THU0224 CELECOXIB DECREASED DYSPESPIA IN OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS PATIENTS: SEVERITY OF DYSPESPIA ASSESSMENT (SODA) RESULTS FROM THE ? CELECOXIB LONG-TERM ARTHRITIS SAFETY STUDY? (CLASS 2), A RANDOMISED TRIAL COMPARING CELECOXIB AND DICLOFENAC

¹JL Goldstein, ²BM Pena, ³D Dedhiya, ⁴LS Simon. ¹Department of Medicine, University of Illinois at Chicago, Chicago, USA; ²Research and Development, Pfizer, Inc., New York, USA; ³Research and Development, Pharmacia Corporation, Skokie, USA; ⁴Department of Medicine, Beth Israel Deaconess Medical Center, Boston, USA

10.1136/annrheumdis-2001.756

Background Dyspepsia associated with NSAIDs is a cost-driver in the clinical management of arthritis patients and leads to discontinuation of medications.

Objectives To assess the impact of dyspepsia in arthritis patients randomised to celecoxib (C) or diclofenac (D) using SODA.

Methods As part of the double-blind, randomised CLASS trial, SODA (previously validated in dyspepsia patients) was administered at baseline and Weeks 4, 13, 26, and 52 (final visit) to 1997 C patients (400 mg BID, 4 x the OA dose) and 1996 D patients (75 mg BID). Patients with ≥ 1 response missing at baseline were excluded, leaving 1791 C and 1816 D patients in the modified ITT (M-ITT) group. SODA has three subscales: pain intensity (6 items characterising the abdominal pain associated with dyspepsia, ranging from 2 to 47); nonpain symptoms (7 items describing the impact of dyspeptic symptoms on daily living activities, ranging from 7 to 35); and satisfaction (4 items describing satisfaction with dyspepsia Rx). Lower SODA scores are better.

Results SODA change scores were moderately correlated with number of dyspepsia adverse events and increased with dyspepsia adverse event severity levels (none, mild, moderate, severe) and dyspepsia withdrawal status, irrespective of treatment. An M-ITT analysis with last observation carried forward showed that both groups were equivalent at baseline. Patients receiving C had lower pain intensity at all follow-up time points, ranging from 12.3 vs 14.5 at Week 4 to 12.6 vs 14.2 at Week 52 ($p < 0.001$ at all time points). Patients receiving C were more satisfied at all follow-up time points, ranging from 6.0 vs 6.7 at Week 4 to 6.3 vs 6.9 at Week 52 ($p < 0.001$ for all time points). Patients receiving C had fewer nonpain symptoms at Week 4 (12.0 vs 12.4, $p < 0.003$) and showed a trend toward fewer nonpain symptoms at subsequent time points. Self-reported dyspepsia was lower with C (16.5% vs 19.5%, $p < 0.05$). Similarly, GI-driven AE withdrawal rates were significantly lower for C than D at Week 52 (12.2% vs 16.6%, $p < 0.05$).

Conclusion Celecoxib patients had less pain intensity and were more satisfied than diclofenac patients, as measured by SODA. These results parallel self-reported dyspepsia and GI-driven withdrawal rates in the study.

Sponsored by Pharmacia Corporation and Pfizer, Inc.

THU0225 COMPLEMENTARY MEDICINE IN RHEUMATIC DISEASES

¹SK Chow, ¹SS Yeap, ¹E Goh, ²K Veerapen, ²K Lim. ¹Department of Medicine, University of Malaya; ²Department of Rheumatology, Sunway Medical Center, Kuala Lumpur, Malaysia

10.1136/annrheumdis-2001.757

Background Traditional medicine is widely practised in our country due to the ethnic diversity of this country. It is estimated to account for more than 50% of our local practice. This study

is to assess the usage of traditional medicine among patients who have rheumatological problems.

Objectives To determine the incidence of traditional medicine usage as a form of complementary therapy in a cohort of Malaysian rheumatology patients.

Methods A prospective survey by using a standard questionnaire; the questionnaire was translated into 3 languages and was validated. The survey was conducted in December 2000 in the rheumatology clinic of the University of Malaya and Sunway Medical Centre. Patients who have rheumatological problem were interviewed after obtained verbal consent. Patients' demographic data, monthly income, educational status, diagnosis, duration of disease and the usage of food supplements and traditional medicine were surveyed.

