HLA-B27 positive 7.7% none

M = Male, F = Female, SpA = Spondyloarthritis, PA = Polyarthritis.

Conclusion PsoA patients with a delayed onset of the disease exhibit clinical symptoms that differ clearly from those of the other PsoA patients.

SAT0043 ANKYLOSING SPONDYLITIS AND CARDIAC DISEASES

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Background Ankylosing Spondylitis (AS) and other spondyloarthropathies (SPA), are associated with certain cardiologic problems.

Objectives To identify coexisting AS and SPA in selected cardiac patients (pts) and to investigate the cardiac status of pts with an established diagnosis of AS.

Methods An observational study involving two pt. groups was undertaken: Group 1 were young and middle-aged patients (<50 years at time of diagnosis), followed in the cardiology department for aortic valve disease and/or with a permanent pacemaker implanted. All pts were interviewed and examined. A pelvic X-ray and blood analysis for HLA B27 was performed. Group 2 were pts with an established diagnosis of AS and no clinical evidence of cardiovascular disease. A full history, clinical examination, 24-h Holter and doppler echocardiography were performed. Cardiac abnormalities were related to clinical features of AS.

Results Group 1: 14 pts with either an aortic valve replacement (AVR), aortic valve pathology and/or a permanent pacemaker were studied. 12 men and 2 women, with a mean age of 40 years (range 22–53) were observed. 9 pts had an AVR, 2 had aortic valve (AV) stenosis and 5 had a permanent pacemaker implanted. 2 of the pts had both an AVR and a permanent pacemaker. 1 of these pts was definitely diagnosed with AS and 2 pts were diagnosed as undifferentiated SPA. Group 2: 9 men and 8 women, with an average age of 43 years (min 23 and max 61) were included. Disease duration varied from 1 to 20 years with a mean of 8. Four (24%) pts had echocardiographic evidence of aortic valve thickening and regurgitation. Two pts also had left atrial dilatation. Holter exams were performed in 15 of the 17 pts. No significant conduction abnormalities or arrhythmias were apparent. The 4 pts with echocardiographic changes were older (>50 years in 3 cases) or had a high Basmi index.

Conclusion Young pts with AV disease or conduction disorders should be screened for AS. Regular cardiac monitoring of AS pts may help prevent the long term cardiac complications associated with this condition.

SAT0044 CLASS II MHC MOLECULES IN PATIENTS WITH SPORADIC ANKYLOSING SPONDYLITIS IN THE SOUTHERN EUROPEAN POPULATION

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Background To evaluate the relationship between the presence of HLA-DRB1 genes and predisposition to AS in a demographically well-defined population.

Objectives 113 individuals with sporadic (non-familial) Ankylosing Spondylitis (AS) from six different cities and 747 bone marrow donors (BMD) as control group.

Methods All individuals were typed for HLA-B27 by either flow cytometry with monoclonal antibodies or PCR-SSP, as well as for HLA-DRB using the Dynal ELITM SSO HLA-DRB Test (Dynal AS, Oslo, Norway). The Inno-Lipa DRB key and DRB Decoder (Innogenetics NV Zwijndrecht, Belgium), which is based on PCR-SSO technology, was used for high-resolution HLA -DRB typing.

Results Table 1 shows the results.

Abstract SAT0044 Table 1

	B27(+) AS (n = 94)	B27(+) BMD (n = 56)	p* and OR (95% CI)	B27(-) AS (n = 19)	B27(-) BMD (n = 691)	p* and OR (95% CI)
DRB1*01	32 (34%)	31 (55.3%)	0.022 and 0.42 (0.2–0.8)	8 (42%)	140 (20%)	0.042 and 2.9 (1–8)
DRB1*04	12 (13%)	15 (27%)	ns and 0.4	5 (26%)	169 (24%)	ns and 1.1
DRB1*06	23 (24%)	7 (12%)	ns and 2.3	4 (21%)	218 (31%)	ns and 0.58
DRB1*09	3 (3%)	3 (5%)	ns and 0.58	2 (10%)	15 (2%)	ns and 5.3

*Bonferroni correction, ns = not significance.

Conclusion The incidence of the DRB1*01 antigen in the studied population is significantly higher in B27(+) healthy individuals (BMD) than in B27(+) AS patients. Also the incidence of this antigen is significantly higher in B27(-) AS patients than B27 (-) healthy individuals. This could implicate that in the absence of B27, the DRB1*01 antigen could take part in the development of the disease.

SAT0045 SPONDYLODISCITIS IN ANKYLOSING SPONDYLITIS

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Background Spondylodiscitis is a rare but well-known complication of ankylosing spondylitis (AS).

Objectives The aim of this study was to evaluate the incidence of spondylodiscitis and to determine the clinical and radiological appearance in a group of patients with AS.

Methods Thirty-two patients with a mean age of 36.4 ± 11.4 years were recruited to the study. Demographical, clinical and radiological characteristics of the patients were recorded. Bone scintigraphic evaluation and computerised tomography (CT) of the suspected lesions were determined.

