poor, very poor). In addition the treatment preference with regard to the prior analgesic treatment and the quality of life (SF-36) has been documented. Regarding the safety unexpected events and vital parameters have been documented.

Results 59% of the patients were treated for 12 months, 41% discontinued treatment earlier (5% because of inadequate effect, the rest for other reasons). The primary target parameter of subjective weekly assessment of pain control was consistently rated very good to moderate (50 to 80%). 77% of patients preferred fentanyl TTS to the former opioid therapy. There was a significant improvement in SF-36 (quality of life) after 12 months in terms of physical pain, mental health, average pain intensity and pain frequency. The mean fentanyl TTS dose was 67 µg/h in month 1, 90 µg/h in months 6 and 97 µg/h in month 12. The most frequently reported adverse reactions caused by fentanyl TTS (>10%) were nausea, vomiting, headache, increased perspiration, constipation, drowsiness, fatigue, dizziness and depression.

Conclusion In this trial patients with chronic, therapy-resistant back pain showed benefit of a treatment with fentanyl TTS. There was not only pain reduction but also improvement in quality of life over a period of one year. At the same time the dosage of fentanyl remained stable. The success of this pain therapy may offer the possibility to initiate a causal therapy like physiotherapy. Fentanyl TTS offer stable pain control for failed back surgery syndrome patients and improves their quality of life. It is safe and well tolerated.

FRI0240 LASER NUCLEOLYSIS FOR THE TREATMENT OF LOMBOSCIATICA. RESULTS IN A COHORT OF 30 PATIENTS WITH A 6 MONTHS FOLLOW UP

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10.1136/annrheumdis-2001.544

Background Since 1986, laser is used for percutaneous treatment of discal herniation. Due to a thermic effect, it infers an evaporation of the nucleus pulposus and allows a discal decompression that seems to be responsible for the improvement of the patients.

Objectives To estimate the efficacy of the laser nucleolysis on pain, functional incapacity and quality of life of patients suffering of lumbosciatica due to discs herniation.

Methods Thirty patients suffering from lumbosciatica due to a disc herniation for more than three months were selected on clinical and radiological criteria. All were not relieved although they underwent a well-driven medical treatment. They were treated with percutaneous way with a laser diode 940 nm. All were followed prospectively for six months by an examiner different from the operator. Evaluation criteria consisted of level of lumbar and radicular pain (VAS), level of functional incapacity (Oswestry) and quality of life (SF-36).

Results 30 patients were included in this study. 6 months after the intervention 23 of them (76.6%) were relieved of their radicular pain (EVA < 20%). Lumbar pain and level of functional incapacity decreased whereas the quality of life increased. The patients who failed to improve three months after the procedure (23.4%) were all relieved later after a surgical discectomy.

Conclusion Laser nucleolysis allows a significant decrease at month 6 of pain, functional incapacity and an increase of the

quality of life in a group of selected patients suffering from lumbosciatica resistant to the medical treatment.

FRI0241 LUMBAR LORDOSIS IN ACUTE AND CHRONIC LOW BACK PAIN PATIENTS

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10.1136/annrheumdis-2001.545

Objectives Low back pain (LBP) is a major health problem affecting the adult population. Postural changes are one of the risk factor in some cases. Abnormal posture makes a strain on ligaments and muscles that indirectly affects the curvature of lumbar spine. The purpose of this study was to investigate the relationship between the angles of lumbar spine and spinal mobility in acute and chronic LBP patients.

Methods Fifty patients (25 female, 25 male) with chronic Low Back Pain (CLBP) and fifty patients (30 female, 20 male) with acute low back pain (ALBP) were included the study. Both groups were subjected to lumbosacral radiography in lateral position while they were standing. Measurements were made directly from the radiographs. Patients were assessed by parameters such as spinal mobility, sacral inclination angle, lumbosacral angle and sacral horizontal angle. Spinal mobility included lumbar spinal flexion and extension and measured by double inclinometer method.

Results There were no statistical differences between age and gender in both groups ($p > 0.05$). The value of the SIA was significantly increased in CLBP patients compared to ALBP group. It was also correlated with lumbar extension in CLBP patients ($p < 0.005$). There was no statistical difference in LSA between ALBP and CLBP groups ($p > 0.05$). There was also no observable difference between two groups and no correlation with lumbar flexion and extension for men and women ($p > 0.05$).

Conclusion The weakness of these muscles may cause a forward posture and an increase in lumbar lordosis. Additional researches should be helpful to confirm the relationship between the angles of lumbar spine and low back pain.

