

P.038**The incidence and characteristics of chronic pain and fatigue after 12 months later admitting with COVID-19; The Post-COVID 19 syndrome**

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Background: This study aimed to evaluate chronic pain and fatigue in COVID-19 patients after 12 months of hospitalization. **Methods:** We studied the COVID-19 patients discharged from Hospital, between March 10 to April 20, 2020. **Results:** A total of 157 patients were included in this study. Forty-three patients (27.4%) complained of chronic fatigue and muscle weakness in the last six months. The visual analog fatigue scale (VAFS) score of 3.84 ± 1.48 was obtained. Forty patients (25.5%) were suspected of Chronic Fatigue Syndrome (CFS). Twenty-four patients (15.3%) had severe chronic pain or exacerbation of previous chronic pain, most of which were reported in the lower back (70.8%) and lower extremities (66.7%). Pain intensity had a mean score of 2.33 ± 0.87 and was mainly described as “muscle cramps,” “persistent dull pain,” and “boring and numbing.” In women, chronic pain and fatigue, extended hospital stays, ICU admission, and depressed mood were common than in men. For these pain and fatigue, 37% used nonsteroidal anti-inflammatory drugs, and 16.3% used antidepressants. Only one person had applied for physiotherapy, and none of the patients had received psychotherapy. **Conclusions:** Fatigue and chronic pain in patients recovering from COVID-19 are common complications, even after 12 months of illness.

NEUROMUSCULAR DISEASE AND EMG**P.040****Value-based approach to the management of Inflammatory Neuropathies: Incorporating objective outcome measures in clinical care**

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Background: Measuring outcomes that matter to patients is a key component of ensuring patient-centred care. In Chronic Inflammatory Neuropathies (CINs), where immunomodulatory treatments have risks and high costs, systematic evaluation of disease progression is needed to ensure patients are achieving outcomes that reflect their values and goals. The aim of this project is to evaluate the feasibility of objective outcome measure (OOM) use in the clinical setting. **Methods:** Prospective data was collected from 27 participants with CIDP or MMN. Participants completed and provided feedback on patient-reported outcome measures including quality of life, activity and participation, pain and fatigue, as well as grip strength, 9-hole peg test, 10 meter walk, muscle strength and sensation. Focus groups were conducted to collect qualitative data.

Results: The majority of OOMs were considered relevant to 90% of participants. The top three ranked measures were muscle strength testing, daily activities questionnaire and quality of life questionnaire. 52% of participants identified balance and/or detailed gait assessment as an important factor that was not part of collected OOMs. **Conclusions:** OOMs allow for appropriate monitoring of patients and optimization of immunotherapy treatment. By tracking longitudinal results that matter to patients, patients can better participate in shared-decision making. Clinicians should adopt OOMs going forward.

P.041**Characteristics of carpal tunnel syndrome in wild-type transthyretin amyloidosis**

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Background: Wild-type transthyretin amyloidosis (wtATTR) is an important cause of infiltrative cardiomyopathy in older adults. Carpal tunnel syndrome (CTS) is one of the most common extra-cardiac manifestations of wtATTR; however, the prevalence, severity, and risk of recurrence following carpal tunnel release (CTR) remain poorly understood. **Methods:** This retrospective cohort study reports findings from a single-centre experience of routine neurological screening of newly diagnosed wtATTR patients including nerve conduction studies. Consecutive wtATTR patients between 2014 and 2021 were included. **Results:** Seventy-nine wtATTR patients were included, 73 (92%) males, mean age of 79 years. Seventy-four (94%) had median neuropathy at the wrist (MNW), 50% having a prior diagnosis with the remaining 50% being diagnosed at screening. The majority with MNW were symptomatic (53, 67%) with moderate or severe disease (66, 84%) bilaterally (42, 53%) on electrophysiologic testing. Nineteen (24%) had recurrent CTS despite previous CTR. At the time of screening, 19 (24%) were prescribed wrist splinting and 36 (46%) were referred for CTR. **Conclusions:** Carpal tunnel syndrome is common in wtATTR. Most have bilateral disease with moderate to severe MNW at the time of wtATTR diagnosis. Recurrence of CTS after CTR is more common in wtATTR patients than in the general population.

P.042**A novel SOD1 mutation associated with rapidly evolving lower motor neuron syndrome and MR ventral nerve root enhancement**

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Background: Mutations in the Cu/Zn superoxide dismutase 1 (SOD 1) gene are estimated to cause 20% of familial ALS and 1-2% of sporadic cases. Accurate gene variant classification of novel mutations in amyotrophic lateral sclerosis (ALS) has deepened our understanding of clinical phenotypes, provided pathologic insights, and is crucial to incorporating emerging