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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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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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