THU0256 RHEUMATIC DISEASES ARE THE MOST COMMON CAUSE OF LONG TERM DISABILITY (LTD) COMPARED TO OTHER MAJOR DISEASE GROUPS (MDG) IN URBAN, SUBURBAN AND RURAL GREEK POPULATION

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10.1136/annrheumdis-2001.800

Background

Objectives To assess the prevalence of LTD caused by RD or any other MDG was one of the aims of a population-based epidemiological study of RD in Greece (ESORDIG study).

Methods All adult (>18 years) residents of two urban (U), one suburban (SU) and four rural (R) communities of Greece were included in this 3 year (1996–1999) study (8,547 subjects), along with 2,100 randomly selected subjects of 1 SU (1:3) and 1 R (1:2) communities. Sixteen rheumatologists performed the study and 8,740 adults were included (out of a total of 10,647, response rate 82.1%). The study included a detailed interview based on a standardised questionnaire. LTD was defined as ?the limitation of occupational or any other activities because of a long-term physical or mental disorder or health problem, compared to other people of the same age in good health?.

Established classification criteria (ECC) were used for the diagnosis of RD, while, for the purpose of the study, such criteria were set for RD without ECC.

Results From 2,393 subjects (out of 8,740, 27.4%) suffering from RD, 394 (16.5%) also had LTD. Thus, the prevalence of LTD caused by RD was 4.5% in the general population (GP), being higher in women (6.2%) than in men (2.8%, $p < 0.0005$). LTD prevalence increased with age, being 11.6% in subjects >68 years, while no significant differences were observed between the three (U, SU, R) communities. The total prevalence of LTD from any cause was 9.8% in the GP and RD were the most common cause, being responsible of 46.2% of all LTD, followed by cardiovascular diseases (CVD, 22.7%). Analysis for sex, age and community revealed that RD were always the leading cause of LTD, but in men aged >58 years, CVD were first (41.3%), with RD second (25.4%).

Conclusion The results of this study show that RD, compared with other MDG, are the leading cause of LTD in the general population. Since LTD is the major contributing factor for the total indirect cost of all MDG, these findings concerning RD appear to be of considerable value in planning rheumatology research and health care services.

THU0257 RHEUMATIC DISEASES AS A CAUSE OF SHORT TERM DISABILITY (STD) COMPARED TO OTHER MAJOR DISEASE GROUPS (MDG) IN URBAN, SUBURBAN AND RURAL GREEK POPULATION

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10.1136/annrheumdis-2001.801

Background

Objectives To assess the prevalence of STD caused by RD or any other MDG was one of the aims of a population-based epidemiological study of RD in Greece (ESORDIG study).

Methods This 3 year (1996–1999) study included all adult (>18 years) residents of two urban (U), one suburban (SU) and four rural (R) communities of Greece (8,547 subjects), along with 2,100 randomly selected subjects of 1 SU (1:3) and 1 R (1:2) communities. Sixteen rheumatologists performed the study and 8,740 adults were included (out of a total of 10,647, response rate 82.1%). The study included a detailed interview based on a standardised questionnaire. Short term disability (STD) was defined as ?staying in bed or restriction of usual physical activities for one day or more because of a physical or mental disorder or health problem during the last 2 weeks before the interview?.. Established classification criteria (ECC) were used for the diagnosis of RD, while, for the purpose of the study, such criteria were set for RD without ECC.

Results The overall prevalence of STD caused by RD was 2.8% in the general population (GP) and was significantly higher in women (3.5%) than in men (2%, $p < 0.0005$). Significant differences were observed between age groups: 1.5% in the 19–45 year-group, compared with 4% in the >45 year-group ($p < 0.0005$), while there were no differences between communities (U 2.9%, SU 2.3%, R 3%). The total prevalence of STD from all causes was 10.9% in GP; RD were the most common cause of STD (25.2%), followed by respiratory diseases (ReD, 21.2%), cardiovascular diseases (CVD, 17.1%) and gastrointestinal diseases (GI, 8.2%). Analysis for age and sex showed that RD were always the most common cause of STD, with the exception of the 19–28 year-group, where ReD were first (31%), followed by RD (12.1%) and the >68 year-group, where CVD were first (32.8%), followed by ReD (18.3%) and RD (17.6%).

Conclusion The findings of this study show that, compared with other MDG, RD are the major cause of STD in the adult GP, mainly in the middle age groups.

THU0258 MELOXICAM DOES NOT INCREASE THE RISK OF ACUTE MYOCARDIAL INFARCTION, CONGESTIVE HEART FAILURE, OEDEMA OR HYPERTENSION COMPARED TO NSAIDS: RESULTS FROM A POOLED ANALYSIS OF 27,039 PATIENTS

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10.1136/annrheumdis-2001.802

Background Meloxicam is a novel NSAID that has been widely used in >100 countries with > 40 million prescriptions over the last 6 years. Meloxicam has been shown in numerous clinical trials to be effective, and to have lower rates of gastrointestinal adverse events than other NSAIDs such as diclofenac, piroxicam and naproxen. However, the renal and cardiovascular toxicity of meloxicam has not been extensively studied before. This is an important clinical issue because recent studies have raised considerable concern about cardiovascular and renal safety profile of some new Cox-2 selective NSAIDs.

Objectives To document the risk of acute myocardial infarction, congestive heart failure, oedema and hypertension in patients taking 7.5–30 mg doses of meloxicam, and traditional NSAIDs (diclofenac 100–150 mg, naproxen 500–750 mg, piroxicam 20 mg) in a pooled analysis of 27,039 patients.

