GEC UGI Ulcers + Ulcer Complications	Celecoxib	6	0.32	0.25 (0.09, 0.67)	0.006
	NSAIDs	12	1.27	–	–

*Per 100 pt yr exposure (duration from first dose to hospitalisation, or to last contact); celecoxib: 1883 pt-yrs, NSAIDs: 942 pt-yrs.

Conclusion UGI hospitalisation rates were 2–4x lower, and less UGI-related healthcare resources were utilised for celecoxib- vs NSAID-treated patients. The incidence of serious clinical UGI safety endpoints was significantly lower in the celecoxib-treated patients. Sponsored by Pharmacia Corporation and Pfizer, Inc.

SAT0098 COX-2 SPECIFIC INHIBITORS – IS THERE ANY BENEFIT OF USING THESE AGENTS IN PATIENTS ON LOW DOSE ASPIRIN (ASA)?

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Background COX-2 specific inhibitors have been shown to significantly reduce the risk of gastrointestinal complications compared to conventional NSAIDs, while providing equivalent efficacy. However, there is significant controversy regarding the UGI safety and tolerability benefits of COX-2 specific inhibitors, such as celecoxib, in patients on concomitant low-dose ASA (<325 mg/day) for cardiovascular protection.

Objectives To evaluate the UGI tolerability and safety of celecoxib 200 or 400 mg per day and the commonly prescribed conventional NSAIDs (diclofenac or naproxen) in patients taking ASA in SUCCESS-1, a large multinational double-blind, randomised study.

Methods SUCCESS-1 enrolled 13,274 patients from 1,142 centres in 39 countries in Europe and South Africa, Asia, Latin America, and the US and Canada. Patients were treated for 12 weeks using celecoxib (200 or 400 mg/d) and NSAIDs (naproxen 1000 mg/d in US and Canada and diclofenac 100 mg/d in all other countries). Adverse events were captured at week 6 and week 12 using standard adverse assessment ascertainment. In addition, all investigator-identified potentially clinically significant UGI events were referred to an independent Gastrointestinal Events Committee (GEC), which reviewed all data in a blinded fashion. Events were categorised as UGI ulcer complications (perforations, gastric outlet obstruction, bleeding), symptomatic UGI ulcerations or other GI events.

Results Of the 13,194 patients randomised in the SUCCESS-1 trial, 4421 and 4429 patients received 200 or 400 mg per day of celecoxib respectively, 914 patients received 1000 mg per day of naproxen, and 3510 patients received 100 mg per day of diclofenac. Patients were mostly female (67%), and 42% were 65 years or older (mean age: 62 years). Patients in each group had comparable baseline aspirin use and past history of upper GI (UGI) bleeding. A total of 697 patients took celecoxib and ASA. In the NSAID arm, 348 patients took concomitant ASA.

Abstract SAT0098 Table 1

	UGI SAFETY	Celecoxib and ASA (n = 697)	NSAIDs and ASA (n = 348)	Celecoxib without ASA (n = 8103)	NSAIDs without ASA (n = 4046)
Serious UGI events/100 pt yrs (n)					
Possible UGI events (investigator determined)		10 (13)	17.4 (11)	4.4 (70)	6.3 (50)
Confirmed Ulcer complications		0.8 (1)	1.6 (1)	0.1 (1)	0.8 (6)
Confirmed Ulcer complications/symptomatic ulcers		2.3 (3)	6.3 (4)	0.9 (15)	1.8 (14)

In the non-ASA groups, patients on celecoxib experienced risk reduction of 30–88% in serious UGI events compared to conventional NSAIDs. In ASA groups, patients on celecoxib experienced risk reduction of approximately 43–63%.

Conclusion Risk reduction with celecoxib and ASA is lower than risk reduction in patients not taking ASA. However, the magnitude of this risk reduction is clinically significant. Therefore, celecoxib continues to have a role in reducing risk of UGI complications even in patients on low dose ASA.

Metabolic and crystal arthropathies

AB0152 THE DIFFERENTIAL DIAGNOSTIC SPECIFICITIES OF PURINE ENZYMES ACTIVITY IN RHEUMATOID ARTHRITIS AND GOUT

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Background The clinical picture of gouty arthritis (GA) and rheumatoid arthritis (RA) can be quite often much alike, and the differential diagnosis of these diseases is rather difficult. The GA and RA patients often have hyperuricemia, which is indicative of purine metabolism breaches in patients with these diseases.

Objectives To study differential diagnostic specificity of Purine enzymes activity in Rheumatoid arthritis and Gout.

Methods We observed 71 RA patients. The mean age of the patients $\pm$ 43.2 $\pm$ 3.6 years. The mean duration of the disease – 11.9 $\pm$ 3.6 years. I degree of RA activity was determined in 17 (23.94%), II $\pm$ in 44 (61.97%), III $\pm$ in 10 (14.09%) observations. 34 Gout patients were examined. The mean age of the patients $\pm$ 48.2 $\pm$ 2.2 years. The mean duration of the disease 8.8 $\pm$ 1.3 years. The intermittent form of Gout was determined in 21 (61.8%), the chronic form $\pm$ in 13 (38.2%) observations. Adenosin deaminase (ADA), AMP-desaminase (AMPDA), Xanthine dehydrogenase (XDG), Xanthine oxidase (XO) activities were measured with spectrophotometer, ADA, XDG isoenzymes were examined with method of electrophoresis in agarose gel and obtained enzymograms were evaluated at densitometry.

