were performed on 10 arthritis patients. The resulting arthritis treatment satisfaction (ARTS) questionnaire comprised 24 items.

Validation study: Psychometric analysis was performed to establish the structure (Principal Component Analysis (PCA) and multi-trait analysis) and the internal consistency (Cronbach alpha) of the questionnaire on a cross-sectional sample of 797 arthritis patients recruited by their clinicians. Patients were on average 67.5 years old (sd = 10.4), 64.5% were women, 26% had arthritis of the hip, 58% had arthritis of the knee, and all patients had suffered from arthritis for an average of 7 years (sd = 6.4).

Results PCA revealed a clear four dimensional structure. In order to reduce the number of items, 6 out of the 24 items were discarded because of moderate to low item convergent validity, and because they did not modify the internal reliability coefficient and content validity of the questionnaire. The final questionnaire comprised 18 items consisting of 4 dimensions measuring treatment advantages, treatment convenience, apprehensions about treatment and satisfaction with medical care. Item convergent and discriminant validity and the internal consistency reliability were satisfactory (Cronbach alpha of 0.84 for the global questionnaire which varied between 0.63 and 0.88 per dimension). PCA and multitrait analysis were reproduced on an independent sample of 137 patients, thus confirming the relevance of the 4 dimensional structure and internal consistency reliability of the questionnaire.

Conclusion Psychometric validity of this first treatment satisfaction questionnaire specific to arthritis is promising and further psychometric validation (clinical validity and reproducibility) is presently underway.

SAT0085 MELOXICAM HAS A LOW RISK OF SERIOUS GASTROINTESTINAL COMPLICATIONS: POOLED ANALYSIS OF 27,039 PATIENTS

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Background Gastrointestinal (GI) complications are the most common adverse events associated with nonsteroidal anti-inflammatory drugs (NSAIDs). Although serious gastrointestinal complications, such as perforated ulcers and catastrophic bleeding, are uncommon, these events are.

Objectives We reviewed the incidence of serious upper GI (UGI) complications, including perforations, obstructions and hemodynamically-significant bleeds in a pooled data analysis of Meloxicam clinical trials that were at least 3 weeks in duration and included at least 20 patients per arm.

Methods Thirty-five trials with 27,309 patients on Meloxicam, comparator NSAID's, or placebo were included in the analysis. Nearly 39% (8109) patients were over age 65, and 1002 patients (4%) had a previous history of perforation, ulcer or bleed. Cases of suspected GI events were ascertained based on pre-defined criteria. Case report forms and supporting details were blinded and submitted to an independent Endpoint Committee for adjudication.

Results A total of 448 potential cases were identified and sent for adjudication. The Endpoint Committee determined that 54 of these cases met the predefined criteria for a clinically significant event.

Abstract SAT0085 Table 1

	No. Patients	Mean Exposure (Days)	Cummulative Pt Years	No. Events	Rate per 100 pt years
Placebo	736	56	113	0	0
Meloxicam 7.5	10158	33	918	3	0.3
Meloxicam 15	2960	179	1451	9	0.6
Meloxicam 22.5	910	241	600	6	1.0
Diclofenac	5464	35	524	9	1.7
Naproxen	243	117	78	1	1.3
Piroxicam	5371	41	603	16	2.7

Conclusion The risk of clinically significant UGI events with meloxicam is dose-dependent and low at the recommended doses of 7.5 mg and 15 mg.

SAT0086 CARTILAGE DERIVED SEROLOGIC MARKERS AND RADIOGRAPHIC PROGRESSION OF KNEE OSTEOARTHRITIS

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Background

Objectives To determine relation between serum levels of cartilage derived markers (cartilage oligomeric matrix protein ? COMP, human gp 39 – chondrex, YKL-40) and radiographic progression in knee osteoarthritis (OA) patients.

Methods A cohort of 202 patients with symptomatic knee OA was introduced into the study and followed-up over the period of 3 years. Serum levels of markers were measured at the baseline and at the end of the study. COMP was measured using monoclonal antibodies, developed in our institute. Chondrex was measured using chondrex-kit (Biometra, USA). Radiographic progression was defined as reduction of joint space width (JSW) > 0.5 mm over the 3 years follow-up. Baseline serum COMP and chondrex levels were compared in patients with and without radiographic progression and correlated with maximal JSW reduction (one knee) and a total of JSW reductions from both knees.

Results Totally 118 patients completed the 3 years follow-up; 22 of them showed JSW reduction at least in one knee joint. The levels of both markers in progressive and non-progressive groups are summarised in the Table 1.

Abstract SAT0086 Table 1

		Progressive (n = 22)	Non-progressive (n = 96)	p
COMP (entry)	ug/ml	1.36 ± 0.38	1.18 ± 0.41	< 0.05
COMP (3 years)	ug/ml	1.76 ± 0.59	1.18 ± 0.35	<0.05
Chondrex (entry)	ng/ml	93.35 ± 81.59	77.97 ± 47.36	NS
Chondrex (3 years)	ng/ml	98.03 ± 85.04	83.35 ± 52.81	NS