significant improvement in VAS ($p = .032$), sleep scores ($p = .035$), FIQ item rating fatigue ($p = .002$), FIQ items rating tension ($p = .028$) and depression ($p = .004$) but not in TP between initial and last visits. When records were analysed case by case, resistant patients were detected and only a few patients were seemed to have a longtime improvement, and some triggering factors such as emotional trauma, minor disease such as flu etc. found to affect patients' symptoms.

Conclusion Diagnosis, assessment and follow-up of patients with fibromyalgia is not easy because of subjective, variable symptoms. Most of the patients seemed to have good times and bad times. Results of the short term outcomes may be good, but most of the patients did not maintain improvement in the longer term, they also needed to change the drug because of loss of efficacy or side effects and other treatment modalities were combined.

SAT0147 CORRELATION BETWEEN FIBROMYALGIA IMPACT QUESTIONNAIRE (FIQ) AND CLINICAL SYMPTOMS IN FIBROMYALGIA

A Gür, M Karakoç, K Nas, R Çevik, AJ Saraç, F Erdogan. *Physical Medicine and Rehabilitation, Dicle University, Diyarbakir, Turkey*

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Background Several well established instruments are available to measure health status and functional disability in persons with rheumatic diseases. Although both instruments are reliable and valid for several rheumatic disease groups, no formal psychometric testing of instruments have been reported for the population with fibromyalgia.

Objectives The study was designed to investigate the correlation between Fibromyalgia Impact Questionnaire (FIQ) and clinical symptoms, Health Assessment Questionnaire (HAQ) in patients with fibromyalgia in Turkey.

Methods FIQ is an assessment and evaluation instrument developed to measure physical functioning, work status, depression, anxiety, sleep, pain, stiffness, fatigue, and well being of fibromyalgia patients. We administered the FIQ and HAQ to 64 patients with fibromyalgia and 48 healthy persons. Severity of relevant clinical symptoms (pain, fatigue, sleep disturbance, morning stiffness, muscle spasm, number of tender points, sensitivity of trigger points) were assessed.

Results The mean age of the patients and healthy group were 27.98 ± 7.23 and 28.75 ± 5.67 , respectively ($p > 0.05$). Disease duration was 4.09 ± 3.42 years. Correlation between FIQ and HAQ scores were $\rho = 0.46$ ($p < 0.01$). Significant correlations were obtained between the FIQ scores and severity of clinical symptoms (morning stiffness $r = 0.42$ ($p < 0.01$), fatigue $r = 0.26$ ($p < 0.05$), pain $r = 0.67$ ($p < 0.01$), sensitivity $r = 0.25$ ($p < 0.05$)). In addition, significant correlations were obtained between the HAQ scores and number of tender points $r = 0.28$ ($p < 0.05$), morning stiffness $r = 0.28$ ($p < 0.05$), pain $r = 0.37$ ($p < 0.01$).

Conclusion In conclusion, the FIQ is a reliable and valid instrument for measuring functional disability in Turkish patients with fibromyalgia. In addition, our study suggest that FIQ is more significant than HAQ in correlations with clinical symptoms in patients with fibromyalgia.

SAT0148 FIBROMYALGIA SYNDROME CHARACTERISED BY PATIENT-REPORTED SLEEP, FATIGUE, MOOD AND QUALITY OF LIFE

¹AM Sesti, ¹AE Corbin, ¹C McLaughlin-Miley, ¹M Jaffe, ¹J Moore, ¹JP Young, ¹L LaMoreaux, ¹U Sharma, ²M Versavel. ¹Clinical, Pfizer, Ann Arbor, USA; ²Clinical, Pfizer, Fresnes, France

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Background Fibromyalgia (FM) is a chronic condition of pain, tender points and multiple associated symptoms. A diagnosis is made by the ACR 1990 criteria requiring a history of widespread pain and pain in 11 of 18 tender points. Although pain is required for a diagnosis, the associated symptoms contribute to the syndromic nature of the condition. This trial included measures of sleep, fatigue, mood, QoL and pain.

Objectives

Methods 529 fibromyalgia patients per ACR criteria were assessed at baseline after discontinuing meds used for FM pain/insomnia (e.g. antidepressants, sedatives). The questionnaires were the Medical Outcomes Study Sleep Scale (MOS-SS), Multi-dimensional Assessment of Fatigue (MAF), Hospital Anxiety and Depression Scale (HADS) and SF-36. The MOS-SS has 12-items with an index score and 7 subscales: disturbance, snoring, awakening short of breath/headache (SOB/HA), adequacy, somnolence (range 0–100); quantity of sleep (reported hours); and, optimal sleep (% with 7–8 h). Higher scores on the MOS-SS indicate more of the measured domain. The MAF has 16 items and 1 global index score from items measuring severity, distress, impact on activities and frequency of fatigue (range 1–50). The HADS has 14-items for anxiety/depression ranging from 0–21. Higher MAF and HADS scores indicate greater impairment. The SF-36 has 8 subscales measuring general health status with higher scores indicating better health states.

Results Demographics and pain scores are reported in the companion abstract by Corbin, *et al.* 2001. Baseline MOS-SS were: overall problems (62.3), disturbance (62.5), snoring (36.9), SOB/HA (36.1), adequacy (19.7), somnolence (49.5), quantity (5.6), and 21.7% reported optimal sleep. The fatigue index was 38.9 and the HADS scores were mild with anxiety (10.1) and depression (8.6). SF-36 scores were physical function (40.5), role physical (15.2), bodily pain (27.6), general health (47.5), vitality (20.4), social functioning (48.8), role-emotional (46.0) and mental health (58.7).

Conclusion These data suggest that FM patients have impaired sleep and concomitant fatigue based on relatively high index scores. The predominant sleep problems were disrupted and inadequate sleep with a fair amount of somnolence. Patients reported low quality of life, particularly on domains of bodily pain, role physical, and vitality. Along with a high level of pain, impairments in sleep, fatigue and QoL were reported in this FM population.

SAT0149 FIBROMYALGIA AND BENIGN JOINT HYPERMOBILITY SYNDROME

P Borman, D Keskin, H Bodur. *Department of Physical Medicine and Rehabilitation, Numune Education and Research Hospital, Ankara, Turkey*

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Background Fibromyalgia syndrome is a chronic rheumatic condition characterised by widespread musculoskeletal pain.