Results A total of 141 patients were interviewed. The mean age of the patients was 48.9 and the female: male ratio was 3:1. Racial breakdown was as follows: Malay = 23%, Chinese = 43%, Indian = 31% and others = 3%. 20% of the patients received primary education, 50% and 23% had education up to secondary and tertiary level respectively; however 7% had no formal education. 55% of the patients had monthly income of $< RM1000$ (US\$250). 12% had duration of disease of less than 1 year and 30% had more than 10 years' disease. 54% of the patients had Rheumatoid arthritis, 7% had osteoarthritis. 69% admitted consuming food supplements; vitamin C and B were the most common food supplement. 35% used traditional medicine and 69% used 2 or more type of traditional medicine at any one time for more than 2 months. 25% spent more than RM 100(US\$25) for their traditional treatment. The most common reason for consuming traditional medicine as complementary medicine was the combination of both western and traditional treatment was thought to be more effective. There was no statistical significance between monthly income ($P = 0.32$) and duration of disease ($p = 0.48$) as to the usage of complementary therapy.

Conclusion 35% of the 141 patients used traditional medicine as a form of complementary medicine; 69% used two or more types of traditional medicine for more than 2 months.

69% of them consumed food supplements and vitamin C and B was the most common food supplements.

THU0226 AMYOTROPHIC LATERAL SCLEROSIS (ALS): A TRAP FOR THE RHEUMATOLOGIST

¹P Goupille, ¹S Bouillon, ²P Corcia, ¹J Brunais-Besse, ¹S Quennesson, ¹JP Valat. ¹Rheumatology, CHU, Trousseau Hospital; ²Neurology, CHU, Bretonneau Hospital, Tours, France

10.1136/annrheumdis-2001.758

Background ALS is a degeneration of the central and peripheral motoneurons in the bulbar and spinal areas; its mean duration is 36 months (deaths, respiratory disorders). The incidence is 2-5 cases/100 000. Two clinical features are observed: spinal with motor defect of the limbs, bulbar with swallowing disorders.

Objectives To report 6 cases of ALS, observed in a Department of Rheumatology in a University hospital, hospitalised in 1999 for chronic painful syndromes.

Methods Description of: demographic data (age, sex), rheumatologic features (sciatica, cruralgia, painful limb, fatigue on walking...), clinical signs, results of explorations, course of the disease and treatment.

Results

Abstract THU0226 Table 1

Age	Sex	Rheumatologic features	Diagnosis	Course (months) Treatment
42	M	Left sciatica (L5)	Pyramidal syndrom, motor defect, fasciculations; EMG: axonal motor neuropathy; MRI, CSF: -	7, Riluzole, worsening
77	F	Pain in inferior left limb	Motor defect, fasciculations; EMG: neurogenic in 4 limbs; CSF: -	7, death (bulbar disorders)
80	M	Fatigue on walking	Motor defect of inferior limbs, fasciculations; EMG: neurogenic in 4 limbs + bulbar; MRI, CSF: -	9, Riluzole, stable
65	F	Right cruralgia	Babinski, bilateral Hoffmann, EMG: neurogenic in 4 limbs; MRI, CSF: -	8, Riluzole, stable
59	F	Pain in left superior limb	Hoffmann, lingual atrophy; EMG: neurogenic, bulbar and spinal	12, Riluzole, worsening
74	M	Left cruralgia	Amyotrophy, fasciculations in 4 limbs; EMG: neurogenic in 4 limbs; CSF: -	6, Riluzole, worsening dysphonia, fasciculations

EMG = electromyography; MRI = magnetic resonance imaging; CSF = cerebrospinal fluid.

Conclusion Rheumatologist may meet ALS and must know the signs allowing the diagnosis.

THU0227 OSTONECROSIS (ON) IN HIV INFECTION PATIENTS: 21 AFFECTED JOINTS IN 9 PATIENTS

¹M Larrosa, ²M Cervantes, ¹J Gratacós, ²M Sala, ³R Valls, ⁴G Gili. ¹Rheumatology Unit, ²Internal Medicine, ³Radiology, ⁴Traumatology, University Hospital C. S. P. T., Sabadell, Spain

10.1136/annrheumdis-2001.759

Background ON has been described in the setting of HIV infection. No epidemiological studies are available but their incidence seems to be increased and associated to the protease inhibitor (PI) into highly active antiretroviral therapy (HAART).

