SAT0121 ORAL MORPHINE VERSUS ORAL HYDROMORPHONE IN RHEUMATOLOGIC NON-MALIGNANT PAIN: A PROSPECTIVE RANDOMISED STUDY IN 144 PATIENTS

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10.1136/annrheumdis-2001.554

Background Morphine and hydromorphone are commonly used as opioids in cancer pain. The management of non-malignant pain is sometime difficult. A recent and debated therapeutic consideration is the used of morphine in intractable Rheumatologic Non-Malignant Pain (RNMP).

Objectives The purpose of this prospective randomised study was to compare the efficacy of pain relief and side effects of oral hydromorphone and oral morphine in RNMP.

Methods 144 patients suffering from RNMP were assigned to receive oral morphine or oral hydromorphone. Different criteria were affected: dose of morphine (mg/day), duration of treatment (days), baseline and post-treatment evaluation of pain using a Visual Analogic Scale (VAS, in cm). The prevalence of nausea was assessed in the two groups.

Results

Abstract SAT0121 Table 1

	Mean age (years)	Mean duration (days)	Mean dose (mg/day)	VAS (Cm)	Number of patients with nausea
Oral hydromorphone	56	8.1	10.8	3.7	16
Oral morphine	52.7	7.8	67.7	4	20
p	0.22	0.82	/	0.40	0.41

Conclusion We observed a VAS mean decrease of 3.7 cm with oral hydromorphone and 4 cm with oral morphine, despite oral hydromorphone provides no statistical significant benefit over oral morphine in RNMP.

SAT0122 OPIOID ROTATION WITH ORAL MORPHINE TO ORAL HYDROMORPHONE IN RHEUMATOLOGIC NON CANCER PAIN: A RETROSPECTIVE STUDY

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10.1136/annrheumdis-2001.555

Background Although being a controversial debated, opioids may be an alternative therapeutic in intractable rheumatologic non-malignant pain (RNMP). Different mechanisms including receptor activity, cross over tolerance and toxic metabolites can explain the differences in analgesic or adverse effect responses among opioids.

Objectives To determine that rotation with oral morphine to oral hydromorphone can be useful for establishing a more advantages analgesia/toxicity relationship.

Methods We made retrospectively 24 rotations in patients suffering from RNMP. Different criteria were assessed: dose of morphine and hydromorphone (mg/day), duration of treatment

(days), evaluation of pain using a Visual Analogic Scale (VAS, cm) before and after rotation, and finally the causes of rotation. **Results** 11 rotations were made for nausea and 13 for inefficacy. There is a significant statistical decrease of VAS after rotation (test of Student).

Abstract SAT0122 Table 1

	Oral morphine (mg/day)	Oral hydromorphone (mg/day)	Decrease VAS (cm)
Mean	63.5	11.7	3.87
Standard deviation	13.7	3.5	2.1

Conclusion Oral hydromorphone appeared to result in improvement of pain relief after rotation, and may provide a suitable alternative to bypass nausea. We observed an average morphine/hydromorphone ratio of 7:1, which has become the accepted standard.

SAT0123 THE EFFICACY OF ROFECOXIB IN THE TREATMENT OF INFLAMMATORY ARTHROPATHIES

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10.1136/annrheumdis-2001.556

Background The research aimed the development of a prospective investigation on the efficacy of the rofecoxib treatment in inflammatory arthropathies patients.

Our previous expertise enabled us to suspect that there might be some consistent effects of the rofecoxib of the inflammatory disease class.

Objectives Consequently the main objective of our research was to point out the influences of rofecoxib as an alternative treatment in the inflammatory disease class.

Methods Basically, the method consists of taking measurements and surveying the effects of the rofecoxib treatment on patients during a two week time interval.

The study involved a 55 patients target group with the following structure: acute gout present at 15 of them, 19 patients had seronegative spondylarthropathies, 7 suffering of psoriatic arthritis, 10 of them presenting rheumatoid arthritis and 2 patients diagnosed as systemic sclerosis associated arthritis.

The survey assumed the pain score measurement in terms of an analogical pain scale from 0 (no pain) to 10 (very severe pain). The measurements were taken at 48 h, 72 h, 7 days and 14 days following the initial moment when the therapy with rofecoxib started.

Results Our results can be summarised as follows: very high efficacy in acute gout (50 mg in the first day, then 25 mg/day) together with significant decrease of the 48 h pain score. Also, good efficacy can be reported in case of seronegative spondylarthropathies, psoriatic arthritis and systemic sclerosis associated arthritis (25 mg/day 7 days, followed by 12.5 mg/day) but for patients suffering of rheumatoid arthritis the efficacy can be considered as being almost satisfactory (25 mg/day). However, the investigation of the chronic arthropathies patients continued for about two more months, and no digestive, hepatic or renal adverse reactions were reported while the whole therapeutic benefit was preserved.