AB0135 MEASURING ANKYLOSING SPONDYLITIS: IS IT USEFUL? PRELIMINARY RESULTS

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Background Ankylosing spondylitis is a potentially limiting rheumatic disease, moreover because it affects adolescents and young adults. Sometimes it can be incapacitating, not only because of its spondylitic features but also because of the associated complications and extra-spondylarthropathy manifestations. It is a well known association with the histocompatibility antigen HLA B27, but the exact nature of this association remains hypothetical.

Objectives To apply disease indexes and measures to our Unit's patients population and correlate them with the presence of HLA B27. To apply a psychometric test to this population and correlate the results with some parameters of disease measurement.

Methods We describe and characterise our Unit's ankylosing spondylitis patients population in terms of demographis parameters and presence of HLA B27. In a single visit we measured some disease indexes (Schober value, Mander index, BASFI and BASDAI indexes) and applied the Scl-90 questionnaire.

Results From our baseline population of 34 patients, 14 were evaluated until now with these parameters. We found 5 women (36%) and 9 men (64%), with mean age $49,8 \pm 7$ SD years old and $47,8 \pm 15,4$ SD years old, respectively. Almost all patients ($n = 12$, 86%) were white, being one yellow and one black. Mean age at diagnostic was $43,6 \pm 7,8$ SD years old for women and $32,9 \pm 12,2$ SD years old for men, which seems to confirm the more benign course in women. Ten (71,4%) of these patients had extra-spondylarthropathy manifestations. In eight (57%) HLA B27 was positive, in four (28,6%) it was unknown and in two (14,3%) it was negative. Six patients had a Schober value between 0 and 1 cm, five between 1,5 and 3 cm and three between 3,5 and 4,5 cm. From this last group, two were thw ones with negative HLA B27. Mander index was between 0 and 10 in nine patients, between 11 and 20 in three and between 21 and 30 in two. Only 13 from the 14 patients answered the BASFI and BASDAI indexes and Scl-90 questionnaire. In six patients BASFI score was between 0 and 3, in five between 3,1 and 5 and in two between 5,1 and 8. BASDAI score was between 0 and 3 in four patients, between 3,1 and 5 in six and between 5,1 and 8 in three. Scl-90 test revealed psychologic pathology in eight of thirteen patients: four in the range of obsessive-compulsive, four with interpersonal sensitivity, three with somatization, three with hostility, two with paranoid ideas and one with psycoticism. We will evaluate the rest of the patients to finish this study.

Conclusion As is commonly described, we found in our ankylosing spondylitis population a majority of males, in a 2:1 rate; age at diagnosis was more advanced in women, probably due to a more benign and/or slow progression of disease. Patients without HLA B27 antigen had better Schober measures, probably signifying a more benign disease. The majority of patients revealed different types of psychopathology by Scl 90, which may be associated with bad coping with the disease.

AB0136 AORTIC INVOLVEMENT IN ANKYLOSING SPONDYLITIS

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Background In ankylosing spondylitis (AS) the occurrence of involvement of ascending aorta and aortic (and sometimes mitral) valve is known. The microscopic changes include inflammatory destruction of aortic and valvular tissue and replacement by granulation and fibrous tissue. Aortic regurgitation results from thickening and displacement of valve cusps and dilatation of aortic root. It may be clinically silent or may cause severe problems to the patient. Immunosuppressive therapy may prevent or delay the need for aortic valve replacement but many times valve replacement is the only life-saving therapy.

Objectives

Methods

Results Recently we had an opportunity to treat 3 patients with AS and aortic incompetence. All three were suffering from AS with peripheral arthritis. In one patient aortic failure was complicated with bacterial endocarditis although previous symptoms of aortic failure were only subclinical. In the second patient aortic insufficiency proceeded very rapidly to severe and life-threatening cardiac failure. In both of them aortic valve replacement was successful. Interestingly, in the second patient massive immunosuppressive therapy prior to cardiosurgery led to a significant improvement of cardiac failure. The third patient has not been suffering from any cardiac troubles but the clinical and x-ray examination (aortography) revealed a significant aortic regurgitation.

Conclusion It is a matter of interest that the second patient had some features of Marfan's syndrome and the third had some features of Ehlers-Danlos syndrome. It raised the question which of these two components ? inflammation or primary defect of collagen or both of them participates in the aortic involvement.

OP0054 COST-EFFECTIVENESS OF COMBINED SPA-EXERCISE THERAPY IN ANKYLOSING SPONDYLITIS: A RANDOMISED CONTROLLED TRIAL

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Background

Objectives To evaluate the incremental cost-effectiveness and cost-utility of a 3 weeks course of combined spa-exercise therapy followed by weekly group physical therapy, compared to weekly group physical therapy alone in ankylosing spondylitis (AS) patients.

Methods 120 Dutch AS outpatients were randomly allocated into three groups of 40 patients each. Group 1 was treated at a spa resort in Bad Hofgastein, Austria; group 2 at a spa resort in Arcen, The Netherlands. A control group stayed at home and continued weekly group physical therapy. Spa-exercise therapy consisted of physical exercises, walking, postural correction therapy, hydrotherapy, sports and either visits to the so-called Gasteiner Heilstollen (Austria) or the sauna (The Netherlands). After spa-exercise therapy all patients followed weekly group physical therapy for another 37 weeks. Effectiveness of the intervention was assessed by functional ability (BASFI) (range