pain intensity on the Numeric Pain Rating Scale (NPRS) compared with baseline. Patients were monitored in two visits - before treatment of capsaicin patch and after 3 months of application. On both visits were evaluated clinical status, monitored the intensity of pain and quality of life. The intensity of pain was evaluated using a range of intensity of pain – NPRS. This is a point scale with a range of values 0-10, the patients express the average pain intensity in the last 24 hours. Quality of life was assessed using the EQ-5D questionnaire.
**Results:** Altogether, 28 patients (four male) with symptomatic CTS were included in this study between April 2012 and October 2013. Out of these patients 15 had CTS due to rheumatoid arthritis, 3 due to crystal induced rheumatoid diseases, 2 due to psoriatic arthritis and 8 due to other diseases. Capsaicin dermal patch reduced NPRS scores from baseline 6.3 points to 3.4 points after 3 months treatment ($p<0.001$). 71% of patients experienced at least a 30% reduction of pain intensity measured with NPRS score, 64% of patients had at least a 50% reduction of pain intensity. The quality of life assessed by EQ-5D questionnaire improved significantly from 0.51 to 0.69 (three months after patch administration, $p<0.001$). The consumption of concomitant medication decreased from 81% of patients at baseline to 52% after 3 months. Capsaicin dermal patch was well tolerated. The most common adverse events were transient, mostly mild, application reaction in 8% of patients.
**Conclusions:** Capsaicin in the form of 8% dermal patch is a new treatment option for peripheral neuropathic pain in patients with carpal tunnel syndrome. This study showed a high therapeutic efficacy, excellent tolerability and a significant improvement in quality of life, persisting for at least 3 months after administration.
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## THU0348 COST-EFFECTIVENESS OF PHYSICAL THERAPY PROGRAM IN CERVICAL INTERVERTEBRAL DISC HERNIATION

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**Background:** Neck pain is a common health problem and is quite important because of high costs due to direct and indirect economic losts for the community [1,2]
**Objectives:** The aim of this study is to compare cost-effectiveness of inpatient and outpatient physical therapy programs for patients with cervical intervertebral disc herniation.
**Methods:** Fifty nine patients with cervical intervertebral disc herniation diagnosed based on physical examination and Magnetic Resonance Imaging were included in the study. Patients were divided into two groups. Group 1 (n=30) received inpatient physical therapy program (electrotherapy, superficial-deep heat administration and basic cervical exercise program), and group 2 (n=29) received outpatient physical therapy program (the same treatment schedule. Assessment parameters were pain, functional capacity and quality of life (QoL). Patients' global assesment and doctor's global assessment were also measured. Pain intensity, patients' - doctor's global assessment were measured with visual analog scale (VAS). Functional capacity was assesed with neck disability index and QoL with short form 36 (SF-36). The expenses spent were calculated as direct health, direct non-health and indirect costs. All expenditures and all measurements were assessed for five times during the entire study: before treatment, just after treatment, and after first, third and sixth months of the treatment.
**Results:** In our study, we found that out-patient treatment had the the lowest cost compared to inpatient group. The estimated total costs for 6 months of out-patient and in-patient treatments were 3.058,99 TL (approximately 1.016,27 EUR) and 4.938,00 TL (approximately 1.640,53 EUR) respectively. Total utilities of these treatments were 0.69 and 0.72 respectively. An additional 1.897,01 TL (approximately 630 EUR) per one patient were gained compaired to inpatient treatment
**Conclusions:** This study suggested that physical therapy programs were effective in the treatment of pain and functional capacity in cervical intervertebral disc herniation patients. However, inpatient physical therapy program was found to have higher cost and more effective than outpatient physical therapy program
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## THU0349 A DOUBLE-BLIND, RANDOMISED, PARALLEL GROUP, ACTIVE CONTROLLED, MULTICENTRE STUDY TO ASSESS THE THERAPEUTIC NON-INFERIORITY OF SKP-021, A 0.3% KETOPROFEN PATCH, VERSUS DICLOFENAC SODIUM PATCH IN PATIENTS WITH ACUTE INFLAMMATORY MUSCULOSKELETAL INJURIES

