Methods In this study, 253 healthy person was evaluated according to hyperlaxity and Q angle degrees. The measurements of hyperlaxity was carried out by using Beighton scoring system. According to the scores 5 and over 20 cases, less than 5 20 cases and finally other 20 cases in whom the laxity score was 0 degree were accepted as a control group.

We use one way Anova method to compare Q angle degrees in supine and upright position.

TUKEY-HSD test was applied to show relation between hyperlaxity and Q angle.

Results Standing and supine position Q angle values were not found statistically significant. ($p > 0.05$) However hyperlaxity more than 5 (According to Beighton score was found statistically significant compared to control group.

Conclusion In our study we concluded that;

- There is no difference between supine and upright position Q angle values
- There is significantly correlation between hyperlaxity and Q angle values

REFERENCE

- 1 Graham R. Regional and heritable bone and collagen diseases: Hypermobility syndrome. In: Dieppe PA, Klippel HJ, eds. *Rheumatology*. London: Mosby, 1998;8:51–2

SAT0050 OSTEOARTHRITIS OF THE FINGERS. EVALUATION OF A 4 MONTHS TREATMENT WITH DIACEREIN (VERBORIL)

¹AE Georgiadis, ²C Berberidis, ³I Koulouris, ²B Tataridis, ²A Lagoudakis, ²P Alexiou, ³E Koutiris, ³B Papadakis, ³X Rifiotis, ³E Lyritsis. ¹Osteoarthritis Center, ²Osteoarthritis Center, Multicenter Trial, Thessaloniki, Greece; ³Osteoarthritis Center, Multicenter Trial, Athens

10.1136/annrheumdis-2001.425

Background Diacerein (Verboril) is a symptomatic slow-acting drug for the treatment of Hip and/or Knee Osteoarthritis (OA). Although Osteoarthritis of the fingers (OAF) is a very common form of OA and according to the epidemiological studies affects the 60% of the population, clinical studies concerning its treatment are very rare.

Objectives In order to determine if Diacerein has a beneficial effect on the clinical symptoms of OAF, we performed a prospective open multicenter study involving 30 doctors (rheumatologists or orthopaedics) in 5 Greek towns.

Methods 477 righthand female patients (MA = 57,4 ± 8,9 yrs), suffering from OAF according to ACR criteria, were enrolled in this study. All patients received 100 mg/day of Diacerein for 4 ms and if needed NSAIDs and/or simple analgesics. All patients were evaluated at inclusion and at the end of 4 ms: a) for the presence of inflammatory and/or mechanical pain, b) for the presence and duration of morning stiffness, c) with the functional index of Dreiser d) for the concomitant consumption of analgesics and/or NSAIDs. We have used the t-test and chi-test in our statistical analysis and a probability level of 0,05 was considered to be statistically significant.

Results 225 patients have completed till now the 4 ms treatment and the analysis of their results showed a statistically significant improvement in clinical data, especially in Dreiser functional index ($p < 0,005$) and in the presence of inflammatory symptoms ($p < 0,001$). The concomitant consumption of NSAIDs and/or analgesics was significantly lower at the end of 4 ms ($p < 0,05$).

The overall assessment of therapy was good and very good for the 68% of patients and for the 72% of doctors. The safety profile of the drug was very good throughout the study period.

Conclusion These data suggest that Diacerein appears to be very useful in the treatment of Osteoarthritis of the fingers.

REFERENCE

- 1 Dreiser RL, et al. *Rev Rheum* 1995;62:129–1395

SAT0051 COX-2 SPECIFIC INHIBITION WITH MK-0663 120 MG Q.D. OVER 4 WEEKS DID NOT INCREASE FAECAL BLOOD LOSS: A CONTROLLED STUDY WITH PLACEBO AND IBUPROFEN 800 MG T.I.D

¹RH Hunt, ²P Callegari, ³B Bowen, ¹C James, ¹J Marshall, ²E Mortensen, ²A Cagliola, ²C Yu, ²H Quan, ²T Simon. ¹Division of Gastroenterology; ²Clinical Research, Gastroenterology, Merck Research Laboratories, West Point, USA; ³Department of Radiology, McMaster University Medical Centre, Hamilton, Canada

10.1136/annrheumdis-2001.426

Background Treatment with existing NSAIDs is associated with increased gastrointestinal microbleeding. We conducted a double-blind, single centre study in 62 healthy volunteers (age 19–33 years) to test the hypothesis that faecal blood loss with MK-0663 (a new highly selective COX-2 inhibitor with a selectivity ratio of >100 in human whole blood assay) would be equivalent to placebo and superior to ibuprofen.

Objectives To compare faecal blood loss in volunteers taking MK-0663, ibuprofen, or placebo.

Methods Subjects were injected with ⁵¹Cr labelled red blood cells and daily faecal blood loss in collected stool was measured by a large sample counter. Subjects with normal faecal blood loss during a 1-week placebo baseline period were randomised to MK-0663 120 mg q.d., ibuprofen 800 mg t.i.d. or placebo treatment for 28 days. The effects of MK-0663 and placebo were compared by a predefined similarity bound for determination of equivalence.

Results The mean daily faecal blood loss (mL/day) over time is shown in the table below. MK-0663 (120 mg) was equivalent to placebo and caused less blood loss than ibuprofen. All treatments were generally well tolerated.

Abstract SAT0051 Table 1

	Placebo (N = 21)	MK-0663 120 mg (N = 23)	Ibuprofen 2400 mg (N = 18)
Baseline	0.37 (0.31, 0.44)	0.31 (0.27, 0.36)	0.38 (0.33, 0.43)
Week 1	0.47 (0.41, 0.54)	0.50 (0.44, 0.57)	1.86 (1.28, 2.71)
Week 2	0.70 (0.60, 0.81)	0.70 (0.57, 0.87)	2.09 (1.72, 2.53)
Week 3	0.86 (0.75, 0.98)	0.88 (0.76, 1.03)	2.58 (2.05, 3.24)
Week 4	0.99 (0.88, 1.12)	0.99 (0.85, 1.15)	3.39 (2.39, 4.80)

Geometric Mean (95% Confidence Interval) Daily Faecal Blood Loss in mL/Day.

Conclusion In this study, the highly selective COX-2 inhibitor, MK-0663, at a dose twice that maximally effective in osteoarthritis, was equivalent to placebo, whereas a therapeutic dose of ibuprofen significantly increased faecal blood loss.