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Poster Presentations (THU0417)

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# DISTRIBUTION AND EFFECT OF JOINT PAIN IN PEOPLE WITH HYPERMOBILITY SYNDROME: PILOT RESULTS

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**Background:** Joint hypermobility syndrome (HMS) is thought to be associated with increased pain and reduced health status and quality of life. Good quantitative data are rare however, and no studies exist comparing HMS patients with directly matched controls.

**Objectives:** The aim of the current study was to pilot a large national prevalence study of the effects of HMS on joint pain and health status.

**Methods:** Thirty-nine people with a diagnosis of hypermobility completed survey forms covering general health status (EuroQoL EQ5D, Manchester Foot Pain and Disability Questionnaire), foot pain (Visual Analogue Scale) and distribution of symptoms. Age and gender matched controls completed a modified version of the same survey forms.

**Results:** The sample comprised 39 hypermobiles (36F, 3M) and 37 controls (28F, 9M). The mean ages were 38 years (HMS) and 36 years (controls). Within the HMS group 16 (41%) knew their HMS type to be benign familial, three reported a diagnosis of EDS type 1, and five EDS type 3. Fifteen did not know.

People with HMS had significantly worse general health measured by EQ-5D (65pts vs 90\*\*), much greater foot impairment (MFPDQ scores 16/33 vs 0/33\*\*) and greater foot pain VAS scores (34mm vs 0.4mm\*\*)(where \*\* represents P<0.001).

Respondents provided data on Likert-type scales reporting frequency of symptoms in various joints and limb segments. The measures employed five point scales labelled with ranks "never", "seldom", "sometimes", "much of the time", and "constantly".

With the exception of headache, people with HMS reported significantly higher rates of symptoms in all axial and upper limb segments or joints. The most commonly affected joints were the shoulders, hands and lower back (see Table).

#### Frequency and location of symptoms

N (%) of HMS group reporting Median score HMS Median score control symptoms [pic]'sometimes' group (+ descriptor) group (+ descriptor) Neck 27 (69%) 2 (sometimes) 1 (seldom)\*\* Shoulders 30 (77%) 3 (much of the time) 0 (never) \*\* Elbows 18 (46%) 1

(seldom) 0 (never) \*\* Hands 31 (79%) 3 (much of the time) 0 (never) \*\* Lower back 29 (74%) 3 (much of the time) 1 (seldom) \*\* Hips 30 (77%) 3 (much of the time) 0 (never) \*\* Knees 34 (87%) 3 (much of the time) 0 (never) \*\* Ankles 29 (74%) 3 (much of the time) 0 (never) \*\* Feet 28 (72%) 3 (much of the time) 0 (never) \*\* [pic]

|\*\*Significantly different, adjusted P<0.001 |In the lower limb the hips, knees, ankles and feet all returned |medians of three indicating impairment "much of the time". All |responses were significantly worse than those of the control group. |Conclusion: Nearly 9/10 people with HMS report joint symptoms, most |commonly affecting the knees, hands, shoulders, wrists and hips. |Symptoms associated with HMS were significantly more frequent than in |the control group and were associated with increased pain and |significantly diminished health status in people with HMS. |[pic]