Conclusion The association glucosamine sulfate – nimesulide is effective and safe; glucosamine sulfate is an effective symptomatic and structure modifying slow acting drug for the treatment of knee OA, that may be able to stabilise the joint space width and to modulate bone and joint metabolism.

AB0151 DIPROSPAN EFFICACY IN PERIARTICULAR SYMPTOMS OF OSTEOARTHRITIS

RA Khabirov, LG Salikhov, SA Lapshina, KN Agisheva, RG Mukhina, LI Myasoutova.
Department of Internal Medicine, Kazan State Medical University, Kazan, Russia

10.1136/annrheumdis-2001.413

Background Complex clinical and instrumental investigations (kinesthesical method, electromyography (EMG), thermovision, ultrasonography) showed significant involvement (up to 80%) of periarticular structures (muscles, tendons) in osteoarthritis (OA) aggravating the clinical picture of the disease and leading to the decrease of life quality of the patients. The substrate of myofascial pain syndrome are local densities in muscular tissue and in the places of detachment of tendons to the bones.

Objectives The goal of investigation was to study the diprospan efficacy in treatment of 30 patients with OA with muscular syndrome. The treatment efficacy was estimated by Lee and Reachy indices of muscular syndrome, the volume of active and passive movements of joints and by EMG.

Methods In case of revealing of painful trigger zones in the muscles surrounding the joints we injected locally 1 ml of diprospan. In order to increase the volume of medication we added 5–10 ml of 0.5% novocaine solution into the syringe.

Results During the first 24–36 h after the periarticular injection of diprospan there was found decrease of myalgias and arthralgias. Further on the volume of movements in joints increased and functional activity of patients improved as well. No local side effects after periarticular diprospan injections were noted in contrast to kenalog injections. The diprospan injections were repeated if necessary depending on clinical picture of OA.

Conclusion Periarticular diprospan injections are effective and safe in patients with OA with myofascial pain syndrome.

OP0008 STRUCTURE MODIFICATION IN OSTEOARTHRITIS WITH INTRA-ARTICULAR SODIUM HYALURONATE OF MOL. 500–730 KDA

¹RW Jubb, ²S Piva, ²L Beinat, ³J Dacre, ⁴P Gishen, On behalf of the UK Hyalgan Study Group. ¹Rheumatology Department, UHB Trust, Birmingham; ²Medical Department, Fidia SpA, Abano Terme, Italy; ³UCL London; ⁴Radiology Department, King's College Hospital, London, UK

10.1136/annrheumdis-2001.414

Background Several Hyaluronan based products are available for intra-articular administration. These products differ in their composition and contain either natural hyaluronan of differing molecular weight or chemically crosslinked hyaluronan. Numerous clinical studies have shown that a series of 3–5 weekly intra-articular injections of hyaluronan of molecular weight 500–730 kDa (Hyalgan) reduces pain and improves function in patients with osteoarthritis of the knee and that this effect can be long lasting (6–12 months). Moreover, there is some evidence from pilot clinical studies to suggest that this product may slow osteoarthritis.

Objectives The primary objective of the present study was to examine the structure-modifying activity of intra-articular hyaluronan of molecular weight 500–730 kDa (Hyalgan).

Methods A multicentre, randomised, placebo-controlled, double-blind (masked observer) study in patients with primary knee osteoarthritis (ACR criteria) was conducted in 17 centres in the UK. The primary end point was the change in radiological joint space between baseline and one year in the medial tibio-femoral compartment, measured by digital image analysis. Weight-bearing antero-posterior radiographs were taken using a standardised technique. Patients were randomly assigned to receive 3 courses of 3 intra-articular injections of hyaluronan or 2 ml of placebo (saline solution) during the one year study. Uncontrolled use of analgesics and NSAIDs were allowed.

Results 408 patients with knee osteoarthritis (II-III Kellgren-Lawrence) were enrolled in the trial and 319 patients completed the one year study period. Mean patient age was 64.2 yrs (sd = 9.3), 68.4% of patients were female. The two groups, placebo and control, were comparable at entry for disease state and demographics. The change in joint space width between baseline and one year in the two groups was compared by analysis of variance. The group of patients with greater joint space at entry, treated with hyaluronan, showed statistically reduced progression of joint space narrowing. In the hyaluronan group the mean loss was only -0.22 (sd = 1.1), while in the placebo group the mean loss was -0.60 (sd = 1.1). This was statistically significant, $p < 0.05$.

Conclusion Repeat treatment cycles of intra-articular hyaluronan of molecular weight 500–730 kDa (Hyalgan) result in a statistically significant delay in radiological joint space narrowing within one year, in patients with osteoarthritis of the knee.

OP0048 A DOUBLE-BLIND, PLACEBO-CONTROLLED DOSE RANGING STUDY TO EVALUATE THE EFFICACY OF VALDECOXIB, A NOVEL COX-2 SPECIFIC INHIBITOR, IN TREATING THE SIGNS AND SYMPTOMS OF OSTEOARTHRITIS OF THE KNEE

¹JJ Fiechtner, ²D Sikes, ³D Recker. ¹Rheumatology Clinic, East Lansing; ²Clinical Research Division, Florida Medical Clinic, Zephyr Hills; ³Research and Development, Pharmacia Corporation, Skokie, USA

10.1136/annrheumdis-2001.415

Background Valdecoxib is a novel oral COX-2 specific inhibitor being developed for the treatment of pain and inflammation, which does not cause the side effects commonly associated with the COX-1 inhibition of conventional NSAIDs.

Objectives The objective of this study was to evaluate the efficacy of multiple doses of valdecoxib in treating the signs and symptoms of osteoarthritis (OA) of the knee.

Methods In this multicenter, double-blind, placebo-controlled, parallel-group, dose-ranging study, 642 OA patients were randomised to receive valdecoxib 0.5, 1.25, 2.5, 5 or 10 mg BID, valdecoxib 10 mg QD, naproxen 500 mg BID, or placebo BID for 6 weeks. Patient's Assessment of Arthritis Pain (visual analogue scale, VAS), Patient's Global Assessment of Arthritis (VAS) and Western Ontario and McMaster Universities (WOMAC) OA Index were assessed at Baseline and after 1, 2, and 6 weeks of treatment. Vital signs and adverse events were monitored throughout the study.

Results Valdecoxib demonstrated efficacy that was significantly greater than placebo ($p \leq 0.05$) in all primary efficacy measures listed above, at every dose except 0.5 mg BID.