and low back pain of 430(57%) of women and 303(40.8%) of men (totally 739(48.9%) individuals). The point prevalence of low back pain was calculated as 39.9%(324 individuals), of these 210 were women and 110 were men. The point prevalence was 27.3%(n = 21) in men aged over 50 and 34.3%(n = 93) in men aged 50 or under, while it was 57.6%(n = 49) in women aged over 50 and 42.5%(n = 161) in women aged 50 or under.

Conclusion The lifetime rate of neck and low back pain were both higher in women. The increasing age seems to be associated with the point prevalence of low back pain in women contrary to men.

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THU0248 FAMILIAL CLUSTERING OF SYSTEMIC LUPUS ERYTHEMATOSUS WITH OTHER AUTOIMMUNE DISEASES

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Background Previous studies have shown the phenomenon of clustering of autoimmune diseases (AD) in families of patients with Systemic Lupus Erythematosus (SLE).

Objectives The purpose of this study was to evaluate the incidence, prevalence and risk to have an AD in first degree relatives (FDR) of patients with SLE and to investigate if a history of AD in FDR is a risk factor for SLE.

Methods A multicentre case-control study was carried out in Italy. Cases and controls were randomly selected and interviewed using a detailed questionnaire. We conducted stratified analyses according to sex of relatives and/or proband to evaluate whether the relation between SLE in FDR and AD differs by sex. We used the extended generalised estimating equations (EGEE) to measure familial aggregation. The strength of the association between family history of AD and SLE was measured as an odds ratio (OR). The adjusted OR was obtained by unconditional logistic regression model and the potentially confounding covariates were family size, age and sex of proband.

Results The prevalence of AD among SLE and control FDR was respectively 6.1% and 1.5% ($p < 0.01$). The incidence rate of AD and control FDR was 1.35×1000 py and 0.32×1000 py respectively. The relatives of SLE cases have 4 time probability of having AD compare to relatives of control (RR 4.26; 95% CI 2.25- 8.03). Using EGEE the adjusted OR taking into account the non-independence of family members was 4.77 (95 CI 2.07- 11). A risk of 8.57 (95% CI 3.18-23.1) was detected if the proband is female and 1.40 (95% CI 0.22-8.78) if proband is male. The risk of AD is significantly greater for female with a female FDR with SLE (OR 10.36; 95% CI 2.90- 36.9). No AD was found among SLE spouses, while one case was found among spouses of controls.

Conclusion This case-control study defines the risk to have an autoimmune disorder for SLE first degree relatives. A family history for AD represents a risk factor for SLE.

THU0249 FAMILY HISTORY OF AUTOIMMUNE DISEASES AS A RISK FACTOR FOR SJÖGREN'S SYNDROME: A CASE-CONTROL STUDY

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Background As far as we know, no epidemiological study is available regarding risk factors for Sjögren's syndrome (SS).

Objectives A multicentre case-control study was carried out in Italy to evaluate the relationship between SS and a history of autoimmune diseases (AD) in first degree relatives (FDR).

Methods Cases and controls were randomly selected and interviewed by trained medical doctors using a detailed questionnaire. The strength of the association between family history of AD and SS was measured as an odds ratio (OR). The adjusted OR was obtained by unconditional logistic regression model and the potentially confounding covariates were family size, age and sex of proband.

Results A total of 143 eligible SS cases (EEC criteria, 1994) and 140 healthy controls were identified. 27/143 (18.8%) SS and 7/140 (5%) controls had one FDR with AD, 7/143 (4.9%) and 1/140 (0.7%) had two or more FDR with AD. Considering the proband with one FDR with AD (therefore belonging to a multiplex family) in comparison to probands without any FDR affected (belonging to a simplex family), the adjusted OR was 6.19 (95% CI 2.3-16.7); the risk is higher if the relatives are two or more: OR 19.2 (95% CI 1.69-216).

Conclusion This study indicates that a family history of autoimmune disorders is a risk factor for SS. Proband from multiplex families have an higher risk to have SS compared to simplex families. The risk increases with the number of FDR with AD.

THU0250 AUTOIMMUNE DISORDERS IN ICELANDIC MULTICASE SLE FAMILIES

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Background

Objectives To evaluate the frequency of autoimmune disorders in Icelandic multicase SLE families.

Methods The study group consisted of 38 SLE patients, 127 first-degree relatives, 37 s-degree relatives and 33 nonconsanguineous relatives from multicase SLE families. Pedigree members were evaluated through interviews and physical examination, medical records were reviewed. A standardised protocol for SLE and other autoimmune disorders was used. Serum samples were obtained and autoantibodies measured.

Results Among the SLE patients, 16/38 (42%) had other autoimmune disorder (s) (11 Sjögren's syndrome/sicca symptoms, 3 interstitial cystitis, 3 psoriasis, 3 pernicious anaemia, 3 thyroid disease, 2 myositis). Twenty six/164 (16%) first- and second-degree relatives had various autoimmune disorder (s) (14 Sjögren's syndrome/sicca symptoms, 8 thyroid disease, 6 RA, 3 psoriasis, 3 alopecia, 3 iritis, 1 pernicious anaemia, 1 PBC, 1 MS, 1 DM, 1 AS, 1 reactive arthritis, 1 discoid LE). Additionally, 21/164 (13%) relatives had autoantibodies. Therefore either

autoimmune disorder (s) or autoantibodies were present in 29% of the relatives. Two of 33 (6%) nonconsanguineous relatives had autoimmune disorders and 6/33 (18%) had autoantibodies.