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FRI0242 A LARGE MULTICENTRE COMPARATIVE EFFICACY, TOLERABILITY AND QUALITY OF LIFE TRIAL BETWEEN TTS FENTANYL AND SUSTAINED RELEASE MORPHINE, IN STRONG-OPIOD NAÏVE PATIENTS WITH CHRONIC LOW BACK PAIN

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10.1136/annrheumdis-2001.546

Background Low back pain is a common condition affecting approximately 80% of the population during their lifetime.¹ It is not only a leading cause of disability in developed countries, but is also the most costly biopsychosocial chronic pain condition in

the western world. Treatment of low back pain is unsatisfactory for many reasons, not least that an estimated 85% of patients presenting with back pain will not receive an adequate diagnosis. Optimum management relies upon a multimodal approach, where analgesia facilitates active rehabilitation. Recent primary care guidelines recommend that paracetamol should be used initially for treating joint pain, followed by the prescription of non-steroidal anti-inflammatories (NSAIDs).² However, the significant morbidity, mortality³ and pharmacoeconomic implications⁴ associated with long term NSAID prescription, makes this an appropriate time to consider other therapies. Strong opioids have been shown to offer efficacy, safety and tolerability to patients with chronic non-cancer pain.⁵ Furthermore, strong opioids including TTS Fentanyl, have been shown to be effective and well tolerated specifically in patients with low back pain, although in small numbers.^{6,7}

Objectives In a pragmatic, clinical based trial, approximately 600 strong-opioid naïve patients were enrolled in an international (16 European countries), randomised, open-label, parallel, multi-centre (110 investigational centres), 13-month study. The objective of the study was to compare pain relief and the adverse event profile, achieved by TTS Fentanyl and sustained release morphine for chronic low back pain in strong opioid naïve patients. Outcome measures from the study included safety, QOL and outcome (the number of working days lost to chronic back pain) on TTS Fentanyl or sustained release morphine therapy.

Methods Patients were prescribed the lowest dose TTS Fentanyl patch (25 µg/h) every 72 h, with incremental titration of 25 µg/h to achieve adequate pain control. Patients randomised to sustained release morphine started on 30 mg sustained release morphine 12-hourly, titrated up in 30–50% increments after a minimum of 12 h to achieve adequate pain control. Safety assessments were conducted throughout the study.

Results The results of the interim analysis detailing patient demographics, disposition, and characteristics of the chronic pain, will be presented in the poster.

Conclusion

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FRI0243 SAPHO SYNDROME IN HUNGARY

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10.1136/annrheumdis-2001.547

Background SAPHO syndrome is an abbreviation according to the suggestion of Chamot (1990) from the words Synovitis, Acne, Pustulosis, Hyperostosis and Osteitis. There are more than 50 synonyms in the first described SAPHO syndrome by Chamot, too. The usage of SAPHO syndrome diagnosis became widespread only in the latest years.

Objectives Authors studied the Hungarian publications examining the appearance and extending of SAPHO syndrome in 1998. Chronic recurrent multifocal osteomyelitis (CRMO) diagnosis is

used also nowadays in the paediatric cases corresponding to SAPHO syndrome. Authors give a review of the SAPHO syndrome cases published and/or presented in Hungary.

Methods There were 8 cases as acne arthritis, 1 case as SNSA, 5 cases as SAPHO syndrome published, 31 cases as sternoclavicular involvement in psoriatic arthritis, 3 CRMO cases, 1 SAPHO syndrome presented in Hungarian Congresses, together 49 case reports.

Results The concomitant skin lesions were: acne conglobata, fulminans or psoriasis vulgaris. Mean age: 33,3 (12–60). Male: female ratio was: 29/20. Almost all the patients had peripheral arthritis, most of them had sacroiliitis and/or SCC arthritis.

Conclusion

OP0077 ULTRASOUND IN THE DIAGNOSIS OF DISC HERNIATION

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10.1136/annrheumdis-2001.548

Background One major advantage of ultrasound (US) is that it can be performed bedside by the clinician. In an attempt to implement US in the diagnosis of disc herniation some authors have previously described sensitivities and specificities approximating those of the conventional methods. Within the last decade, however, there have only been sparse reports on this subject. So far, the role of US in this area is unclear.

Objectives To evaluate in a blinded fashion US in the diagnosis of disc herniations at the three lower lumbar levels performed by an experienced specialist.

Methods 18 males and 19 females with a mean age of 39.7 years (SD 10.5 years) and no previous back surgery were included due to suspected disc herniation. The US was performed transabdominally with the patient in the supine position. An Acuson Sequoia with a 4 MHz vector transducer was used. MRI or CT was obtained at the three lower lumbar levels. The two modalities (US vs. CT/MRI) were performed and evaluated blinded to each other. The endpoints were existence of herniation or protrusion in contrast to normal findings and the corresponding level of the abnormal finding.

Abstract OP0077 Table 1

	US L3/4 Abnormal	US L3/4 Normal	US L4/5 Abnormal	US L4/5 Normal	US L5/S1 Abnormal	US L5/S1 Normal
CT/MRI, abnormal	2	3	9	13	1	17
CT/MRI, normal	6	19	1	10	4	12

The US findings compared with the corresponding CT/MRI findings.

Results A total of 97 disc levels were visualised by US. Fourteen levels were not visualised. There were 45 disc abnormalities (herniations or protrusions) found by CT/MRI, and of those 12 (26.7%) were also found by US. Fifty two discs were found to be normal by CT or MRI, but of those 11 (21.2%) were suspected to be abnormal by US. A total agreement between US and CT/MRI was found in 53/97 (54.6%) of the cases. The sensitivity of US was 12/45 (26.7%) and the specificity 12/23 (52.2%). The false positive rate was 47.8% and the false negative rate 44.6%. The over all kappa value was 0.18. The findings