AB0135 MEASURING ANKYLOSING SPONDYLITIS: IS IT USEFUL? PRELIMINARY RESULTS

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10.1136/annrheumdis-2001.344

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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10.1136/annrheumdis-2001.345

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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10.1136/annrheumdis-2001.346

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

0–10). Utilities were measured with the EuroQoL (EQ-5D_{utility}) (range 0–1). A time-integrated summary score defined the clinical effects (BASFI-AUC) and utilities (EQ-5D_{utility}-AUC) over time. Both direct (health care and non-health care) and indirect costs were included. Resource utilisation and absence from paid work were registered weekly by the patients in a diary. All costs were calculated from a societal perspective.

Results 111 patients completed the diary (group 1 $n = 38$; group 2 $n = 36$; control group $n = 37$). The between-group difference (95% CI) for the BASFI-AUC was 1.0 (0.4 to 1.6; $p = 0.001$) for group 1 versus controls, and 0.6 (0.1 to 1.1; $p = 0.020$) for group 2 versus controls. The between-group difference for the EQ-5D_{utility}-AUC was 0.17 (0.09 to 0.25; $p < 0.001$) for group 1 versus controls, and 0.08 (0.00 to 0.15; $p = 0.04$) for group 2 versus controls. The mean total costs per patient (including costs for spa therapy) during the study period were €3023 for group 1, €3240 for group 2, and €1754 for the control group. The incremental cost-effectiveness ratio was €1269 per unit effect gained in functional ability for group 1, and €2477 for group 2. The costs per QALY gained were €7465 for group 1 and €18575 for group 2.

Conclusion Combined spa-exercise therapy is more effective and shows favourable cost-effectiveness and cost-utility ratios compared to weekly group physical therapy alone in patients with ankylosing spondylitis.

OP0055 SULFASALAZINE IMPROVES THE NUMBER OF FLARES OF ACUTE ANTERIOR UVEITIS OVER A ONE YEAR PERIOD

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10.1136/annrheumdis-2001.347

Background Sulfasalazine is used in RA, but its role in uveitis is not well established.

Objectives To study the efficiency of sulfasalazine (SSZ) in the treatment of recurrent flares of acute anterior uveitis (AAU) over a one year period.

Methods From June of 1997 to October 2000, 376 patients with uveitis have been attended by Ophthalmologists and Rheumatologists in our outpatient Uveitis Unit according to a protocol based on the pattern of uveitis and clinical symptoms of the patient. Data were prospectively recorded. The criteria to start treatment were: 1) The presence of three or more flares of AAU in the previous year or 2) Recurrence of the uveitis in less than three months from the previous episode. Exclusion criteria to start SSZ were uveitis due to infectious or malignant causes or the presence of any contraindications to this drug. SSZ was started at 500 mg per day and gradually increased until a dose of 2 g per day. If inadequate response, the dose was increased until 3 g. The major outcome was defined as the number of flares of uveitis over a one year period compared in the same group of patients with the flares of the previous year without SSZ, followed prospectively in our unit. Wilcoxon test was used for the statistical study.

Results Eleven patients were in SSZ treatment (5 men, 6 women; 6 ankylosing spondylitis 2 idiopathic uveitis, one Reiter's syndrome, one intestinal inflammatory disease and one juvenile chronic arthritis). Three of them started SSZ for other reasons than uveitis or in other services of the hospital and were then excluded of the analysis. In the remaining 8 patients, the mean

number of AAU flares in the pre-SSZ year was 3.5 (ranging from 3 to 4 flares, SD 0.5). After a one year of treatment, the mean of flares was reduced to 0.6 (ranging from 0 to 2 flares, SD 0.9) that was found to be significant ($p = 0.011$). Only one patient was found to be a non-responder. Other two patients were considered partially responders with a reduction from 4 to 2 and from 3 to 1 flares respectively in comparison of the pre and post-treatment one year period. The other 6 patients did not have any new flare of uveitis during the one year SSZ treatment. We found only two adverse events, both with increased transaminase profiles that did not result in discontinuation of the therapy.

Conclusion SSZ treatment reduce the number of flares over a one year period in patients with recurrent AAU.

OP0056 TNF-ALPHA BLOCKADE WITH INFLIXIMAB IN PATIENTS WITH ACTIVE SPONDYLOARTHRITIS: FOLLOW-UP OF ONE YEAR MAINTENANCE REGIMEN

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10.1136/annrheumdis-2001.348

Background In an open pilot study, the anti-TNF-alpha monoclonal antibody, infliximab, induced a rapid and significant improvement in global, peripheral and axial disease manifestations of patients (pts) with active spondyloarthritis (SpA), without major side effects.¹

Objectives The aim of this study was to determine whether repeated infusions of infliximab would effectively and safely maintain the observed effect.

Methods The safety and efficacy of a maintenance regimen (5 mg/kg IV infliximab every 14 weeks) was evaluated using the same measurements reported in the open label study.¹ Of the initial 21 pts 19 completed the 1 year follow-up for efficacy. Two pts (1 psoriatic arthritis, 1 undifferentiated SpA) changed to another dosing regimen of infliximab after week 12 due to partial lack of efficacy. However, these pts are still in follow-up and are included in the safety analysis.

Results Efficacy: After every retreatment (at week 20, 34 and 48) a sustained significant decrease of global, peripheral and axial disease manifestations was observed ($p < 0.05$ compared to baseline). Before retreatment, recurrence of symptoms was observed in 3 pts (16%) at week 20, 13 pts (68%) at week 34 and 15 pts (79%) at week 48. Safety: No withdrawals due to adverse events occurred. No significant laboratory abnormalities were detected. No major peri-infusional allergic reactions were observed. Three infectious episodes (pyelonephritis, otitis media, and tooth abscess) were observed. During the 1 year follow-up 12 pts (57%) developed on at least 2 occasions anti-nuclear antibodies; in 4 of these pts (19%) antibodies to dsDNA were detected. However, no lupus-like syndromes occurred.

Conclusion In this open follow-up study of infliximab in pts with active SpA, the significant improvement of all disease manifestations was maintained over a 1 year follow-up period without major adverse events. Since recurrence of symptoms was observed in a rising number of patients with every retreatment, the maintenance regimen (5 mg/kg every 14 weeks) probably needs adjustment (shorter interval or higher dose).

REFERENCE

1 Ann Rheum Dis. 2000;59:428–33