Methods An inception cohort of 42 early RA patients have been studied since symptom-onset. Clinical, MR (1.5 Tesla GE Signa Horizon scanner) and XR data were obtained at baseline and 1 year. MR scans of the dominant wrist and XRs of the same region were read independently by 2 radiologists and scored for erosions at 15 sites within the carpus. Further 2 year clinical and XR data was used to determine the ability of the baseline MRI score to predict XR erosions at 2 years. A lesion-based analysis was also performed to track individual lesions from MR at 0 and 1 year time-points to XR at 1 and 2 years.

Results The baseline MR erosion score was predictive of XR erosion score at 2 years ($p = 0.008$).

Patients with a total MR score (erosions, bone oedema, synovitis and tendonitis) ≥ 13 at baseline were significantly more likely to develop erosions on XR at 2 years (OR 13.4, 95% CI [2.65, 60.5], $p = 0.002$). Baseline wrist MRI has a sensitivity of 80%, a specificity of 76%, a positive predictive value (ppv) of 67% and a high negative predictive value (npv) of 86% for the prediction of wrist XR erosions at 2 years. A lesion-centred analysis, revealed that 84% of baseline MR erosions were still present at one year, increasing to 100% if complete concordance between radiologists was required. The number of MR erosion sites per patient increased from 2.1 (SD 2.7) to 5.0 (SD 4.6) ($p < 0.0001$) over the 1st year of disease. When MR erosion sites were tracked, 21% and 26% were observed on XR, 1 and 2 years later. A high baseline Ritchie score and ESR were predictive of progression of MR to XR erosions over 1 year ($p = 0.01$ and 0.03) but there was no association with the shared epitope. Progression of MR to XR erosions was not seen in those with transient polyarthritis.

Conclusion MRI scans of the wrist taken at first presentation of RA can be useful in predicting radiographic erosions. Thus, MRI may have a role in selection of patients for more or less aggressive management. Most MR lesions persist over the first year of disease but only 1 in 4 progress to XR erosions at the same sites, 1 year later. This may relate to healing, observer error or technical limitations of radiography at the wrist. Progression of MR to XR erosions is greatest in those with high baseline disease activity.

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THU0148 DEMOGRAPHIC AND CLINICAL CHARACTERISTICS IN LONGSTANDING RHEUMATOID ARTHRITIS: A THREE COUNTRY COMPARISON

¹MC Lodder, ²G Haugeberg, ¹WF Lems, ²T Uhlig, ¹BA Dijkmans, ²TK Kvien, ³AD Woolf. ¹Rheumatology, Vrije Universiteit Medical Centre, Amsterdam, The Netherlands; ²Rheumatology, Diakonhjemmet Hospital, Oslo, Norway; ³Rheumatology, Royal Cornwall Hospital, Truro, UK

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Background

Objectives The purpose of this cross-sectional study is to compare the demographic and clinical characteristics of postmenopausal women with longstanding rheumatoid arthritis (RA) between general rheumatology clinics in three European countries.

Methods A total of 150 female patients with RA (50 per centre), aged between 50 and 70 years and a disease duration of 5 or

more years attending a general rheumatology clinic, were consecutively included as part of the OSTRAL study. Demographic and clinical data were collected according to standardised procedures. Hand X-rays (Larsen) were read by one observer. Mean $\pm$ SD are presented in case of normal distribution; median (range) in skewed data. Groups were compared by means of ANOVA. Kruskal-Wallis or Chi square test were performed when appropriate.

Results Mean age (61 ± 6 years), disease duration (14(5–53) years), and rheumatoid factor status (63% positive) were similar in the three centres. BMI (kg/m^2) values 23.0 ± 2.9 in Oslo, 25.7 ± 3.8 in Amsterdam and 27.7 ± 6.0 in Truro respectively, differed between the 3 centres ($p = 0.000^{ab}$). Visual analogue scale (VAS) for pain (MM) differed between the 3 countries ($p = 0.02^c$).

Post hoc test difference ^aOslo-Truro, ^bOslo-Amsterdam, ^cTruro-Amsterdam.

Abstract THU0148 Table 1

	Oslo	Amsterdam	Truro	p-value
Deform.joint (max.18)	4(0–15)	5(0–16)	8(0–18)	0.003 ^{ac}
HAQ (0–3)	1.3 $\pm$ 0.6	1.3 $\pm$ 0.7	1.9 $\pm$ 0.7	0.000 ^{ac}
tot. Larsen (0–120)	25(0–117)	47(2–105)	34(0–102)	0.004 ^{bc}
Prednisone use (%)	61	28	26	0.000 ^{ab}

Prednisone use refers to current use of the drug.

Conclusion These comparisons may reflect different lifestyle and treatment strategies in the different countries with consequent different outcome.

THU0149 TEMPORO-MANDIBULAR DAMAGE IN PSORIATIC ARTHRITIS

VV Badokin, VM Grinin, VA Nasonova. Chair of Rheumatology, Russian Medical Academy of Post-Graduate Training, Moscow, Russia

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Background Psoriatic arthritis (PA) is a chronic progressing spinal and articular disease associated with psoriasis resulting in development of erosive arthritis, ankylosing of joints and intra-articular osteolysis. It is included into seronegative arthritides and has clinical-radiological peculiarities common for this group of diseases.

Objectives To find out the prevalence and character of temporo-mandibular damage (TMD) during PA and determine the correlation of such damage with other manifestations of this disease.

Methods 76 PA pts were examined. Median age of pts was 36.7 ± 5.6 years and median disease duration 3.4 ± 0.8 years. Radiological stage of damage (except TMD) in 42.1% of pts was II according Steinbrocker and in 39.5% – III. All pts had clinical examination of TMD with detailing of volume of mobility, possible dislocation of articular disk, determining of mandibular deviation during mouth opening, cephalometric studies. TMD radiography by method of Schuller and Parma, orthopantomography, stratal magnetic-resonance computer tomography.

Results TMD in PA debut was found in 25 (32.9%) of pts and occupied the 6th place by frequency among other articular damages. In 60% of cases arthralgia was noticed. In some cases there were stable arthralgias and speedy decrease of articular mobility of this localization. More often we found bilateral damage as