

consistently higher than in the paired model. The MCID estimates were least favorable for the single numeric rating scale. In the free comments section fewer respondents supported the use of the single-question measure compared to the other questionnaires.

Conclusion: Based on our results, all seven instruments are adequate for detecting clinically important differences of fatigue in patients with SLE. However, the use of a single-question measure was not supported by the MCID estimates or by comments from the respondents.

Disclosure: S. Pettersson, None; I. E. Lundberg, None; E. M. Welin Henriksson, None.

1556

The Effect of Ginger Therapy On Symptoms of Osteoarthritis: An Open Pilot Study. Tessa Therklason, Edith Cowan University, Perth, Australia

Background/Purpose: Osteoarthritis (OA) is a painful, progressive disease of synovial joints characterised by deterioration of cartilage and bone and inflammation. Osteoarthritis of the knee and hip joints is common and a major cause of musculoskeletal pain and disability in older adults. In addition to conventional pharmacological management, people with OA often use complementary and alternative treatments. In vitro studies find ginger extract inhibits the inflammatory enzymes COX-2 and 5-lipoxygenase. Ginger seems to be absorbed after topical application by a compress that provides heat and relaxation therapy. European hospitals specialising in traditional therapies routinely use ginger compresses applied to the lower back for treatment of inflammatory conditions. In order for topical ginger treatments to be used more widely, a pre-packaged ginger patch was developed. This pilot study assessed the effects of the ginger compress and standardised ginger patch and the potential effect size of the treatments.

Methods: Twenty adult volunteers with osteoarthritis aged 35 – 90 years, recruited from medical centres and the community, were randomly assigned using a block size of 4, to ginger treatment with ginger compress (GC) or ginger patch (GP). Both treatments were provided daily for seven consecutive days at medical centres by trained nurses. While lying supine either a warm GC or GP was secured on the mid back for 45 minutes. All participants were offered a supply of the GP for self-treatment at home for the following 24 weeks. The 5-item modified Health Assessment Questionnaire (MHAQ) was used to assess pain, global effect, fatigue, functional status and health satisfaction. The MHAQ was completed once a week for 3 weeks and 4 weekly for 24 weeks.

Results: Participants (mean age 64 years, 80% female) had a mean pain score at baseline of 2.1, with 3 being the most extreme pain. Most participants had OA of the hips and/or knees (17/20, 85%). All participants had a reduction in pain one week after ginger therapy, with a mean pain score 1.1. A comparison of MHAQ scores for the GC and GP groups show a strong co-relation, with $p = 0.98$ at baseline and $p = 0.97$ at 7 days. After seven days of ginger treatment the MHAQ mean total scores for all participants for pain, fatigue, global effect and functional status were reduced by 48%, 49%, 40% and 31% respectively, with scores progressively declining over the following 24 weeks. Pain, fatigue, global effect and functional status were all statistically significantly reduced from baseline to 7 days, 12 weeks and 24 weeks after therapy ($p < 0.001$). Health status satisfaction improved for both GC and GP, with 80% dissatisfied 7 days before therapy to 70% satisfied 7 days after therapy and 82% satisfied 24 weeks after therapy.

Conclusion: This pilot study suggests ginger therapy using both the ginger compress and ginger patch has the potential to relieve symptoms and increase independence for people with osteoarthritis. These data will be utilised in the design of a randomised placebo-controlled trial of the ginger patch.

Disclosure: T. Therklason, RATO Health Ltd, 4.

1557

What Percentage of Postmenopausal Women Younger Than Age 65 Years Have Low Bone Mineral Density At a Family Health Center? Marvin Vaishnani and Feyrouz T. Al-Ashkar. Cleveland Clinic, Lorain Institute, Lorain, OH

Background/Purpose: Many younger women, < 65 years of age may have low bone mineral density (BMD) that remains undetected in clinical practice due to following Medicare age guidelines of 65 years and older for BMD test and other factors. Prevalence of low BMD is a growing public health issue in the population but these have not been well quantified in this younger age group of women. This study aims to describe prevalence of low

BMD at a family health center in postmenopausal women younger than 65 years and identifying common risk factors noted in this age group.

