will be briefly illustrated in the lecture. The following concepts will be clarified as well: characteristics of the origin of pain (cause attribution), characteristic of the controlling of pain (locus of control), individual illness experiences and the cognitive and emotional reactions to pain.

REFERENCES

- 1 Saner H. Die Anarchie der Stille. Lenos, 1990
- 2 Melzack R, Wall PD. Pain mechanisms: a new theory. *Science* 1965

Awareness of people with rheumatism/ arthritis – Friday 15 June, 14.00-15.30/Club A-B-C-D

SP0159 PERSONAL IMPORTANCE OF A GOOD RELATIONSHIP TO A THERAPIST FROM A PATIENT'S POINT OF VIEW

H Voser. *Swiss League Against Rheumatism, Zurich, Switzerland*

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For a patient, it is very important, how the relationship to a therapist looks and feels like. First of all, patient and professional have a business-relationship: the professional offers a kind of 'service' and gets money for it, and they have an agreement what is included and so on. So the customer (patient) is the one who can 'buy or refuse'; the professional has to respect the wishes. They have to work out conditions, that are ok for all parties. They have to define expectations and roles; possibilities and limits of it.

Of course the relationship also has more components:

Arthritis makes you feel small, dependent and insecure. So one effect of the relationship should be, that the patient feels more self-confident, to get supported in its own personality.

Therapists aren't really experts for the illness; for the 'technical part', yes; but not for the other components. Every patient is the expert of his own illness; nobody can feel, how it feels like, and whether it feels better or worse; nobody else can finally say, which therapy, remedy or diet really helps you the best. Therapists can help us to have an overview of the possibilities we have and they can tell us what experience (positive and negative-ones) have been made with them; but proof and decide we have ourselves. The most important thing is, that a therapist should show me a way to an easier way of life, that is realistic and not too complicated.

That also means, that therapists should inform us in an objective way, to really help us decide, which way we choose.

And: if we decide in another way, the professional suggested: he should accept it fully and not judge or treat the patient worse than before.

The example of my personal relationship to 'my' therapists will be given at the meeting.

Communication and partnership – Friday 15 June, 16.00-17.30/Club A-B-C-D

SP0178 SURGERY IN THE PATIENT WITH RHEUMATOID ARTHRITIS

J Lloyd. *Health Studies, Brunel University, Isleworth Middx., UK*

10.1136/annrheumdis-2001.71

The person with Rheumatoid Arthritis has a higher than average chance of undergoing surgery at some stage in the disease process. Surgery is not without risks and a benefit/risk assessment is essential in all patients for selection.

This presentation will address care of the patient with RA before and after surgery from a multi-disciplinary view point. General considerations prior to surgery will be mentioned. Potential problems specific to the person with RA include care of the cervical spine during intubation, infection both due to low haemoglobin and drug therapy, care of the skin and other joints whilst recumbent and management of drug therapy. These will be analysed along with possible management protocols and strategies.

Pre and post surgical intervention physiotherapy is a luxury for some patients, for those with RA it is an essential component of the continued care of this group.

Intl. scientific forum for young rheumatologists – Thursday 14 June, 10.30-12.30/Meeting Hall V

OP0139 REGULATION OF CD154 IN SYSTEMIC LUPUS ERYTHEMATOSUS

RQ Cron, A Genin, M Brunner. *Children's Hospital of Philadelphia, Philadelphia, PA, USA*

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CD40-ligand (CD154) is expressed on the surface of activated CD4 T cells and as a soluble cytokine. CD154 is a critical regulator of the immune response via its interaction with CD40 on various cell types, and, therefore, it is not surprising that its expression is tightly controlled. Current reports have described abnormal expression (increased and prolonged levels) of CD154 in adult patients with systemic lupus erythematosus (SLE), similar to observations in lupus-prone mice. We have recently confirmed these findings in paediatric SLE patients. Normally, like several tumour necrosis factor cytokine family members, CD154 expression is primarily controlled at the level of gene transcription and mRNA stability. Moreover, regulatory defects in intracellular signalling pathways that may effect cytokine mRNA levels have recently been described in CD4 T cells from patients with SLE. Using real-time quantitative PCR we have found that CD154 mRNA levels are increased in SLE patients versus matched controls. Preliminary results from nuclear run-on assays also suggest that increased CD154 transcription plays a role in CD154 hyper-expression in SLE. The CD154 *cis*-element (s) responsible for this increase in transcription is unknown. Although we had previously identified a relatively weak proximal 5' flank transcriptional promoter, very little is known about