THU0157 CARTILAGE OLIGOMERIC MATRIX PROTEIN (COMP) AND SOLUBLE CD44 VARIANT ISOFORM V5 (SCD44V5) IN PATIENTS WITH EROSIVE, SEROPOSITIVE RHEUMATOID ARTHRITIS (RA+)

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Background “”

Objectives COMP is a pentameric protein of five identical disulfide-linked subunits and belongs to the thrombospondin family of proteins. It is proposed to be a marker of cartilage degradation and may be correlated to disease activity with respect to joint destruction in patients with RA+ and osteo-arthritis. The concentration of COMP in serum may decrease due to effective treatment of RA+.

sCD44v5 has been described in patients with erosive RA+ and in patients with (longstanding) psoriatic arthritis. It has been proposed to be a (slow acting) marker of disease activity and disease prognosis. The influence of different therapeutic procedures on sCD44v5 serum levels has been described. We were searching for correlations of sCD44v5 and COMP in the course of disease of patients with erosive RA.

Methods Serum levels of COMP and sCD44v5 were measured in 53 patients with RA+ (Steinbrocker stages II-IV, duration of disease >2 years). Follow up measurements were performed 8 times always after 3 months. Additionally routine laboratory monitoring and clinical assessment of the disease status were performed. ELISA-tests were used to detect COMP- and sCD44v5-serum levels.

Results In our 53 patients with RA+ we could find significant correlations of COMP and sCD44v5 ($p < 0,0001$), of COMP and rheumatoid factor measurements (RF) ($p < 0,006$), of sCD44v5 and RF ($p < 0,0001$), of sCD44v5 and erythrocyte sedimentation rate (ESR) ($p < 0,003$), and of sCD44v5 and (a modified) Ritchie-Index ($p = 0,05$).

Conclusion To interpret the implications of our preliminary results with reference to disease activity, cartilage destruction, disease progression and prognosis under different therapeutic procedures in patients with RA+, further studies are necessary.

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REFERENCES

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THU0158 WORK DISABILITY AMONG PATIENTS WITH RHEUMATOID ARTHRITIS IN LITHUANIA

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Background Work disability is increasingly recognised as an important outcome of rheumatoid arthritis (RA). The magnitude of work-disability in chronic disease is not only determined by socio-economic and disease characteristics but also by the organisation of the social security system of the country under study.

Objectives To determine the work disability levels of Lithuanian patients with RA.

Methods A cross-sectional study was performed including 276 consecutive out-patients, registered in the Vilnius RA register. During structured interviews, patients were asked about socio-demographic (including work-status) and disease characteristics. In addition, patients underwent a physical examination. The social security system in Lithuania distinguishes short-term disability (maximum 4 month) and long standing (permanent) disability. In case of longstanding disability three categories can be granted and two of these allow continuing a job.

Results Of the 276 RA patients, 82.2% were female, mean age was 58.9 yr (SD = 11.8) and mean disease duration 11.9 yr (SD = 9.4). Of 183 patients in working age (14–65 yr), 3.3% were unemployed or housewife, 7.1% were on early retirement and after adjusting for age and gender 28.3% had a paid job and 45.8% had a disability allowance. In general population of Lithuania employment rate is 54.5% and disability rate 2.33%. Of those with paid job 34.5% were holding at the same time a disability allowance. The Table 1 contrasts demographic and disease characteristics of those having a job to those having no job.

Abstract THU0158 Table 1

	Employed n = 58	Not employed n = 125
Female; nr (%)	49(84.5)	102(81.6)
Age; yr (SD)	47.6(8.7)	54.8(8.2)*
Disease duration; yr (SD)	9.2(8.7)	13.2(9.1)*
Education; yr (SD)	14.4(3.1)	11.9(3.6)*
DAS-28; mean (SD)	5.3(1.1)	5.5(1.1)
MHAQ (0–3; mean (SD))	0.8(0.6)	1.5 (0.7)*

*t-test for continuous values and chi-square for proportions and significance level <0.05.

Conclusion In Lithuania, employment among RA patients is 26.2% lower than in the general population and seems lower than reported in literature on labour force participation among RA patients in other countries. Not surprisingly, patients who are more educated, less disabled and have shorter disease duration are more likely to remain in labour force, though disease activity is similar to those being not employed.

THU0159 PERIPROSTHETIC BONE REMODELLING AND RADIOGRAPHIC FIXATION OF A CEMENTLESS TOTAL HIP ARTHROPLASTY WITH TITANIUM STEM IN RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS PATIENTS

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Background New bone formation around cement less stem after total hip arthroplasty is dependent on implant design, material, and mode of porous coating. These osteogenesis patterns are classified as follows, proximal endosteal bone bridging spot welds, increased cortical thickness (cortical hypertrophy) and thin radiodense lines surrounding the tip of the implant (halo pedestal). However, no reports showed the comparison of bone remodelling patterns surrounding stem among diseases: such as