Conclusion In our literature search we found that all validated PP tests were designed as a discriminative instruments, whose purpose was to measure differences between the people. In order to use them as a qualitative clinical outcome measurement instruments, their psychometric property such a responsiveness should be investigated.

Available in our review.

AB0235 RELATIONSHIP BETWEEN THE NOTTINGHAM HEALTH PROFILE AND THE HEALTH ASSESSMENT QUESTIONNAIRE: EVIDENCE OF VALIDITY IN RHEUMATOID ARTHRITIS

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Background

Objectives To assess the validity of the Nottingham Health Profile (NHP) health-related quality of life measure in subjects with rheumatoid arthritis. It was hypothesised that improvements in the Health Assessment Questionnaire (HAQ) would be significantly related to the NHP.

Methods Data on both the NHP and the HAQ were collected as part of a multicenter clinical trial conducted in Europe (n = 473). The NHP was administered at baseline and at weeks 12 and 24. The NHP consists of 38 items which assess physical mobility (MOB), pain (PAIN), energy (ENRG), sleep (SLP), emotional reactions (EMO), and social isolation (ISO). Both the NHP and the HAQ are scored so that lower scores indicate better HRQOL, and negative change scores indicate improvements. Validity was assessed by estimating the correlation between the scales of the NHP and the HAQ in cross-section and longitudinally (change score from baseline to week 24, Δ). It was hypothesised that both relationships would be positive, and that stronger relationships would be seen in the more physical HRQOL scales of the NHP (MOB and PAIN).

Results In cross-section (first row of the Table 1), all six of the NHP scales were positively and statistically significantly correlated with the HAQ. Additionally, as shown in the second row, the changes in all six of the NHP scales were positively and statistically significantly correlated with the change in the HAQ (Δ HAQ). As predicted, the highest correlations were seen in the more physical HRQOL scales, MOB and PAIN.

Abstract AB0235 Table 1 Correlation between NHP Scales and the HAQ (n = 473)

	MOB	PAIN	ENRG	SLP	EMO	ISO
HAQ	0.773***	0.537***	0.494***	0.270***	0.425***	0.325***
Δ MOB		Δ PAIN	Δ ENRG	Δ SLP	Δ EMO	Δ ISO
Δ HAQ	0.562***	0.521***	0.435***	0.268***	0.343***	0.220***

*p < 0.05, **p < 0.01, ***p < 0.001.

Conclusion These data support the validity of the Nottingham Health Profile as a measure of health-related quality of life in subjects with rheumatoid arthritis.

AB0236 PEOPLE WITH ARTHRITIS/RHEUMATISM IN EUROPE – MANIFESTO FOR THE THIRD MILLENNIUM: EMPOWERING SOCIAL LEAGUES SINCE LAUNCH IN JUNE 2000 IN NICE

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Background There are organisations of people with Arthritis/Rheumatism in many of the European countries. They are part of EULAR. Nevertheless their voice is hardly heard, neither on a national level, nor on the European level.

Therefore in March 2000 the EULAR Social League's Standing Committee, Arthritis and Rheumatism International (ARI) and the International Organisation of Youth with Rheumatism (IOYR) agreed on a Manifesto of People with Arthritis/Rheumatism. It's core is a catalogue of 10 Commandments, concerning Health care, Education and Awareness for rheumatic diseases.

This Manifesto has been launched at the EULAR congress in Nice, France, in June 2000.

Objectives The Manifesto is a platform for people with arthritis: People gather to discuss ways to translate the Manifesto into action. They feel strengthened knowing, that they are part of a European network that also allows them to exchange experiences. Projects are kicked off by one or another Commandment.

Methods A secretariat has been established in Bonn in the office of Deutsche Rheuma-Liga to support the Chair Michael Bernady and to endorse all activities on a national level and bring forwards European activities.

Results The Manifesto helps people with Arthritis/Rheumatism all over Europe to make understand what their disease means for them and what are their needs. It gets high approval from everybody who is concerned with health care and enables us to have rheumatic diseases on the agenda.

Conclusion

AB0237 NATIONAL REGISTRY FOR CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS (JIA) AND SYSTEMIC CONNECTIVE TISSUE DISEASES

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Background Centre for Rheumatic Diseases is a National Centre for children with JIA and Connective Idiopathic Arthritis. In 1999 we established a registry to increase the knowledge about JIA and Connective Idiopathic Arthritis in addition to insure diagnosis and the treatment of the patients. The registry will also serve as a research database for the centre.

Objectives

Methods To get an impression of disease development one uses seven questionnaires covering different areas. The medical part consists of 5 elements; Disease debut and diagnosis, classifications, doctors evaluation of disease activity, use of medicine and eventual side effects, and laboratory results.

The parents and if the patients are 15 years or older the patients themselves will fill in questionnaires covering Child Health Assessment Questionnaire (CHAQ) and the family history.

The patients in the registry will be registered ones every year with a tolerance of ± 3 months.

The questionnaires have been prepared in the software program TELEFORM, and the data is read automatically with help