Background CD44 is a widely expressed adhesion molecule responsible for cell-cell, cell-matrix interaction and binds hyaluronan and other extracellular matrix and cell surface proteins. Binding of CD44 leads to immune mediated inflammation, target lysis and tumour dissemination. Except this constant membrane bound form a variety of isoforms are expressed. Soluble CD44 variant isoform 5 (sCD44v5) is associated with a high rate of cell division and is elevated in patients with erosive IgM rheumatoid factor positive Rheumatoid Arthritis (RA+).

Objectives To examine whether sCD44v5 correlates with inflammation and/or joint destruction in a long-term treatment of patients with RA.

Methods Serum levels of sCD44v5 were measured in 73 patients with RA according to the criteria of ACR treated in intervals in our department in the duration of 10 years using a commercially available ELISA-test, developed by Bender-Med-Systems-Vienna. The results of sCD44v5 were compared with Disease Activity Score (DAS), 28 Joint Count (28JC), 30 Swollen Joint Count (30SJC), Ritchie Index, Proximal Interphalangeal Score (PIP), Stoke Index, Larson Score, Steinbrocker Stage, C- Reactive- Protein (CRP), Erythrocyte Sedimentation Rate (ESR), rheumatoid factor (RF) and DMARD therapy.

Results We detected elevated serum levels of sCD44v5 in 50/356 measurements, with a range from 58,4 to 312,9. The mean sCD44v5 was 42,3 ng/ml. The results showed a significant correlation with RF (mean 299,4 U/ml, $p < 0,001$) and a weak correlation with ESR (mean 31,9 mm HG, $p < 0,03$), but no correlation with CRP (mean 21,1 mg/l), DAS (mean 3,54) and other clinical scores. Furthermore we found no significant difference of sCD44v5 with different DMARD therapies.

Conclusion In our cohort sCD44v5 does not prove to be useful as predicting factor or indicator for a long-term treatment observation. Although sCD44v5 is known to be elevated in patients with rheumatoid flare such a correlation could not be shown in our study with weak to moderate inflamed patients. Soluble CD44v5 therefore seems to be elevated only in severe inflammation.

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THU0165 LONGTERM OUTCOME OF AUSTRIAN PATIENTS WITH RHEUMATOID ARTHRITIS

M Skoumal, G Kolarz, A Wottawa. *Institute for Rheumatology in Cooperation with the Donau Universität Krems, Rheumasonderkrankenanstalt Der SVA Der Gewerblichen Wirtschaft, Baden, Austria*

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Background Rheumatoid Arthritis (RA) is a progressive disease and is characterised by increased work disability, functional declines and radiographic damages. To prevent irreversible joint damage, Disease Modifying Antirheumatic Drugs (DMARDs) and recently available biologics should be given as soon as possible. Prospective long-term studies are difficult to organise and may have a minimal relevance for current clinical practice at the end of the study.

Objectives To examine retrospectively the long-term outcome of patients with RA in Austria.

Methods 81 indoor patients with seropositive RA (RA+) and seronegative RA (RA-) completed a standardised clinical and laboratory blood examination 3 ? 8× between 1978 ? 1999. The course of the disease was assessed by determining of Disease Activity Score (DAS), 28 Joint Count (28JC), 30 Swollen Joint Count (30SJC), Proximal Interphalangeal joint score (PIP), Ritchie Index, Stoke Index, Steinbrocker stage and Larson score.

Results Over 21 years with a mean duration of follow up of 10 years we observed a statistically significant improvement of PIP, of Ritchie Index, of Stoke Index and of DAS. Steinbrocker stage and Larson Score increased significantly. With respect to DMARDs we noted that a high percentage of the patients did not receive any DMARDs within the first two years of disease. From all used drugs Methotrexate (MTX) was continued much longer and was the preferred DMARD since the early nineties. Referring to extraarticular manifestations the most frequent was Sicca Syndrome in relation with positive Antinuclear Antibodies (ANA). We found two cases of vasculitis and one case of lung fibrosis; however we did not find a case of amyloidosis.

Conclusion In our long-term follow up a change of treatment with rather weak DMARDs at the onset of the disease to a more aggressive treatment within the last decade was remarkable. With respect to the significant increase of Steinbrocker stage and Larson score as well an early aggressive therapy is however required. With respect to the association of ANA and extrarticular manifestations elevated ANA should give rise for an exact organ screening. The development of predicting factors for the outcome of patients with RA would be helpful to refer patients to specialist care as soon as possible.

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THU0166 HIGH DIAGNOSTIC VALUE OF ANTI-FILAGGRIN AUTOANTIBODIES (AFA) DETECTED BY A NEW ELISA IN A COHORT OF 152 COMMUNITY CASES OF VERY EARLY ARTHRITIS

¹O Vittecoq, ²B Inçaurgarat, ³J Legoedec, ¹A Gayet, ⁴P Fardellone, ⁴P Boumier, ⁵A Phan Van, ¹JM Bertho, ¹C Zarnitsky, ¹O Mejjad, ¹A Daragon, ²M Jolivet, ³F Tron, ¹X Le Loët. ¹Rhumatologie, INSERM U519, IFR23; ²BioMérieux, SA, Marcy l'Etoile; ³Immunologie, INSERM U519, IFR23, Rouen; ⁴Rhumatologie, CHU d'Amiens, Amiens; ⁵Rhumatologie, CHU de Tours, Tours, France

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Background

Objectives To determine the diagnostic value of autoantibodies (Ab) directed against citrullinated recombinant rat filaggrin (ACRFA) for very early RA.

Methods From a population-based recruitment, 152 patients with early (median disease duration:4 months [2□6 mo]) peripheral arthritis (swelling of at least 2 joints persisting > 4 weeks) were studied. Follow-up period was 1 year. At the end of the study, patients were classified as RA (n = 88) or as other rheumatic diseases. Four Ab: rheumatoid factors (RF-IgM), anti-keratin Ab (AKA), anti-perinuclear factor (APF) and ACRFA by an