were made of SS, SN, psychological well-being (GHQ), and functional disability (HAQ). Variance and covariance analyses with repeated measures were calculated and adjusted for potential confounding variables.

Results A total of 542 subjects had yearly assessment for three years. On average, those receiving a greater amount of specific SS (daily emotional support or social companionship) ($p = 0.05$ to $p = 0.0001$) or surrounded by a stronger specific SN (those aspects providing emotional support) ($p < 0.001$) experienced a better quality of life. No statistically significant relationship was observed between baseline level of SS or SN and changes in quality of life over time. Similarly, changes in SS or SN did not appear to be associated with improvements in quality of life over time.

Conclusion Better specific SS and specific SN are cross-sectionally associated with better quality of life in early RA patients. Baseline or changes in SS or SN do not seem to predict changes in quality of life over time for these patients. It may be useful to measure SS in early RA patients in order to identify individuals who receive little specific SS. Further work is needed to devise simple ways to measure SS, to develop interventions that provide additional support, and to investigate whether provision of structured SS by relevant professionals would be more useful than increasing non-specific intervention.

THU0243 FINDINGS OF AN NSAID-INDUCED ULCER STUDY IN JAPAN – AMONG THE JAPAN RHEUMATISM FRIENDSHIP ASSOCIATION MEMBERS -

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Background Non-steroidal Anti-inflammatory Drugs (NSAIDs) play a vital role in reducing morning stiffness and/or joint pain of patients receiving Rheumatoid Arthritis (RA) drug therapy. NSAID-induced gastric ulcers, however, have been identified as a major side effect, highlighting the need for countermeasures. Asymptomatic gastric ulcers, in particular, have been receiving much attention as a blind spot in RA drug therapy.

In this context, a questionnaire survey was conducted involving 3,000 cases of the listed 22,101 cases of the Japan Rheumatism Friendship Association (incorporated non-profit organisation), and subsequent analysis focused on gastrointestinal disorders.

Objectives The objective was to aid future countermeasures by studying and analysing facts regarding drug-induced side effects (gastrointestinal disorders in particular), clinical practices and issues taking place between physicians and RA patients.

Methods Mail survey of 3,000 patients randomly sampled from the listed 22,101 members of the Japan Rheumatism Friendship Association (non-profit organisation).

Results A total of 1,764 responses were returned (response ratio 58.8%).

As known, many RA patients visit multiple medical institutions for treatment of their complications including hypertension, cardiopulmonary disorders, infections, etc., thus receiving prescriptions for NSAIDs from non-RA specialists as well. Gastric ulcer incidence was significantly higher among these patients who tend to double-dose NSAIDs.

A total of 1,146 RA patients were discovered to have experienced gastrointestinal disorders caused by NSAIDs, which translates to 65% of the overall respondents. 325 (18%) experienced

ulcers (including gastric and duodenal ulcer). Among the 280 patients who experienced gastric ulcers, 97 (35%) had been hospitalised—65 (67%) of whom for 3 weeks or longer.

The number of gastric ulcer patients was proportionate to the period of RA morbidity. On the other hand, despite RA patients' concerns about NSAID-induced side effects, only 652 (37%) received explanations from their physicians. Only 717 (41%) of the overall respondents were recommended to receive endoscopic examinations. Many aspects of this study have shed new light on the facts regarding RA treatment in Japan, revealing many issues that require closer attention.

Conclusion RA is a general and progressive disease causing lesions not only in joints but also in multiple organs, which means many different drugs other than those for RA tend to be added to patients' regimen. Results of this study revealed many issues to be resolved in RA treatment in Japan: double-dosing of NSAIDs, the fact that only 652 (37%) received explanation from physicians about possible side effects and that only 717 (41%) were recommended to receive endoscopic check-ups despite the high incidence of gastrointestinal disorders (1,146 patients or 65%) and gastric and duodenal ulcers (325 patients or 18%). Results of this study indicate urgent need to improve RA treatment in Japan through educating not only physicians and patients but also the general public.

THU0244 CROSS-SECTIONAL STUDY OF OSTEOARTHRITIS IN SOME NATIVE POPULATIONS OF RUSSIA

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Background

Objectives To study the prevalence of knee and hand osteoarthritis (OA) in Ugro-Finnish populations of Russia.

Methods We examined by cross-sectional epidemiological methods three populations from Russian Ugro-Finnish language family: Erzya (E), Moksha (Mo), Marij (Ma). Using standard questionnaire we examined 1312 rural residents aged 15 yrs and over (representativity >80%). Knee and hand OA was diagnosed by using ACR criteria. Films were readed using Kellgren-Lawrence scales.

Results 339 from 1312 had knee joint pain. The prevalence of knee OA was 11,2% in E, 12,5% in Mo, 8,1% in Ma in individuals aged over 15 and 14,1%, 23,8%, 14,4% accordingly in individuals aged over 50.

212 from 1312 had hand joint pain. Hand OA was diagnosed in 10,0% E, in 3,7% Mo and in 3,8% Ma. The prevalence of hand OA increased with age: 19,8%, 12,2%, 13,5% accordingly in individuals aged over 60.

Knee and hand OA were more higher among women than men.

Conclusion These data demonstrate that knee and hand OA is widespread in Ugro-Finnish populations especially in individuals aged over 50. The ACR criteria for hand and knee OA may be used in population studies.