Results XDG activity was more high, XO/XDG activities ratio was less in Gout patients in comparison with RA patients (I

degree of activity). ADA-2 isoenzymes were more in chronic form of Gout than in RA. We revealed the simultaneous increase of XO, XDG activities in Gout (XO/XDG activities ratio $\geq 0.6-0.8$), but increased XO activity in RA was accompanied by normal or lowered XDG activity (XO/XDG activities ratio $\geq$ more 1.0).

Conclusion XO, XDG activities changes is more essential in differential diagnostics of RA and Gout among studied enzymatic indices.

AB0153 GOUT IN YUZHNO-SAKHALINSK RESIDENTS

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Background Prevalence of gout in the population of Russian cities 20 years ago according to the data of multicentral study was 0.02–0.06%. Since that time there were no studies on epidemiology of this disease.

Objectives To assess the prevalence and clinical manifestations of gout among Sakhalin population (residents of Yuzhno-Sakhalin city).

Methods Clinical manifestations in 120 gout pts (M:F = 117:3) examined in Municipal Diagnostical Centre of the city of Yuzhno-Sakhalinsk from 1990 to 1999 were studied. Population of the city includes 7% of Koreans and the rest are Slavs.

Results In the result of analysis it was found that gout prevalence among Korean population (300 per 100000 of population) was 6.3 times higher than among Slavs (47 per 100000). In Korean population the disease was found only in males and in Slavs the relation M:F = 26:1. Among Slavs the median period of gout attack was 7–10 days per year whereas in Koreans 3–5 days by 4–5 times a year. Tofies in Koreans were found in 2% of cases, and in the rest – in 17%. Family aggregation of the disease was noticed in 25% of Korean pts and 7% in pts of other ethnicity.

Conclusion In similar environmental circumstances the prevalence and clinical manifestations of gout are closely related to nationality, that is the certain genotype.

AB0154 PREVALENCE AND CHARACTERISATION OF URIC GOUT DISEASE IN A RHEUMATOLOGY OUTPATIENT'S CLINIC

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Background

Objectives As all other crystal-related arthropathies, uric gout (UG) is a disease that is relatively disabling in its acute phase. There is a lack of published works on the characterisation and prevalence in the portuguese population. The authors' have initiated a study on the sociodemographic and clinical characterisation of the patients with UG of their outpatients rheumatology clinic.

Methods It is a retrospective study, whose data collection took place between May and October 2000, and was later restarted in December 2000. The sample included all patients which presented a UG diagnosis. A 48 variable questionnaire and the patient's clinic register were used for the gathering of data. The questionnaire comprised the patient's identification, professional

occupation, clinical profile, changes in the laboratorial and radiological exams, associated diseases, habits, family history. The data analysis was performed using the SPSS 9.0 for Windows software.

Results Of an outpatient's clinic universe of 3000 patients, a total of 39 (1.9%) patients with UG diagnosis was selected. Only 32 of these, were included in the study, representing the sample. It is characterised by an average age of 59.4 and 87.5% males. The average age at which the first UG crisis happens is 45. The average duration of crisis without therapeutics is 13.7 days, and with therapeutic is 5.4 days. The average asymptomatic period is variable, with a minimum of 15 days and a maximum of 100 days. In 51.6% of the patients the first affected joint is the 1st MTP, followed by the instep, knee and ankle. Globally, the most affected joints are, in decreasing order, 1st MTP and foot, knee, ankle, hand and fingers, elbow, wrist and shoulder. About 33% of the sample patients show gouty tophi. The precipitating factors can only be identified by 78% of the patients, and they are, in decreasing order, alcohol + meals, meals, other disease or trauma, alcohol, and cold. The average of the serum uric acid measured at the first appointment is 9.7 mg/dl. The urine uric acid was measured in 50% of the patients, presenting an average value of 670 mg/24 h. The average serum creatinine is 1.7 mg/dl, in which 5 patients had renal impairment. Only 28.1% of the sample was researched for crystals in sinovial fluid, being positive in 11.1% of these. X-rays were performed on 53.1% of the patients, and among these 88.2% present radiological abnormalities. In what concerns associated diseases, 60% were obese, having also been considered the following diseases: diabetes, hypertension and hyperlipidemia. Additionally, 35.5% of the patients have moderate to heavy alcoholic habits, 42.6% have family history of UG.

Conclusion The results obtained in this study are in good agreement with the published literature concerning the european and north-american population. The sample considered is small due to the fact that this study was paused, and restarted latter, now tuned into the research of monosodium urate monohydrate crystals to confirm the clinical diagnosis.

AB0155 CHRONIC TOPHACEOUS GOUT IN A PREMENOPAUSAL PATIENT WITH FAMILIAL NEPHROPATHY

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Background Only 5% of gouty patients are women and 90% of them are postmenopausal at the time of onset.

Objectives To describe a delayed diagnosis in a young female patient with gouty arthritis and familial nephropathy, to mention about approach to allopurinol cutaneous hypersensitivity.

Methods A 35-year-old woman presented with a 8 year history of arthritis that became crippling in the last year. Initially she was misdiagnosed as acute rheumatic fever, and later she was treated as rheumatoid arthritis. She denied any usage of diuretics or alcohol. Pedigree evaluation revealed five cases of chronic renal failure in the family, some with gouty complaints. On presentation; blood pressure was 120/70 mmHg, she was Steinbrocker functional class IV. She had large, tophi over metatarsophalangeal joints and tenderness with motion of ankles, wrists and right elbow. Monosodium urate crystals were demonstrated in synovial fluid. Serum urate level was 14 mg/dl, uric