Methods: Retrospective chart review was done of patients who had dual-energy x-ray absorptiometry (DXA) scan performed at family health center between Jan 2010 to May 2012, on Hologic® DXA machine. Postmenopausal women less than 65 years of age were included (amenorrhea ≥ 12 months). Patients who have been on osteoporosis medication therapy and used estrogen postmenopausal were also included in this study. The data of risk factors was collected from patient questionnaire present in medical charts. Patients were grouped into those with low T-score < -1.0 , T-score ≤ -2.0 , and T-score ≤ -2.5 . T-scores of the spine (following the International Society for Clinical Densitometry guidelines), femoral neck, total hip, one-third radius (when available) was reviewed and from these the lowest T-score was used in the results.

Results: A total of 702 patient charts were reviewed. The age ranges from 30 to 64 years and average age of patients was 56.74 years. We found 71.93% of patients have T-score < -1.0 , 35.47% of patients have T-score ≤ -2.0 , and 17.52% of patients have T-score ≤ -2.5 . The risk factors noted among T-score < -1.0 are summarized in figure-2 below and 88.51% were found to have at least 1 or more risk factors out of five.

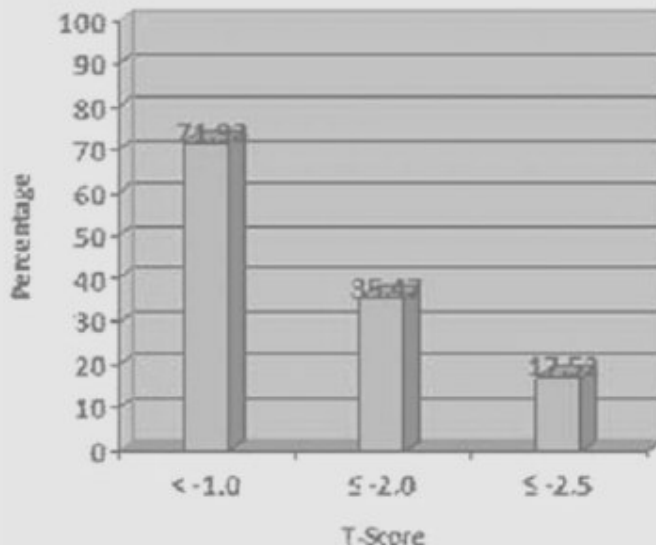


Figure 1. This figure represents percentage of patients in a T-score group. (n=702).

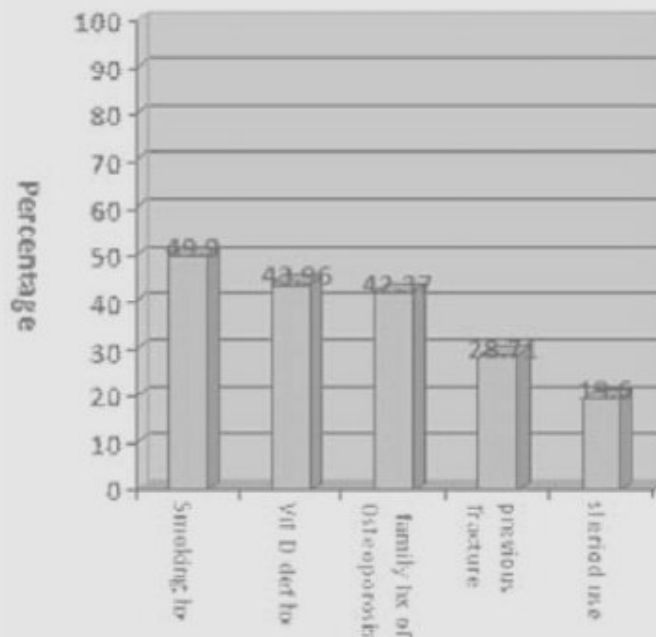


Figure 2. This figure represents percentage of patients among T-score < -1.0 have this risk factors.(n=505)

Conclusion: The results show high prevalence of low BMD in postmenopausal women younger than age 65 years at this family health center. Although population prevalence cannot be calculated from this study, findings