Conclusion Autoimmune disorders in general are present in increased frequency in these Icelandic multicase SLE families.

THU0251 FAMILIAL CLUSTERING OF AUTOIMMUNE DISEASES IN SJÖGREN'S SYNDROME: AN ITALIAN CASE-CONTROL STUDY

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Background Autoimmune diseases often cluster in families.

Objectives Aim of this study was to investigate the prevalence, the incidence and the risk for autoimmune diseases (AD) in first degree relatives (FDR) of Italian Sjögren's syndrome (SS) patients.

Methods A multicentre case-control study was performed in Italy. Cases (patients classified as SS according to 1994 EEC criteria) and controls (subjects without known history of autoimmune disorder) were randomly selected and interviewed by a trained medical doctor. Data on family history of AD in FDR were recorded. We calculated the incidence rate of AD in the two groups by dividing the number of cases of AD by person-years (py) at risk. The relative risk (RR) was estimated by dividing the incidence rate among relatives of cases by the incidence rate among relatives of controls. Furthermore we conducted stratified analyses according to sex of relatives and/or proband to evaluate whether the relation between SS in FDR and AD differs by sex. Statistical analyses were performed using STATA software.

Results 143 SS cases and 140 controls were enrolled. 34/143 (23.8%) and 8/140 (5.7%) had at least one FDR with AD ($p < 0.01$); 44/839 (5.24%) FDR of SS patients and 12/776 (1.55%) FDR of controls had AD ($p < 0.01$). We estimated an incidence rate of 1.03×1000 py in SS group and 0.32×1000 py in control group. The ratio of incidence density showed that relatives of SS cases have three time probability to have an AD compared to relatives of controls (RR 3.24, CI 95% 1.71–6.14). We found that the risk for AD is especially pronounced in relatives of female probands and it increases if the FDR is female, too.

Conclusion This case-control study confirms the clustering of AD in SS families and defines the risk to have an AD for first degree relatives of patients with SS.

THU0252 THE PREVALENCE OF SYMPTOMATIC KNEE AND DISTAL INTERPHALANGEAL JOINT OSTEOARTHRITIS IN ELDERLY URBAN POPULATION OF ANTALYA, TURKEY. A PRELIMINARY REPORT

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Background

Objectives To estimate the prevalence of symptomatic knee and distal interphalangeal joint (DIP) osteoarthritis (OA) in the urban population of Antalya.

Methods This cross-sectional study, as part of a continuing larger study, aimed to evaluate the prevalence of symptomatic knee and DIP OA in the elderly urban population of Antalya (508,840 population according to 1997 national census). By random cluster sampling based on the registries of local offices of the Ministry of Health, 267 individuals aged 50 or over (146 men, 121 women) were interviewed face to face by 10 physicians and 20 medical students trained for the study. The individuals were subjected to a questionnaire regarding knee pain, worsening pain on exertion and gelling phenomenon. They were also asked about their occupational status and performing namaz (an Islamic ritual based on bodily movements). If they reported any swelling in their hand joints, a physician simultaneously inspected the DIP joints for nodular swelling. In the case of suspicion for knee OA, individuals were invited to the hospital for further evaluation by physical examination and direct roentgenogram.

Results Knee pain was reported in 38(28,4%) of men and 74 (63,8%) of women. Of women, 64(57,1%) had worsened knee pain on exertion and 59(51,3%) defined gelling, and in men these figures were 26(20,5%) and 28(21,5%), respectively. The prevalence of knee osteoarthritis was determined as 26,4% in women and 6,2% in men (15,4% of total). The DIP OA was observed in 5(3,8%) of men and 30(26,3%) of women.

Conclusion OA is a major health problem in the elderly population, especially in more than one fourth of the women aged 50 or over.

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THU0253 THE PREVALENCE OF INFLAMMATORY RHEUMATIC DISEASES IN THE URBAN POPULATION OF ANTALYA, TURKEY (A PRELIMINARY STUDY REPORT)

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Background

Objectives To estimate the prevalence of rheumatoid arthritis, sero-negative spondylarthritis, SLE and other connective tissue diseases in the urban population of Antalya.

Methods The region in which the study was performed is the urban area of Antalya with a population of 508,840 (according to 1997 national census) and a high migratory rate. 3000 subjects, 16 years old and more were selected by random cluster sampling. Trained 10 clinicians and 20 medical students visited 1521 subject in their homes (door to door system) so far and detailed interview on the basis of a standardised questionnaire was performed. The patients suspected of inflammatory rheumatic diseases were invited to the hospital and detailed physical examination and laboratory evaluation was done, if necessary. The diagnosis was established by using standard criteria of each diseases.

Results Of subjects, 767 female and 754 male (totally 1521) were evaluated so far. Seven Rheumatoid Arthritis (6 Female, 1 Male), 2 Ankylosing spondylitis (2M), 2 SLE (1M, 1F), 1 Systemic sclerosis (F), 1 Behçet disease (F), 1 Sarcoidosis (F), 1 FMF(M) were established and thus the point prevalences of