that punctures under fusion led the tip of the needle in the L4-L5 foramina.

Conclusions Bony and surface landmarks allow an accurate fusion of CT and US images of the lumbar spine and precise localizations and puncturing of lumbar neural foramina.

7 RELATIONSHIP BETWEEN COMORBIDITIES IN PATIENTS WITH CHRONIC LOW BACK PAIN UNDERGOING INTERVENTIONAL PAIN MANAGEMENT TECHNIQUES, AND PATIENT SATISFACTION AND CLINICAL RESPONSE

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10.1136/rapm-2021-ESRA.7

Background and Aims Response to Interventional Pain Management Techniques is often variable and unpredictable. This study aims to evaluate the association between comorbidities of 251 patients undergoing Interventional Pain Management Techniques (IPMT) for Chronic Low Back Pain (CLBP) with patient satisfaction and clinical response at 1 month after IPMT.

Methods

- This is a sub-study of a prospective longitudinal observational study (PRETI-Back, NCT NCT04451252).
- Adult patients who were prescribed a IPMT were eligible. Patients who refused to participate in the study and those who had intercurrent pathology that could interfere with the evaluation of pain were excluded.
- Approval has been granted by the ethics committee of our hospital.

Results No statistically significant differences regarding fibromyalgia, anxiety/depression, substance abuse disorder, diabetes, arthrosis, osteoporosis, rheumatic disease, obesity and other chronic pain were identified. The following findings were statistically significant. Patients with failed back surgery syndrome (FBSS) or neuropathic pain (NP) obtained a lower clinical response rate and lower percentage of patient satisfaction.

Abstract 7 Table 1

		N (total=251)	Moderate improvement	Major improvement	A	B
COMORBIDITIES						
Fibromyalgia						
	YES	19	31.60%	10.50%	57.90%	84.20%
	NO	232	29.30%	13.40%	50.90%	78.40%
	P		0.50	0.53	0.36	0.4
Anxiety/Depression						
	YES	65	30.80%	12.30%	52.30%	80%
	NO	186	29%	13.40%	51.10%	78.50%
	P		0.45	0.5	0.49	0.47
Substance abuse						
	YES	5	60%	40%	40%	60%
	NO	246	28.90%	12.60%	51.60%	79.30%
	P		0.15	0.13	0.47	0.28
Failed back surgery syndrome						
	YES	55	16.40%	3.60%	36.40%	69.10%
	NO	196	33.20%	15.80%	55.60%	81.60%
	P		0.01	0.01	0.01	0.04
Diabetes						
	YES	38	31.60%	15.80%	47.40%	78.90%
	NO	213	29.10%	12.70%	52.10%	78.90%
	P		0.45	0.38	0.35	0.60
Arthrosis						
	YES	122	32%	14.0%	54.10%	82%
	NO	129	27.10%	11.60%	48.80%	76%
	P		0.24	0.29	0.24	0.16
Rheumatic disease						
	YES	12	41.70%	16.70%	50%	75%
	NO	239	28.90%	13%	51.50%	79.10%
	P		0.26	0.49	0.58	0.48
History of cancer						
	YES	12	66.70%	16.70%	75%	91.70%
	NO	239	27.60%	13%	50.20%	78.20%
	P		0.01	0.49	0.08	0.24
Obesity						
	YES	16	12.50%	6.30%	56.30%	87.50%
	NO	235	30.60%	13.60%	51.10%	78.30%
	P		0.10	0.35	0.44	0.30
Other chronic pain						
	YES	51	39.20%	13.70%	52.90%	76.50%
	NO	200	27%	13%	51%	79.50%
	P		0.06	0.52	0.46	0.38
Neuropathic pain						
	YES	114	21.90%	7%	43%	86.10%
	NO	137	35.80%	18.20%	58.40%	70.20%
	P		0.01	0.01	0.01	0.002
Neurogenic claudication						
	YES	81	23.50%	7.40%	48.10%	75.30%
	NO	170	32.40%	15.90%	52.90%	80.60%
	P		0.10	0.045	0.28	0.21

Also, patients with neurogenic claudication (NC) had a lower rate of major improvement (table 1).

Conclusions FBSS, NP and NC were associated with worse response to IPMT.

Further investigation is needed to address the importance of comorbidities in IPMT response, so as to be taken into account when individualizing management of CLBP.

8 KNEE PAIN: EXPERIMENTAL RADIOFREQUENCY

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Background and Aims Knee osteoarthritis (OA) is a major cause of disability with growing impact in a more aging society. Conservative therapies have shown limited efficacy. After Total knee arthroplasty 15% to 30% of patients continue experiencing pain.

Radiofrequency ablation of genicular nerves is effective in relieving pain. Bony landmarks under fluoroscopic guidance

DICTAMEN DEL COMITÉ DE ÉTICA DE LA INVESTIGACIÓN con MEDICAMENTOS

D^a Camino Sarobe González, Secretaria Técnica del COMITÉ DE ÉTICA DE LA INVESTIGACIÓN con MEDICAMENTOS HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

CERTIFICA

Que se ha evaluado la propuesta de modificación sustancial del promotor referida al estudio observacional No-EPA:

Código PRETI-DOL-VI

TÍTULO: "Predictores de respuesta en técnicas intervencionistas en dolor crónico lumbar (PRETI-DOL). Desarrollo de un modelo predictivo. Estudio prospectivo de recogida de datos clínicos"

Modificación sustancial. Protocolo versión 5. Fecha: 24/05/20.

Promotor: Servicio de Anestesiología, Reanimación y Terapéutica del Dolor. Unidad del Dolor. Hospital General Universitario Gregorio Marañón.

y considera que, este CEIm actuando como comité evaluador, emite dictamen favorable y acepta que dicha modificación sea asumida por todos los participantes en el estudio.

Y HACE CONSTAR QUE:

¹ En la reunión celebrada el día 06 de julio de 2020, acta 17/2020 se decidió emitir el informe correspondiente al estudio de referencia.

² En dicha reunión se cumplieron los requisitos establecidos en la legislación vigente -Real Decreto 1090/2015 y Decreto 3994 de la Comunidad de Madrid- para que la decisión del citado CEIm sea válida.

³ El CEIm, tanto en su composición, como en los PNT cumple con las normas de BPC (CPMP/ICH/135/95)

⁴ La composición actual del CEIm es la siguiente:

Abstract 7 Figure 1