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**Background:** NSAIDs are the first choice for management of acute musculoskeletal pain. Acute musculoskeletal pain is often associated with trauma, surgery, musculoskeletal injuries like strains, sprains and over-use injuries
**Objectives:** The primary study endpoint was the estimate of the non-inferiority of the Test drug (Ketoprofen) vs. the Reference drug (Diclofenac). This was performed by assessment of the proportion of responders (response: 50% or more reduction of baseline VAS % (95%CI) at the end of treatment) in the two treatment groups.
**Methods:** This phase III, randomised, blinded, active-control and non-inferiority study involved 697 adults with acute muskuloskeletal pain. Participants were randomised in a double blind manner to receive with a 1:1 ratio one patch of SKP-021 containing 30 mg of ketoprofen or one patch of Voltadolâ containing 140 mg of diclofenac sodium twice a day for 7 days. The efficacy measures were the percentage change from baseline to day 7 for the participant's *assessment of pain* as measured by a 100mm VAS, *other clinical symptoms*: [pain at resting, pain on exercise, local hot feeling, tenderness, swelling, mobility limitation, difficulties in daily activities, evaluated by four step rating (0=none, 1=mild, 2=moderate, 3=severe)]; *Physician and Patient Overall Rating* on patient's overall status change since the start of the study.
**Results:** The study sample included 697 subjects, 426 F (61.1%) and 271 M (38.9%) ranging in age from 18 to 82 years (mean 51.6 median 53). No between groups differences were detected in baseline characteristics. Among the musculoskeletal diagnoses, there was a prevalence of muscular injury (77.8%), joint injury (19.1%) and tendon pain (3.2%), with no significant difference between the two groups.
Day 7 percentage of responders was 51.9 (46.6 to 57.1 CI) and 50.6 (45.3 to 55.8 CI) for the ketoprofen and diclofenac groups, respectively (p=0.734). The improvement of clinical symptoms was statistically significant in both groups ($p<0.001$ for all symptoms). The analysis carried out by the Cochran-Mantel-Haenszel test did not show any statistically significant differences between groups in the changes from baseline. The mean time to response was 4.94 days for Diclofenac and 4.87 days for Ketoprofen. The Log-Rank test (p=0.228) did not show any statistically significant difference on the survival curves of the two groups.One hundred and twenty four subjects reported one or more AEs for a total of 183 events: 65 subjects from the Diclofenac (18.7%), 99 events; 59 subjects from the Ketoprofen (16.9%), 84 events. The frequencies of subjects experiencing at least one AE are similar between treatment groups (P=0.541). No serious or severe AEs were reported. No photosensitivity reactions were reported. Skin reactions were statistically lower in the ketoprofen arm.
**Conclusions:** The analysis of the data of this trial showed that the two formulations were equally effective and well tolerated in the treatment of acute musculoskeletal injuries.
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## THU0350 ULTRASONOGRAPHIC STUDY OF THE PIRIFORMIS MUSCLE AND SONOGRAPHIC FEATURES OF THE PIRIFORMIS SYNDROME IN CHRONIC LOW BACK PAIN

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**Background:** Piriformis Syndrome is thought to account for about 5 to 10 percent of the cases of chronic low back and gluteal pain and could cause debilitating chronic suffering. However as at present there are no specific confirmatory tests, it remains mainly a diagnosis of exclusion. On the other hand musculoskeletal ultrasound is a rapidly developing imaging modality, particularly efficient in the evaluation of lesion in soft tissues.
**Objectives:** To study the piriformis muscles by sonography in patients with unilateral "nonspecific" chronic low back and gluteal pain, referred or not the thigh and in subjects without such complaints. The findings from the study were used to determine possible sonographic diagnostic features for the Piriformis syndrome.