Results Five (15.6%) patients had radiographic abnormalities including irregular narrowed disc space borders and sclerosis of the adjacent vertebral bodies in the thoracic and lumbar regions. All these patients had low back pain the clinical activity parameters were higher in 3 (9.3%) of 5 patients. No fracture or pseudoarthrosis were observed. Technetium scan showed increased uptake in the vertebral disc space and vertebral end plates (L4–

5, T12-L1) in 2 (6.2%) of 5 patients and only 1 (3.1%) of them had typical CT findings including widening, irregularity and sclerosis at the L4–5 intervertebral space.

Conclusion Spondylodiscitis may have variable clinical or radiological manifestations and imaging techniques are needed to identify this uncommon complication in patients with AS.

SAT0046 EVALUATION OF FUNCTIONAL STATUS AND QUALITY OF LIFE IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background

Objectives The aim of this study was to evaluate the functional status and quality of life and to determine the relationship between disability and clinical variables in a group of patients with ankylosing spondylitis (AS).

Methods Fifty-one patients with a mean age of 37.2 years were included to the study. Clinical variables including pain by visual analogue scale (VAS), functional indices by Bath ankylosing spondylitis functional index (BASFI), Dutch functional index (DFI) and Dougdas functional index (FI), metrology by Bath ankylosing spondylitis metrology index (BASMI) and disease activity by Bath ankylosing spondylitis disease activity index (BASDAI) were studied. Radiographs of the patients were scored by Bath ankylosing spondylitis radiological index (BASRI) and quality of life was assessed by Nottingham health profile (NHP). Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels were also recorded.

Results The scores of BASMI and BASRI were correlated with disease duration and BASDAI scores. Functional loss assessed by BASFI, DFI and FI were strongly correlated with BASDAI, BASRI and BASMI. Patients with peripheral joint involvement had greater disability. Functional loss was more correlated with the levels of CRP than ESR. NHP scores best correlated with functional indexes followed by BASDAI.

Conclusion In conclusion, functional loss should be considered in evaluation of AS patients. These functional indexes can help to assess the patients more objectively and monitorize the treatment in order to increase the quality of life in patients suffering from this chronic condition.

Osteoarthritis – Clinical aspects and treatment

AB0137 OSTEOARTHRITIS AMONG GERMAN AND EGYPTIAN PATIENTS

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Background

Objectives The aim of the thesis was to study the different clinical features of OA in different ethnic groups of patients.

Methods One hundred and sixty six Germans and 50 Egyptian patients with OA were studied. Clinical examination, severity

index and radiological score (of all body joints) beside a battery of routine blood tests were done for each patient.

Results There was an increase in the number of joints affected and in total joint lesions among Germans. There was also an increase in age at onset, in disease duration and in family history of OA among Germans. None of the Egyptians had hip affection, while 127 Germans had bilateral or unilateral hip joint affection. Severity index of hips correlated with patients age ($p < 0.05$) and age at onset ($p < 0.05$) among Germans. While, severity index of knee joint correlated with age ($p < 0.05$, $p < 0.05$) and age at onset ($p < 0.05$, $P - c 0.05$) among both Egyptians and Germans. While 19 Germans had DISH and 19 Germans had CPPD, none of the Egyptians had neither DISH syndrome nor CPPD. Thirteen Germans but none of the Egyptians had knee effusion.

Environmental, habitual and occupational causes, among others, seem to modify the clinical features of OA between ethnic groups of patients.

Conclusion

AB0138 COMPARISON OF THREE OA TREATMENT REGIMENTS IN A TYPICAL POPULATION

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Background A series of double-blind placebo and active comparator controlled studies meloxicam, a COX-2 inhibitor, has been found to be safe and effective in the treatment of osteoarthritis (OA) at dose of 7.5 mg daily. To assess the efficacy and the safety of meloxicam ?standard? and 15 mg daily doses a comparison of three OA treatment regimens in a typical population was performed.

Objectives

Methods In the open multicenter parallel-group study 630 pts with confirmed knee OA and a flare were treated with oral administration of meloxicam tablets [at regimens of 7.5 mg (1st group) or 15 mg (2nd group) daily or increasing ineffective 7.5 mg/d to 15 mg/d after 1 week (3d group)]. Treatment was for 4 weeks, with regular assessment for drug safety and efficacy by evaluation of adverse events (AE), vital signs, Likert scales for pain at rest, at on movement, synovitis and joint function, and the patient's and investigator's overall assessment of disease activity.

Results The demographic, disease characteristics and gastrointestinal AE risk factors were similar across the treatment groups. Prior NSAID inefficacy was found in 25.5% pts. NSAID adverse events dropout have been estimated in 12.4% pts in past history. Anti-inflammatory and analgesics meloxicam properties were confirmed in three treatment regimens ($p < 0.001$). The incidence of all AE was lower and without dropout at 15 mg/d of meloxicam (3.8%) than for 7.5 mg/d of drug (7.8% with 3.6% dropout). The incidence of non-serious gastrointestinal AE was 1.6% and 3.4% (with 1.2% dropout) correspondingly. The total AE frequency among 630 OA pts was 6.5% (with 2.5% dropout).

Conclusion Meloxicam is a safe and effective medication for knee OA treatment, without dose-dependent incidence of AE and dropout rates.