fibromyalgia Impact Questionnaire (FIQ) completed. Sensitivity, specificity and predictive value were analyzed for each of the 6 items of the FIRST questionnaire and for the global score (5 or 6 positive items), as well as the correlation between the global score and other parameters. Results obtained were expressed as median and interquartile (IC) range and analyzed with the Mann-Whitney U test using SPSS 15. P values less than 0.05 were considered significant.

**Results:** The mean age of patients with FM was 51.67 years. The mean FIQ score was 73.29. The median disease duration was 12 years (IC range: 6-21). The median tender points was 16 (range IC: 14-18). 356 of 404 FM patients who met the 1990 ACR criteria and the 2010 modified criteria had a positive FIRST (scores 5 or 6). In the control group (AR + OA), 16 subjects had a positive FIRST and 343 a negative FIRST (scores 4 or less). The sensitivity value (95% confidence interval) for global score (5-6 positive items) was 92 (88.9-95.1), specificity 87.4 (80.8-94), positive predictive value 95.7 (93.3-98.1), and negative predictive value 78.2 (70.6-85.9). There was a significant correlation between total FIRST (scores 5 or 6) and Widespread Pain Index ( $p < 0.0001$ ), Symptom Severity Scale ( $p < 0.0001$ ), time to disease progression ( $p < 0.0001$ ) and FIQ ( $p < 0.0001$ ).

**Conclusions:** In patients with FM who met the 1990 ACR criteria and the 2010 modified ACR criteria, the overall sensitivity of the Spanish translation of the FIRST was slightly higher than in the original study. This questionnaire is easy to use and useful for the detection of FM patients in primary health care centers.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2014-eular.3593