sclerosis, and knee malalignment). Small mean changes over time were noted for these parameters, but all 95% confidence intervals (CI) overlapped 0. Data from 158 pairs of hip films were analysed prior to and after participation in the long-term safety trial (average duration of treatment, 1 year). Shift table analysis was significant for worsening of hip narrowing ($p = 0.029$) but not other parameters of joint morphology (hip cysts, hip spurs, and hip sclerosis). Mean change analysis demonstrated a change of 0.14 units/year in hip narrowing (95% CI 0.08–0.20), equivalent to a change of approximately 3% per year. Mean change analysis demonstrated a change of 0.04 units/year in hip cysts (95% CI 0.01–0.08), equivalent to a change of approximately 0.2% per year. These changes were not dose-dependent, and similar changes were noted prior to entry into the long-term safety trial.

Conclusion Celecoxib did not affect index joint x-rays in OA. Modest changes in hip narrowing noted were consistent with the natural history of the disorder.

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SAT0073 PATIENTS WITH KNEE OSTEOARTHRITIS TREATED BY HYLAN G-F 20 VERSUS USUAL TREATMENTS: A MEDICO-ECONOMIC, PROSPECTIVE, RANDOMISED LARGE SCALE TRIAL IN FRANCE, EFFICACY AND SAFETY OUTCOMES

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Background

Objectives To evaluate the efficacy and safety of Hylan G-F 20 over 9 months in the treatment of patients with knee osteoarthritis (OA).

Methods Patients with radiographically proven knee OA, pain on movement ³ 40 mm (VAS) and treated by at least two 10-day NSAIDs courses or by slow-acting anti-OA drugs within the previous 3 or 2 months respectively were enrolled by 81 centres (21 hospitals and 60 private rheumatologists). After stratification on known OA risk factors (patients? age, BMI,...), patients were centrally randomised in Synvisc (S) or in usual treatment (UT) groups. S-patients were treated by 3 intraarticular injections of Hylan GF 20 one week apart and encouraged to stop or spare any other OA treatments. If needed S-patients could be treated by Synvisc in both knees. Efficacy and safety data were collected at baseline, day 28, months 3, 6 and 9.

Results Out of 518 patients randomised, 506 (253 per group) were treated and evaluable. Demographic data (mean age = 66/66 years, female = 67/68%, BMI = 28/28 kg/m², bilateral knee OA = 72/76% in S vs UT groups respectively) were comparable at baseline. Forty-five S-patients (18%) were treated in both knees.

S-patients showed a better improvement than UT-patients regarding all primary and secondary efficacy outcomes. More especially, mean (SD) changes in S-group versus UT-group were ?3.6 (4.1) vs ?1.6 (4.0) for Lequesne Index, ? 20.1 (19.3) vs ? 8.2 (20.5) mm for WOMAC total score and ? 37.4 (22.3) vs ? 24.4 (24.0) mm for pain on movement. Therefore additional improvements ($p = 0.0001$) were observed in S-group for Lequesne Index (+ 18.7%), WOMAC total (+ 24.4%), and pain on movement (+ 21.1%).

In S-group, global efficacy was assessed as good/satisfactory by 74% of patients and by 76% of investigators versus 51% and 48% respectively in UT-group, $p < 0.0001$.

Transient local adverse events (pain, swelling) after Synvisc injections were reported in 11.8% of injections. Gastrointestinal adverse events related to OA treatment were less frequently reported in S-patients (3.5%) as compared to UT-patients (11.9%) ($p < 0.001$).

Conclusion This large-scale study confirms the efficacy and safety of viscosupplementation by Synvisc in knee OA over a 9-month follow-up.

Acknowledgement Synvisc Experts Group: Prs. Bardin T., Dougados M., Kahan A. (Paris), Mazières B. (Toulouse), Trèves R. (Limoges), Vignon E. (Lyon), Drs Auvinet B. (Laval), Naim C. (Marseille), Rossignol O. (Fontenay).

SAT0074 PATIENTS WITH KNEE OSTEOARTHRITIS TREATED BY HYLAN G-F 20 VERSUS USUAL TREATMENTS: A MEDICO-ECONOMIC, PROSPECTIVE, RANDOMISED LARGE SCALE TRIAL IN FRANCE, MEDICO-ECONOMIC OUTCOMES

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Background

Objectives To evaluate the medico-economic benefits of Hylan G-F 20 over 9 months in the treatment of patients suffering from knee osteoarthritis (OA).

Methods Patients with radiographically proven knee OA, pain on movement ³ 40 mm (VAS) and treated by at least two 10-day NSAIDs courses or by slow-acting anti-OA drugs within the previous 3 or 2 months respectively were enrolled by 81 centres (21 hospitals and 60 private rheumatologists). After stratification on known OA risk factors (patients? age, BMI,...), patients were centrally randomised in Synvisc (S) or in usual treatment (UT) groups. S-patients were treated by 3 intraarticular injections of Hylan GF 20 one week apart and encouraged to stop or spare any other OA treatments. If needed S-patients could be treated by Synvisc in both knees. Primary outcome was difference in specific knee-OA cost (visits, exams, hospitalisations, treatments and adverse event treatment/prevention related to OA treatments) divided by difference in AUC mean change of Lequesne index between groups. Data were collected at baseline, day 28, months 3, 6 and 9.

Results Out of 518 patients randomised, 506 (253 per group) were treated and evaluable. Both groups were comparable at baseline. Forty-five S-patients (18%) were treated in both knees. Cost per patient was analysed over 9 months in social security perspective (year 1998 value). All direct and indirect costs were decreased in S-group compared to UT-group (medications ? 40%, non-drug treatments ? 19%, hospitalisation ? 5%, exams ? 2%, seak-leave ? 15%) with the only exception of physician visits cost (+ 33%) due to Synvisc injection procedure.