Objectives To report the clinical findings of 9 HIV infected patients with ON.

Methods Nine patients (8M/1W), mean age 40.7 (36–49 years). Review of clinical, biological and radiological characteristics.

Results All cases were seen after 1998 and 8/9 received PI. In all cases the antiretroviral treatment was successfully (undetectable viral copies: < 200 copies/ml). The diagnosis of the ON was made at 125 days (15–634) after the beginning of symptoms. 3/9 patients showed unilateral hip ON, 3/9 bilateral hip ON and 3/9 bilateral hip and shoulder ON. 13/21 ON joints were demonstrated by radiology and 8/21 by IMR. 13/21 joints presented mechanical pain, 4/21 inflammatory pain and 4/21 were silent. Forage was performed in 4/21 and hip arthroplasty in 2/21. 6/9 patients presented hyperlipidaemia (6 hypercholesterolaemia, 4 hypertriglyceridaemia), 8/9 insulin resistance, 4/9 coagulation disturbances (4 deficits of C and S protein, 1 antiphospholipid antibodies), 7/9 haemoglobin >16 g/dl and 5/9 had received steroid therapy.

Conclusion The ON seems to be a new complication associated to the HIV infection. The ON presented frequently as a polyarticular involvement disease. In most cases its presence is associated with several risk factors, and probably the HAART is one of them.

THU0228 PREVALENCE OF HEPATITIS E VIRUS IN BEHÇET'S DISEASE

Y Ertenli, S Kiraz, S Apras, MA Oztürk, V Çobankara, Z Balkancı, M Çalgüner. Rheumatology, Hacettepe University School of Medicine, Ankara, Turkey

10.1136/annrheumdis-2001.760

Background Behçet's disease (BD) is a multisystem disorder originally described by the Turkish dermatologist Hulusi Behçet. Although its aetiology is unknown, vasculitis is widely accepted as the underlying pathological process. Viral infections, especially hepatitis B and C viruses, have been proposed to be triggering factors via soluble immune complexes in vasculitic syndromes. Viral aetiology has also been postulated in the etiopathogenesis of BD. A possible association of Hepatitis C virus have been investigated previously, but no definite relationship has been found. More recently, serological evidences of previous Hepatitis A, Hepatitis C and Hepatitis E virus infections were found to be similar between Behçet's patients and control group.

Objectives In this cross-sectional study we aimed to investigate the prevalence of Hepatitis E virus (HEV), which is the major cause of non-parenteral non-A non-B hepatitis, in our group of patients with BD.

Methods Sixty-four patients (22 female, 42 male, mean age: 39, min-max: 16–68) were enrolled in this study. Clinical and demographical characteristics of our study group were given in table. Hepatitis E antigen was studied in serum of patients using commercial kits (International Immuno-Diagnostics, USA).

Results Seropositivity for HEV was detected in 3 patients (4.69%). This result is comparable to previous report of seroprevalence of HEV in Turkish population (5.9%).

Abstract THU0228 Table 1 Clinical and demographical characteristics of the study group

Female/Male	22/42
Oral Ulcer	64
Genital Ulcer	43
Pathergy	38
Skin Lesions	54
Uveitis	26
Vascular Involvement	11
Arthritis	30

Conclusion We concluded that HEV does not seem to have a place in the etiopathogenesis of BD, at least in our population.

THU0229 TREATMENT OF SIX PATIENTS WITH ADULT ONSET OF STILL'S DISEASE WITH INFLIXIMAB

HG Kraetsch, C Antoni, C Dechant, JR Kalden, B Manger. Department of Internal Medicine III with Institute of Clinical Immunology, Friedrich-Alexander-University of Erlangen-Nuremberg, Erlangen, Germany

10.1136/annrheumdis-2001.761

Background TNF-blocking agents, like the chimeric monoclonal antibody cA2, infliximab, have been effective in several double-blind trials in RA.

Objectives The efficacy of infliximab therapy was tested in patients with severe, active adult onset Still's disease (AOSD) despite conventional immunosuppressive therapy.