could significantly facilitate dissemination of accessibility to rheumatologists on a global scale particularly to remote areas where the subspecialty is not now available.

SAT0252 THE IMPACT OF RHEUMATOID ARTHRITIS ON EMPLOYMENT STATUS AND SOCIAL NETWORK: A CROSS-SECTIONAL STUDY OF 146 PATIENTS

LS Ines, P Reis, MJ Santos, M Alexandre, C Silva, A Branha, A Figueiredo, D Nour, JA Da Silva, A Malcata, A Porto. *Department of Rheumatology, University Hospital of Coimbra, Coimbra, Portugal*

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Background Rheumatoid arthritis (RA) is recognised as one of the most disabling rheumatic diseases. Work disability and social impairment are frequently overlooked consequences of RA.

Objectives (1) to evaluate the prevalence of work disability; (2) to evaluate the impact of the disease on the social network in patients with rheumatoid arthritis (RA).

Methods We submitted a self-report questionnaire concerning RA impact on employment status and social support network to a cohort of 229 patients with RA, fulfilling the 1987 ACR criteria, followed in a hospital-based outpatient rheumatology clinic. 146 patients (63.8%) returned the completed questionnaire (female = 88.4%, male = 11.6%; mean age = 56 years; mean disease duration = 13.4 ± 8.1 years; RF positive = 73.8%; mean Larsen score = 50.6; ACR functional class I ? 20.4%, II ? 26.0%, III ? 30.3%, IV ? 12.7%).

Results 83.9% of the patients had less than 7 years of formal education. 70.2% had a monthly income of less than 500 euros. 58.7% of the patients were retired and 2.9% unemployed. From these patients, 84.5% had stopped working due to RA. From the employed patients, 5.8% were currently on leave. From all patients, 83.1% had to take a leave at least once due to RA. The mean total time on leave was 587 days per patient. 86.3% of the patients reported that RA compromised their capability to earn money. 81.4% of the patients were married, 7.9% single, 2.9% divorced or separated and 7.9% widowed. All the divorced or separated patients related their status to RA. 88.4% of the patients live with spouse or first grade relatives. Only 2.7% reported to live alone. 72.8% of the patients depend on escort for physician visits, in most of the cases (92.4%) by the spouse. A minority of patients may rely on institutional social support: 7.2% live in a old age residence, 11.2% have access to a day-care centre, 13.3% to a social worker, 12.3% to a religious association and 8.2% to voluntary workers. 89.6% of the patients reported that RA jeopardised the ability to engage in their previous leisure activities.

Conclusion There was a high prevalence of permanent and temporary work disability related to RA in this cohort. This may be related to the high disease duration of this group. Most patients rely on social support from the family. The impact of RA on marital status was limited, but much more extensive on leisure activities.

SAT0253 LESS USE OF GASTROINTESTINAL (GI) PROTECTIVE AGENTS AND GI-RELATED PROCEDURES WITH ROFECOXIB VS. NAPROXEN IN THE VIGOUR (VIOXX GI OUTCOMES RESEARCH) STUDY

¹L Laine, ²C Bombardier, ³DR Ramey, ³DJ Watson, ³JM Pellissier, ³A Reicin. ¹GI Liver Division, USC School of Medicine, Los Angeles, USA; ²Institute for Work & Health, Toronto, Ontario, Canada; ³Merck Research Labs, West Point, PA, USA

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Background The VIGOUR Study was a randomised, double-blind, clinical trial assessing the GI safety of rofecoxib 50 mg, once daily (n = 4047) versus naproxen 500 mg twice daily (n = 4029) in patients with rheumatoid arthritis. The mean age was 58 years; 80% of patients were female; 8% had a prior history of a GI ulcer or bleed; 82% reported NSAID use at baseline; 21% reported dyspepsia within 14 days prior to baseline; 56% took concomitant corticosteroids for their RA; the treatment groups were not different in these respects. The median duration of follow-up was 9.0 months, the maximum was 13 months.

Objectives To compare the rates of usage of gastroprotective agents (GPAs) and upper GI diagnostic procedures in patients treated with rofecoxib, a highly selective COX-2 inhibitor, compared to naproxen in the VIGOUR Study.

Methods We compared the treatment groups on their rates of new GPA usage (H2 receptor antagonists [H2RAs], proton pump inhibitors [PPIs], sucralfate, and prostaglandin analogues initiated after randomization), and investigator-initiated upper GI diagnostic radiologic and endoscopic procedures. Study participants were permitted to take OTC doses of H2RA's; however, use of prescription GPA's required discontinuation from the study. Use of upper GI diagnostic procedures was based on the investigators' clinical judgment; there were no guidelines or restrictions on their use. Additional analyses were done in the subset of patients (n = 2937) reporting GI adverse experiences (AEs). 95% confidence intervals on rate ratios (RR) of rofecoxib to naproxen were calculated.

Results The incidence of confirmed intestinal perforations, ulcerations, and bleeds (PUBs), the primary endpoint in VIGOUR, was significantly lower with rofecoxib compared to naproxen (2.1% vs 4.5% per year; p < 0.001, relative risk 0.46). Patients treated with rofecoxib had lower rates of new GPA usage (11.2% vs 14.5%, RR = 0.77, CI: 0.68–0.87) than those treated with naproxen. Less use of H2RAs and PPIs occurred in the rofecoxib group than the naproxen group (H2RAs: 8.2% vs. 10.6%, RR = 0.77, CI: 0.67–0.89; PPIs: 3.8% vs. 5.6%, RR = 0.68, CI: 0.56–0.84). There were no significant differences between treatment groups in new prescriptions of prostaglandin analogues and sucralfate; few patients received these medications. Use of upper GI procedures was lower (4.3% vs. 5.9%, RR = 0.74, CI: 0.61–0.90) for patients treated with rofecoxib than for patients treated with naproxen. Among patients reporting GI AEs, those treated with rofecoxib required fewer new GPAs (25.5% vs. 32.2%, RR = 0.76, CI: 0.67–0.87) and upper GI procedures (11.5% vs. 14.7%, RR = 0.77, CI: 0.63–0.94) than did those treated with naproxen.

Conclusion In the VIGOUR Study, RA patients treated with the highly selective COX-2 inhibitor rofecoxib for up to 13 months had significantly fewer PUBs, required fewer new prescriptions for PPIs and H2RAs, and had fewer GI procedures than patients treated with naproxen.