Methods We pooled data from all Meloxicam clinical trials that were at least 3 weeks in duration and included at least 20 patients per arm. Thirty-five trials with 27,039 patients on Meloxicam, comparator NSAID's, or placebo were included in the analysis. Nearly 39% (8109) patients were over age 65. Since trials were of varying durations, we report event rates as incidence per 100 patient-years of exposure.

Results Of the 27,039 patients studied, 15,071 received meloxicam in doses of 7.5–30 mg daily. A total of 11,078 patients took diclofenac, naproxen or piroxicam. An additional 736 patients were randomised to placebo. The number of patients with cardiovascular and renal events adverse events is shown in the Table 1 below. Incidence rates in parenthesis refer to rates per 100 patient years.

Abstract THU0258 Table 1

	Meloxicam	NSAIDs	Placebo
Intent-to-treat patients	(n = 15,071)	(n = 11,078)	(n = 736)
Patient Years	3129	1202	113
Events			
Myocardial Infarction	18 (0.58)	8 (0.67)	2 (1.8)
Cardiac Failure	15 (0.48)	7 (0.58)	0 (0)
Oedema, Peripheral	98 (3.13)	79 (6.57)	1 (0.88)
Hypertension	82 (2.62)	32 (2.66)	5 (4.42)
Hypertension, Aggravated	25 (0.8)	15 (1.25)	2 (1.77)

Numbers in parenthesis reflect incidence rates per 100 patient years.

Conclusion Meloxicam in doses of 7.5–30 mg is not associated with increased incidence of cardiovascular or renal toxicity.

THU0259 THE RISK FACTORS FOR PAIN IN LOWER EXTREMITIES JOINTS IN UNIVERSITY STUDENTS OF PHYSICAL CULTURE

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10.1136/annrheumdis-2001.803

Background Musculoskeletal pain is a very common complaint. Its prevalence increases with age but it is experienced also by young individuals. In a previous study concerning prevalence of musculoskeletal pain in joints of upper and lower extremities among university students of physical culture it was found that it occurred within the year in 45,9% of the whole group. Students complained of pain the most frequently in lower extremities joints (35,0%) while pain in upper extremities joints was reported by 20,87% of them. This study is a further step to find the most important factors influencing the occurrence of pain in lower extremities joints in this group.

Objectives To determine the risk factors of the occurrence of pain in lower extremities joints in university students of physical culture.

Methods The study was performed on 503 university students of physical culture, mean age 22,6 yrs (20–28 yrs), 218 women and 285 men. The subjects received a questionnaire concerning questions about musculoskeletal disorders in last 12 months. A reported joint pain had to last for at least 24 h to be considered as relevant. The questionnaire included also question about psycho-social factors, families, smoking habits and many other aspects of everyday life. The questionnaire was responded by

95,8% of students. The potential relationship of the investigated 27 variables was assessed in multivariate logistic regression model and then the role of significant variables was counted as relative risk with 95% of confidence interval in univariate logistic regression model. For statistical evaluation of the data STATA 5.0 software was used.

Results Multivariate logistic regression has revealed that in women only stress related to personal problems (OR 2,3; CI 1,3–4,1), treatment for any long-lasting disease (OR 6,12; CI 1,9–20,1), frequent headaches (OR 2,1; CI 1,1–3,7) were significantly related to reporting pain in lower extremities joints.

In male students reporting joint pain in lower extremities was significantly associated with body height (there was less pain for tall subjects, OR 0,4; CI 0,2–0,8), conflict with lecturers or teachers (OR 2,0; CI 1,2–3,5) and also with bringing up children (OR 3,0; CI 0,9–9,8). In both male and female students there were other risk factors of back pain like abdominal pain, conflicts with fellow students or smoking however the were not independent ones in multivariate logistic regression.

Conclusion In female and male students pain in lower extremities joints was associated with some other health problems or with stress. In males also bringing up children influenced significantly occurrence of pain in lower extremities joints.

THU0260 RHEUMATIC DISEASES AS A REASON OF PHYSICIAN OFFICE VISITS (POV) COMPARED TO OTHER MAJOR DISEASE GROUPS (MDG) IN URBAN, SUBURBAN AND RURAL GREEK POPULATION

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10.1136/annrheumdis-2001.804

Background

Objectives The estimation of patient POV rate because of RD or any other MDG was one of the aims of a population-based epidemiological study of RD in Greece (ESORDIG study).

Methods This community based study was conducted from 1996 to 1999 (3 years) in two urban (U), one suburban (SU) and four rural (R) communities of Greece. All adult (>18 years) residents were included (8,547 subjects), along with 2,100 randomly selected subjects of 1 SU (1:3) and 1 R (1:2) communities. The study was performed by sixteen rheumatologists; 8,740 subjects were included (out of a total of 10,647, response rate 82.1%). The study included a detailed interview based on a standardised questionnaire. Established classification criteria (ECC) were used for the diagnosis of RD, while, for the purpose of the study, such criteria were set for RD without ECC. The questionnaire included distinct questions about POV due to any disorder two weeks prior to the interview.

Results The POV rate for RD was 2.7% in the general population (GP), higher in women (3.1%) than in men (2.2%, $p < 0.005$); the highest POV rate was observed in the 49–58 year-group. The overall POV rate due to any disorder was 13.3% in GP; RD were the most common reason (19.9%), followed by cardiovascular diseases (CVD, 19.1%), respiratory diseases (ReD, 13.6%), and endocrine-metabolic diseases (12.5%). Analyses for age and sex showed that in the 29–58 year-groups RD were the most common reason for POV (26.3%), followed by ReD (11.5%), while in the >58 year-groups CVD were the most