activity, using an intervention of known efficacy (Infliximab) as external standard.

Methods Until now, 12 RA patients (ACR criteria) have been included (1 male), having high or moderate disease activity (DAS28 >3.2);³ 10 patients already had a 6-week follow-up. The intervention consisted of treatment with Infliximab and Methotrexate, which is likely to induce a relatively large improvement after 6 weeks. The RADAI was self-administered 1 week before the first infusion with Infliximab (T0). At the first infusion (T1), the patient filled in the RADAI again and the physician assessed the DAS28.

After 6 weeks (T2), the RADAI and the DAS28 were again assessed. For analysis of reliability (T0 and T1) the ICC3,1 and the Limits-of Agreement [4] were used. Responsiveness was studied by judging the change in RADAI at T2 in relation to the Limits-of-Agreement and the DAS28 response criteria.³

Results The RADAI scores at T0 and T1 were mean (sd) 5.0 (1.7) and 4.8 (1.9). The mean (sd) difference was -0.2 (0.8), (paired t-test, $p = 0.41$). The ICC3,1 was 0.89 ($p < 0.05$). The Upper Limit-of-Agreement was at 1.6 and the Lower at -2.0. According to the DAS28 response criteria, 3 patients were classified as having no response at T2, 3 had a moderate and 4 a good response. The change in RADAI did not exceed the Lower Limit-of-Agreement for 4 of the 7 responders. The responders had a median (range) change in RADAI of -2.1 (-0.9 to -8.0), signed rank test, $p = 0.02$.

Conclusion The data collection is ongoing till N = 20. The first results on reliability and responsiveness are promising. However, if the Limits-of-Agreement turn out to be much wider than -1 and +1, the reliability of the RADAI should be improved.

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AB0233 PRODUCTIVITY COSTS IN AS. COMPARISON AMONG 3 EUROPEAN COUNTRIES

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Background

Objectives To compare productivity costs due to inability to perform paid work for ankylosing spondylitis (AS) in three European countries: the Netherlands (NL), France (F) and Belgium (B).

Methods 216 consecutive prevalent out-patients with AS started a 2 year cost-of-illness cohort study. Questionnaires assessed AS-related health resource utilisation every 2 months. Productivity costs were calculated from societal perspective by friction costs (FC) method (costs of first 3 months of sick-leave) and human capital (HC) approach (costs of sick-leave and work-disability). In addition, loss of income for the patients was assessed. Differences in social security systems among countries were taken into account. Means and 95% CI after bootstrapping are presented. T-tests were performed on the results of the bootstraps to compare countries.

Results 209 patients completed follow-up. In NL, F and B respectively, 70, 69 and 74% were male, mean age 46 (SD:12), 38 (SD:12) and 42 (SD:14) yr, mean disease duration 24 (SD:12), 14 (SD:9) and 13 (SD:10) yr and 24, 13 and 24% had a manual profession.

Abstract AB0233 Table 1

	NL (n = 131)	F (n = 53)	B (n = 26)
Days sick-leave/yr: mean [95% CI]	8.2 [4.4–12.6]	4.5 [1.5–8.5]	5.3 [2.6–11.2]
FC (Euro/pt/yr): mean [95% CI]	556 [316–827]	324 [112–614]	274 [70–534]
HC costs (Euro/pt/yr): mean [95% CI]	8862 [7100–10630]	3188 [1190–5729]	3609 [859–7169]
Patient income loss (Euro/pt/yr): mean [95% CI]	3301 [2578–4027]	2069 [896–3477]	1189 [300–2269]

*NL-F $p < 0.001$; **NL-B $p < 0.001$.

Conclusion Productivity costs due to AS are substantial for society and patients and differ among countries. FC underestimate the economic impact of disease. These findings have implications for generalizability of economic studies.

AB0234 OBJEKTIV FUNCTIONAL PERFORMANCE TESTS IN PATIENTS WITH LOW BACK PAIN. REVIEW

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Background In the past few decades, a large number of physical performance (PP) tests for clinical assessment of patients with low back pain (LBP) have been introduced. Knowledge is limited, however, on the their appropriateness for treatment outcome, clinical and epidemiological studies, which require a high level of reliability and validity of measurements.

Objectives Our review focus on the psychometric properties and clinical usefulness of physical performance measurements in patients with LBP.

Methods In order to comprehensively identify instruments of physical performance measurement in LBP patients and studies on their reliability, validity and clinical usefulness, MEDLINE searches were performed for the time interval from 1998 to 2000 using the following controlled vocabulary: low back pain, measurement (s), outcome, tests, function, physical performance, muscle strength, range of motion, reliability, sensitivity, validity. In the second step reference lists of the retrieved papers were used for identification further studies, which were not included in MEDLINE database. The literature about sophisticated, special equipment requiring functional measurements, which application due to cost and time demand in daily clinical practise is restricted, was excluded from analysis.

Results 162 papers reporting on physical performance tests in patients with low back pain were analysed. Validity and reliability has been more comprehensively studied for ?Timed-up-and-go?, ?Loaded reach? and ?Sit-to-stand? tests. The high level of reliability of these test were reported (correlation coefficients ranged from $r = 0,89$ to $r = 0,99$). No one prospective follow-up study on responsiveness of PP tests was found.