THU0239 OROPHARYNGEAL DYSFUNCTION IN SYSTEMIC SCLEROSIS

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Background Esophagopathy is one of the most frequent visceral organ involvements in Systemic Sclerosis (SSc). Fibrous tissue substitution of the visceral wall progressively compromises peristalsis and leads to lower oesophageal sphincter incompetence, with dysphagia and reflux esophagitis. The process most frequently involves the lower two thirds of the oesophagus, but in many patients, oropharynx and the upper third of the oesophagus can be involved as well.

Objectives In order to evaluate this aspect of the disease, we submitted a group of sclerodermic patients to videofluorography with contrast agent, a technique that allows to study the oropharyngeal phase of deglutition.

Methods We evaluated 36 SSc patients, 33 female, 3 male, mean age 52 yrs. (range 27–75), mean disease duration 8.5 yrs., 23 with limited SSc, 13 with diffuse SSc. They underwent videofluorography with barium sulphate, which allows to study either the oropharyngeal or the oesophageal phase of deglutition.

Results In 31 patients (86.1%) we detected radiographic abnormalities, in 11 (30.6%) of both phases, in 16 (44.4%) of the esophageal phase only, in 4 (11.1%) of the oropharyngeal phase only. The oropharyngeal abnormalities, detected in 15 (41.7%) patients, comprised: incompetence of palatoglossus histmus and palatopharyngeus histmus, stasis of the contrast agent in the valvulae and pyriform recesses, and its penetration inside laryngeal haditus.

Conclusion Our study demonstrates that in many SSc patients, even the first phase of deglutition, the oropharyngeal one, is altered. Tissue fibrosis involves even oropharyngeal structures, compromising deglutition in the first phase with higher risk of ab ingestis phenomena.

Epidemiology of rheumatic diseases

AB0224 INCIDENCE AND PREVALENCE OF RHEUMATIC CONDITIONS IN SOUTHERN EUROPE.(HALKIDIKI STUDY)

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Background Halkidiki is a region/prefecture of 106.000 inhabitants mostly suburban and rural which attracts approximately 1 million visitors during summer months of June, July, August and September. There is a district hospital, 5 health centres an Orthopaedic unit based at the hospital and 3 Orthopaedic doctors practising privately in addition to the single Rheumatologist practising in the area.

Objectives In order to assess incidence and prevalence of rheumatic conditions in rural and suburban East Meditteranean basin of Southern Europe, medical notes were analysed from a total number of 226 patients who presented themselves to a single Rheumatologist practising in the prefecture of Halkidiki within 3 years from September 1997 to September 2000.

Methods Medical cases were excluded as well as patients visiting the region temporarily. Rheumatology in the region is practised

in the community and patients were either self referred or other specialist's referrals. From the 226 patients there were 56 males and 170 females (m:f = 1:3). Their median age was 56.3 (range 11–84).

Results Seventy seven patients out of 226 (34%) had autoimmune conditions. From these 30 patients had RA of whom 18 patients were newly diagnosed. Forty four patients (19.4%) had OA, 17 patients (7.5%) had spine complains (sciatica, cervical spondylosis, scoliosis) 22 patients (9.7%) upper limb [frozen shoulder (n = 9), carpal tunnel (n = 8), flexor tendon nodule (n = 3), epicondylitis (n = 2)] and 5 patients (2.2%) had lower limb complaints (calcaneal spur, trochanteric bursitis). Twenty two patients (9.7%) had seronegative arthritis (Ankylosing Spondylitis n = 5, Psoriatic Arthritis n = 13, Reactive Arthritis n = 3, Ulcerative colitis n = 2). Twenty four patients (10.6%) had thyroid related disorders, 14 patients (6.1%) osteoporosis, 12 patients (5.3%) had gout and 5 patients (2.2%) had liver disease related arthralgia. Two cases were undiagnosed.

Conclusion Most cases presented to a Rheumatologist in Southern Europe are of degenerative origin or soft tissue rheumatism complaints. Many specialities look after these patients particularly orthopaedics. Rheumatoid Arthritis revealed an incidence of 6/100.000 per year. Psoriatic Arthritis showed an incidence of 3.5/100.000 per year. Polymyalgia Rheumatica/Temporal arteritis showed incidence of 4/100.000 per year being second common autoimmune disease after RA. Finally thyroid related (autoimmune or functional) arthralgia is found quite common in the region being third among musculoskeletal disorders after OA and RA.

AB0225 PREVALENCE OF RHEUMATIC DISEASES IN GENERAL MEDICINE PRACTICE IN PORTUGAL

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Background Rheumatic Diseases are of the most important causes of morbidity in our society, with high social and economic repercussion.

Objectives To study the prevalence of rheumatic diseases in general practise and their implications related to chronic use of medication and work absenteeism.

Methods Prospective study with observance of the consecutive patients in a general practitioner appointment during a period of six months.

Results 1219 appointments corresponding to 591 patients were analysed. Rheumatic complaints were the most prevalent motive of appointment (21%) followed by cardiovascular diseases (14,7%) and psychiatric diseases (12,2%). The most frequent rheumatic diseases were soft-tissue rheumatism, including low-back pain and other vertebral pain (48,5%) and osteoarthritis (18,1%). Rheumatic diseases were the third cause of chronic use of medication, after psychiatric diseases and gastric-intestinal diseases. Rheumatic diseases were the first cause of work absenteeism with a total of 42,5% of days lost in work in the active patients group. Among the rheumatic diseases, low-back pain and osteoarthritis were the main causes of work absenteeism, but rheumatoid arthritis was the disease of higher level of individual morbidity.

