THU0245 **EARLY INFLAMMATORY ARTHRITIS CLINICS. DO WE NEED NEW DIAGNOSTIC CRITERIA?**

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Background The usefulness of the diagnostic criteria for RA (ARA 1987) and spondyloarthropathy (European Group for Spondyloarthropathies 1993) in early inflammatory arthritis remains controversial.

Objectives To analyse the prevalence of inflammatory arthritis according to different diagnostic categories, in an early arthritis clinic.

Methods We recruited during one year period (Jan/00-Jan/01) 62 patients (38F, 24M) mean age 48 ys (range 17–79 ys), and mean disease duration of 3,1 m (range 2 wks- 12 m). All patients had objective sinovitis in one or more joints with a disease duration between 2 weeks and one year. Septic arthritis and crystal deposition disease have been excluded. Polyarthritis was seen in 37 patients, oligoarthritis in 18 and monoarthritis in 7. At the time of inclusion 20 out of 62 patients fulfilled ARA (1987) criteria for RA (mean disease duration 4 m), 4 patients fulfilled European Group for Spondyloarthropathies criteria (mean disease duration 2 m), 2 patients had psoriatic arthritis (mean disease duration 5 m), 9 had self-limited arthritis (mean disease duration 3 weeks), in 4 of them an acute infection by PVB19 have been found. In 25 patients arthritis was considered unclassified (mean time disease duration 3 m). After a mean time follow-up of 6 months (3w-1 yr) 14 out of 20 patients of RA group still fulfilled RA criteria (70%), the other six fulfilled criteria for different diseases (2 Sjögren syndrome, 1 RS3PE, 1 Polymyalgia, 1 self-limited arthritis and 1 mixed connective tissue disease. Among unclassified arthritis group, 5/25 fulfilled RA criteria and 6/25 patients had oligoarthritis with HLA-B27+ which could suggest a probably spondyloarthropathy despite they didn't fulfil European Group criteria. Other 3/25 patients developed: 1 Sjögren syndrome, 1 self-limited arthritis and 1 oligoarthritis ANA+ with Hashimoto's thyroiditis.

Results

Conclusion Present diagnostic criteria for RA, have limited sensitivity and specificity to correctly classify early inflammatory arthritis. Some patients with unclassified arthritis probably have a spondyloarthropathy although they don't fulfilled the European Group criteria. The development of new diagnostic criteria in patients with early arthritis is necessary.

THU0246 **PREVALENCE OF SPECIFIC COMORBID CONDITIONS IN A NATION-WIDE COHORT OF RHEUMATOID ARTHRITIS PATIENTS**

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Background There is compelling evidence that rheumatoid arthritis (RA) may have different expressions and outcomes between populations. Knowing the expression of RA in a determined population should make easier to plan allocation strategies for health resources and to help predetermine the sample size of future studies.

Objectives To assess the expression of RA in an unselected cohort of patients from various parts of the country. To estimate the prevalence of specific RA features and of comorbid conditions in RA patients from a nation-wide sample.

Methods 780 patients fulfilling the ACR criteria for the classification of RA, and in any stage of the disease, were randomly selected from the registries of 34 participating centres. A baseline visit by trained rheumatologists permitted the investigation of the present expression of the disease and of comorbidities. All comorbid conditions and extraarticular manifestations of RA had protocolised definitions.

Results RA in our country is more frequent in women (72.0% [68.9–75.2]), being the mean age at the onset of the disease 41 years $\pm$ 13 (SD). A moderate proportion of patients, 15.4% [12.8–17.9], fulfilled remission criteria at present. In order of frequency, the estimated prevalence of extra-articular manifestations was: Sjögren's syndrome 16.2% [13.6–18.7], nodules 16.0% [13.4–18.6], atlanto-axial subluxation 11.5% [9.2–13.8], interstitial lung disease 3.2% [2.0–4.5], eye involvement 2.3% [1.3–3.4], cardiac and/or pleural effusions 1.6% [0.7–2.4]. Vasculitis, amyloid, and Felty's syndrome prevalences are below 1%.

The most common comorbidities were, in order of frequency: hypertension 29.7% [26.5–33.0], cytopenia 27.2% [24.1–30.4], hypercholesterolemia 24.1% [21.0–27.1], osteoporosis 21.5% [18.5–24.4], and depression 10.9% [8.7–13.1]

Conclusion The preliminary results of this cohort, give us a reliable "picture" of RA in our country. The prevalence of some of the comorbid conditions is higher than expected, despite restrictive definitions. The estimates obtained will be further studied.

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THU0247 **THE EPIDEMIOLOGY OF NECK AND LOW BACK PAIN IN THE URBAN POPULATION OF ANTALYA, TURKEY. A PRELIMINARY REPORT**

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Background Studies elsewhere suggest a lifetime rate of low back pain of about 50–80% and neck pain of about 12% in women and 9% in men.

Objectives To identify the lifetime rate of neck pain and prevalence of low back pain in the urban population of Antalya, Turkey.

Methods This survey study forms a part of larger cross-sectional study still being conducted in the urban area of Antalya (508.840 population according to 1997 national census). So far, 1521 subjects aged 16 or over were interviewed at home visits by 10 trained physicians and 20 accompanying medical students. The subjects were chosen by random cluster sampling from the registries of local offices of the Ministry of Health. Individuals were requested to respond to the questions whether they had at least one episode of neck pain and/or low back pain (both inflammatory and noninflammatory). Additional questions regarding the occurrence of low back pain at present, and in the previous year; loss of work-days in the previous year, the relation of occupation with the symptoms, and whether and how they searched for a solution for the relief of their low back pain were asked to the subjects.

Results We found a lifetime rate of neck pain of 351(46,4%) of women and 252(33,8%) of men (totally 611(40,3%) individuals)