SAT0052 COLOMBIAN GUIDELINES FOR THE TREATMENT OF HIP, KNEE AND HAND OSTEOARTHRITIS

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Background The highest burden of rheumatic disease in Colombia according to the Ministry of Health is due to Osteoarthritis (OA) and Rheumatoid Arthritis (RA). Currently we don't have guidelines for the treatment of OA in our country.

Objectives To propose recommendations for treatment (medical and surgical) of hip, knee and hand OA based on both Evidence Based Medicine (EBM) and expert consensus approach.

Methods A task force of experts in Clinical Epidemiology and in OA research and management was created. The first stage was to assist a two-day course of guideline methodology. The second stage was the selection of treatment modalities and principal clinical questions to be considered. The third stage was a systematic literature review that permitted the ranking of the recommendations from A (based on results of meta-analyses) to E (negative recommendations based on results of meta-analyses). The final stage was recopilation and review of the consensus by an internal/external pair.

Results Different non-pharmacological and surgical modalities were evaluated.

Medical: Acetaminophen, NSAIDS and COXIBS were similar in efficacy to relieve pain (A). Gastrointestinal safety improves with COXIBS rather than the comparators (A). Hialuronate acid, glucosamine sulfate and NSAIDS were similar in efficacy to relieve pain (A-B).

Alternative: Yoga and acupuncture lessened pain and improved functional capacity (B-C).

Surgery: There is no recommendation for knee and hip arthroplasty.

Conclusion The recommendations of this task force (1) the best evidence is in the treatment of pain; (2) currently there is no evidence for drugs modified disease; (3) certain alternative medicines are useful as coadjuvants and (4) this consensus is the base for new research.

SAT0053 EFFICACY AND SAFETY OF SYNVISC IN SEVERE KNEE OSTEOARTHRITIS (OA): EXPERIENCE FROM A LARGE COHORT OF PATIENTS FOLLOWED IN PRIVATE RHEUMATOLOGICAL PRACTICE

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Background

Objectives It is demonstrated that Synvisc® (S) (3 intra-articular injections at 1 week apart) improved algofunctional status of patients with knee OA. In this cohort study, the efficacy of S. was followed for up to 2 years in a specific population of patients with severe knee OA, confirmed clinically and radiologically. One half of those patients were candidates for a total knee replacement.

Methods In all patients treated with S. between June 1998 and September 1999, demographic data and medical history were recorded. Following S. course, a rheumatological evaluation was

performed to assess improvement and local safety. Then, a long-term follow-up was performed in May 2000, all patients completing a questionnaire recording their clinical status, global satisfaction, tolerance of S. and concomitant therapies consumption. Due to methodology of this study, patients' long-term follow-up ranked from 9 to 24 (mean = 15.5) months.

Results Out of 117 patients treated, 81 (70%) completed the follow-up questionnaire.

Baseline characteristics of those 81 patients are as follow:

- demographic data: mean age = 71 years; female = 57%; BMI = 27.5 kg/m²;
- medical history: mean disease duration = 8 years; femoro-tibial knee OA: 97% (isolated: 33% or associated with femoro-patellar knee OA: 64%); chondrocalcinose: 19%

At baseline, 54% of patients had a 'severe' and 42% a 'very severe' knee OA according to physician. Nineteen patients (23%) were treated by S. in both knees and 15 (19%) received two courses of S. in the same knee (mean time between these two courses = 11 months).

A clinically significant improvement (moderate, important or very important) was observed by the physician after 77% of S. courses, while this treatment was followed by transient local adverse events (pain, swelling) after only 15% of S. courses (3 IA injections).

The analysis of patients' questionnaires showed that 49% reported a 'severe' pain and 22% a 'very severe' pain before treatment with S. The treatment was considered as globally satisfactory by 63% of patients, the main symptoms improved being pain on movement (56% of patients) and nocturnal pain (52%). Out of daily living activities, ascending and descending stairs were improved in 51% and 46% of patients respectively. Most patients (53%) improved their maximum distance walked and 22% resumed their leisure activities. Moreover 90% of them reported a good tolerance of S. and 47% decreased their analgesics and NSAIDS consumption.

Conclusion This study demonstrates the interest of high molecular viscosupplementation with Synvisc® in the management of severe knee OA patients. Of special interest, 32 patients (82%) out of 39 candidates for total knee replacement at baseline, were able to delay this surgical treatment.

SAT0054 CLINICAL EFFICACY AND SAFETY OF LOXOPROFEN SODIUM IN THE TREATMENT OF GONARTHRITIS

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Background There have been advances in the understanding of osteoarthritis, but current treatment is purely to control symptoms. NSAIDs drugs remain the most commonly used agents, despite their potential for GI adverse events. Loxoprofen sodium, a NSAID prodrug from phenylpropionic class, synthesised by Sankyo Co., is claimed to have lesser GI and renal toxicity, probably due to its prodrug characteristics and to intermediate COX-2 selectivity. A large clinical experience in oriental people is available, but its use in occidental people is scarce.

Objectives The objective of this double blind, randomised, parallel, controlled trial was compare the efficacy and safety of Loxoprofen with that of diclofenac in the treatment of gonarthrosis.