Conclusion Rheumatic diseases are a very prevalent problem in the primary health care level in Portugal and have an important repercussion in the social and economic field.

AB0226 PREVALENCE OF RADIOGRAPHIC HIP OSTEOARTHRITIS IN TURKEY

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Background The prevalence of hip osteoarthritis (OA) varies greatly across different geographic locations and population groups. Limited data exist about the prevalence of radiographic hip OA in Turkey.

Objectives The aim of the study was to assess the prevalence of radiographic hip OA in Turkish population.

Methods The radiographs kept at the files of the Department of Urology at Gazi University/Ankara were accessed. Patients aged 25 and over were included (range:25–97). Plain supine abdominal radiographs and intravenous pyelographies were evaluated. A hip joint was included in the study only if the entire femoral head and acetabulum were visible. Kellgren and Lawrence (K&L) grading system for OA was utilised.

Results 1249 hips in 682 (205F, 477M) patients were evaluated. Overall, 8.8% of the hips evaluated had radiographic hip OA (K&L grade 2 and above). In 566 patients, both hips were included, and of these, 11.7% had radiographic hip OA in either one or both hips (9.4% of women and 12.7% of men). 51.5% of the cases had bilateral findings. The prevalence of radiographic hip OA increased with age. It was 1.9%, 16.1%, and 21.6% for age ranges 25–39, 40–54 and >54, respectively. In the majority of the patients the radiographic findings indicated only mild disease (K&L grade 2). There were 3 patients with grade 3 (moderate) disease and only 1 patient (aged 68) had K&L grade 4 (severe) OA.

Conclusion The results suggest that, K&L grade 2 OA changes emphasising osteophytes at the hip joints are not uncommon in Turkish population, especially among aged 40 and over, but moderate-to-severe radiographic OA is not frequent.

AB0227 SCREENING AND DIAGNOSTIC TESTS OF TYROIDAL DISFUNCTION: ACTIVITY OF A RHEUMATOLOGY UNIT IN A YEAR OF FOLLOW-UP

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Background Thyroidal dysfunction has been widely related with autoimmune diseases and its prevalence is higher (23%) than the one described in normal population (10%). Thyroidal function tests are a common procedure in our rheumatological daily activity but protocols must be performed to detect cases at early onset.

Objectives Screening thyroid tests and its diagnostic value in a Rheumatology Unit.

Methods Between January and December (1998) 10.992 outpatients were visited in our Rheumatology Unit (range of age:18–91). Among them 602 thyroid function tests were performed

(5.5%). Treatment with drugs that could interfere thyroidal function were also considered.

Results A higher frequency of thyroid dysfunction was observed in hospitalised patients (31%) than in outpatients (13%)($p < 0.05$). The majority of new cases (14%;IC95:11–17%) were sub-clinical (12.5%;IC95:10–16%) and no significant differences were seen between groups of age (59) and sex. New cases described according to diagnostic: see Table 1 (RA: Rheumatoid Arthritis, SS: Sjögren Syndrom, Arth: Arthritis, Scl: Scleroderma, LES: Systemic Lupus Erythematosus, FM; Fibromyalgia, OA: Osteoarthritis, Artg: Arthralgia, Mig: Mialgia, T. Disf: Thyroidal dysfunction).

Abstract AB0227 Table 1

	RA	SS	Arth	Scl	FM	OA	Artg	Mig
	+LES							
T. Disf (n%)	12/70 (17%)	22/138 (16%)	3/65 (4.6%)	8/29 (27.6%)	6/47 (12.7%)	8/23 (35%)	3/24 (12.5%)	2/30 (6.7%)
<60	5/32 (15.6%)	11/59 (18.6%)	3/38 (7.9%)	6/21 (28.5%)	5/35 (14.3%)	0/2 (0.0%)	3/14 (21.4%)	0/17 (0.0%)
>59	7/28 (18.4%)	11/79 (14%)	0/27 (0.0%)	2/8 (25%)	1/12 (8.3%)	7/21 (33.3%)	0/10 (0.0%)	2/13 (15.4%)

Conclusion These results confirm that the study for thyroidal autoimmunity should be performed to clarify diagnosis, treatment and prognosis of this group of rheumatic patients due to its higher prevalence than in general population.

AB0228 PERIPHERAL FRACTURES AND BONE DENSITY OF THE LUMBAR SPINE IN WOMEN

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Background

Objectives The purpose of the study was to determine the prevalence of osteoporosis in lumbar spine and peripheral fractures after 40 years in women 55 and elder.

Methods Cross-sectional study of 2155 women using bone mineral density (BMD) with DEXA (Hologic 4500 A and W). Retrospective fracture history after 40 years was collected by interview.

Results The prevalence of osteoporosis in lumbar spine according WHO-criteria was 29.8%. Fractures due fall were found in 31% of women. Over 50% of the fractures were of the wrist. There were no significant differences in age, anthropometric properties, number of children, age of menopause and duration of menopause between patients with retrospective fracture (RF) history and without fractures (WF). The prevalence of osteoporosis in lumbar spine in RF vs WF was 32% and 17% respectively. There was significant difference in the BMD of lumbar spine between RF and WF groups (0,828 g/cm² and 0,874 g/cm² respectively, $p < 0,001$).

Conclusion Our study presents the high prevalence of osteoporosis in lumbar spine in postmenopausal women. We found negative association between BMD of lumbar spine and peripheral fractures, so the patients with peripheral fractures are at high risk of osteoporosis, who needs BMD measurements.