Maximal JSW reduction (one knee) significantly correlated with entry and final COMP levels ($\rho = 0.201$, $p < 0.05$, $\rho = 0.187$, $p < 0.05$); JSW reduction from both knees correlated with final COMP level ($\rho = 0.162$, $p < 0.05$); the correlation with entry COMP level nearly reached the significance level ($p = 0.07$). Chondrex levels did not correlate with JSW reduction at all.

Conclusion COMP could represent biochemical predictor of radiographic progression in knee OA. The possible predictive role of chondrex in radiographic progression of knee OA was not proven in this study.

SAT0087 THE EFFECT OF MELOXICAM VERSUS USUAL CARE NSAIDS FOR THE TREATMENT OF OSTEOARTHRITIS IN A USUSAL CARE SETTING. THE RESULTS OF THE IMPROVE TRIAL

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Background Traditionally, NSAIDs have been the mainstays for managing symptoms of osteoarthritis (OA). While NSAIDs generally are considered to be effective in managing pain and inflammation, they frequently are associated with gastrointestinal side effects or lose their effectiveness leading to discontinuation of therapy or switching to another NSAID. These side effects can add significantly to the direct medical cost of managing the OA patient population. This suggests that there is dissatisfaction with current therapies on the part of the patient, physician or both. The time to discontinuation or change to another NSAID may be used as one measure that can examine the interrelated reasons for discontinuation, mainly efficacy and tolerability. Currently, there are no published randomised prospective studies that have examined the time to NSAID discontinuation; or NSAID switches and

Objectives The objective of this study was to compare the percentage of treatment successes or failures in patients randomised to meloxicam 7.5 mg vs. usual care prescription NSAIDs in a variety of managed care settings (MCOs). A success was defined as a patient who started on their initially prescribed study NSAID and never received a different prescription NSAID during the trial. During the trial, the patient could have temporarily discontinued the new study prescription NSAID, restart the same drug and be considered a treatment success. A treatment failure was defined as a patient who started on an originally prescribed study NSAID and changed to another NSAID at any point during the trial.

Methods This was a multicenter, randomised, parallel-group, open-label trial of meloxicam 7.5 mg versus usual care administration of prescription formulary NSAIDs for the treatment of patients with OA in a variety of MCO models. Patients with OA of the hip, knee, hand or spine were randomised to receive either meloxicam 7.5 mg or any other prescription NSAID that they had not previously been treated with for their OA based on the patients formulary. The study was designed to mirror actual MCO practices and not add costly and unnecessary study-driven procedures at enrolment and throughout the observation period. The treatment/observation period was 6 months in duration and assessments were made to determine the reasons for permanent discontinuation from the initial prescription NSAIDs, number of

NSAID therapies, as well as the health care utilisation, efficacy and safety.

Results There were 1,321 patients entered into the trial and approximately 67% of the patients were female and 95% Caucasian. The mean age was approximately 64 years and the mean duration of OA was over 9 years. Rates of NSAID switching and efficacy will be discussed.

Conclusion The study was well accepted by physicians and patients.

SAT0088 COST-BENEFIT ANALYSIS OF GLUCOSAMINE SULFATE USE

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Background Osteoarthritis (OA) is a disabling and costly disease (see Belisari's and Mantovani's abstract). Glucosamine sulfate has shown to be effective in reducing the severity of OA as measured through the Lequesne index (LI).

Objectives To evaluate the the pharmacoeconomic profile of Glucosamine sulfate in Italy.

Methods Cost-benefit analysis of glucosamine sulfate use in the context of the Italian society. We compared 2 different pharmacological interventions in OA patients: piroxicam vs. glucosamine sulfate. We considered direct medical costs (e.g. treatment), direct non-medical (e.g. home adaptation, transport, etc.) and indirect (e.g. wage losses) costs. Costs are expressed in Euros 2000. Benefits were measured on the results of a reference randomised clinical trial. They were expressed in terms of LI score reduction, and were turned into monetary terms using the equation estimated in the study by Belisari and Mantovani, which shows a significant association between severity of the disease and costs (higher costs in more severe patients).

Results Although glucosamine sulfate therapy cost is higher than piroxicam one (81 vs. 33 Euros, the intervention with glucosamine sulfate resulted in a potential net saving of almost 11 Euro/patient in 90 days and 110 Euros/patient in 150 days attributable to its higher efficacy.

Conclusion Based on our estimates, glucosamine sulfate has a favourable cost benefit profile compared to piroxicam.

REFERENCE

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SAT0089 ROFECOXIB PROVIDES SUPERIOR RELIEF OF SYMPTOMS OF OSTEOARTHRITIS (OA) COMPARED TO CELECOXIB

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Background

Objectives We performed a randomised, double-blind, clinical trial to evaluate the efficacy and safety of rofecoxib and celecoxib at highest indicated once daily doses in osteoarthritis.