Specific OA total costs (including Synvisc) were 829.12 Euros in S-group and 821.34 Euros in UT-group. Synvisc cost in social security perspective (year 2000 value) is 99.09 Euros per treatment.

AUC mean change in Lequesne Index was 7.9 points in S-group vs 9.9 in UT-group ($p < 0.0001$). All together the cost/efficacy ratio (including Synvisc cost) was 7.78 Euros for a 2-

point improvement of Lequesne index (difference clinically significant) between groups.

Conclusion Viscosupplementation by Synvisc improves algofunctional status of patients and has no significant impact on specific knee OA cost.

Acknowledgement Synvisc Experts Group: Prs. Bardin T., Dougados M., Kahan A. (Paris), Mazières B (Toulouse), Trèves R. (Limoges), Vignon E. (Lyon), Drs Auvinet B. (Laval), Naim C. (Marseille), Rossignol O. (Fontenay).

SAT0075 EFFICACY OF INTRA-ARTICULAR HYALURONIC ACID INJECTIONS IN KNEE OSTEOARHRITIS

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Background

Objectives Our objective was to assess the effects of intra-articular injections of hyaluronic acid (HA) (Hylan G-F 20: Synvisc) on symptoms and functional outcome of knee osteoarthritis (OA).

Methods A total of 60 injections were performed in 17 patients involving 20 knees. These patients with symptomatic, radiological knee OA were randomly assigned to treatment with HA or placebo. Treatment group consisted of 12 patients received three weekly injections of HA into one or both (if bilateral symptomatic) knees (15 knees total). Control group consisted of 5 patients who received three intra-articular injections of 2-ml physiological saline with weekly intervals (5 knees total). Fifteen-minute walking period, range of motion, need of drug and painless walking time were noted at weeks 1,2,3,8. Pain at walking, resting, night and motion were evaluated by Visual Analogue Scale (VAS). Also, WOMAC Osteoarthritis Indexes (Pain by WOMAC-A, stiffness by WOMAC-B, activities of daily living by WOMAC-C) were evaluated by Likert scales in the same weekly intervals.

Results Statistically significant improvements ($p < 0.001$) in WOMAC-A-3 (3rd week), WOMAC-A-8(8th week), WOMAC-B-3, WOMAC-B-8, VAS walking-2,3,8, VAS resting-8, VAS motion-2,3,8, painless walking time-8,15 min walking period-8, need of drug-2,3,8 were found.

When compared with control group, statistically significant improvement was noted ($p < 0.05$) at WOMAC-A-8, WOMAC-C-8, VAS walking-8, VAS resting -3,8 painless walking time-2,3,8, need of drug-8. No side effect was encountered in both of the groups.

Conclusion Early signs of efficacy of intra-articular injections of HA for knee OA was beginning in the 2nd week. But this early improvement is not significant when compared with control group. The real effects of the HA treatment were seen at the 8th week. It is concluded that Hylan G-F 20 provided good clinical benefit for knee OA patients and the clinical improvement was prominent after 8 weeks.

SAT0076 PATIENTS WITH OSTEOARTHRITIS (OA) REPORT MORE SEVERE PAIN THAN AGE- AND GENDER MATCHED RHEUMATOID ARTHRITIS (RA) PATIENTS

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Background Patients with RA generally receive more attention by rheumatologists than patients with widespread OA. We wanted to examine if this difference in level of care is based on differences in severity of health status.

Objectives To compare age- and sex matched OA and RA patients regarding levels health status.

Methods Fifty-one patients between 50 and 70 years of age with generalised osteoarthritis (OA) including hand OA, previously referred to a rheumatology outpatient department, underwent a comprehensive clinical examination including completion of several self-reported health status questionnaires. Among these were AIMS2, SF-36, MHAQ, pain and fatigue on VAS. These OA patients were compared with 51 RA patients matched for age and gender. The RA patients were recruited from the Oslo RA register and had previously completed identical questionnaires. Groups were compared with the McNemar tests (categorical variables) and paired analyses (continuous variables).

Results Mean (SD) age was 66.1 (4.4) years, 4(8%) were males. Pain measures were numerically higher in OA than RA with statistically significant difference for 2 (AIMS2 and SF-36) out of 3 measures (Table 1). No statistically significant differences were found within the dimensions of physical and mental health, social functioning and self-efficacy.

Abstract SAT0076 Table 1

	OA (n = 51)	RA (n = 51)
Pain VAS	40.7 (19.3)	37.5 (23.2)
AIMS2 pain	5.85 (2.03)	4.66 (2.50)
SF-36 pain	37.8 (17.0)	46.3 (21.5)
MHAQ	1.48 (0.37)	1.61 (0.60)
SF-36 physical	54.3 (21.3)	45.1 (24.4)
AIMS2 physical	1.94 (1.09)	2.47 (1.57)
SF-36 mental	68.0 (22.7)	70.7 (21.9)
AIMS2 affect	3.65 (1.85)	3.22 (1.78)

Comparison health status (mean (SD) values).

Conclusion OA patients report more severe pain than RA patients matched for age and gender, whereas other dimensions of health status appear to be similar, with a tendency of worse physical health in RA and worse mental health in OA patients.

SAT0077 EXAMINATIONS OF THE NORWEGIAN VERSION OF AUSCAN ? A DISEASE SPECIFIC MEASURE OF HAND OSTEOARTHRITIS (OA)

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Background In clinical practice we have observed that patients with hand OA frequently have severe pain, stiffness and physical