mortality than RF or ESR. In GEE analyses, the strongest predictor of PMN was, by far, the use of prednisone, with users having 1.8 (1.6, 2.0) thousand cells increase compared to non-users. Weaker predictors of PMN included sex, HAQ, ESR, RF, disease duration, but not age.

Conclusion Total PMN predicts mortality in RA as effectively as RF, and the predictability is robust to duration of disease as well as to fixed and time-dependent disease severity covariates. This simple test appears to have been overlooked, but adds significantly to our ability to predict mortality in RA. Corticosteroids are the strongest influence on PMN among RA patients, and might be an important factor in mortality increase in RA. Treatment related PMN reduction that occurs in clinical trials of biologic agents may be a marker for increased survival, and is a candidate variable for measurement of pharmaco-economic benefit.

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THU0185 RELIABILITY OF RA MRI SCORING

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Background At OMERACT5 recommendations were developed for acquisitions/scoring of MRI synovitis/bone destruction of hand/wrist in RA: OM5 RA MRI Score (Om5 RAMRIS).¹ These were based on results of a multicentre inter-reader agreement studies of two earlier MRI scoring methods, developed at EULAR 1999 and ACR 1999.²

Objectives Determine whether reader calibration, standardisation of imaging protocols and more precise definitions of lesions improved inter-reader agreement of MRI scoring.

Methods MRIs (1.5T, cor and axial T1& T2, FS, iv Gd) of wrist (8)& 2[5 MCPJ(10) scored by experienced readers in 5 centres. Synovitis determined by Gd enhancement in synovial compartment by 2 methods: global score (0[3)(wrist 3 sites, MCPJ 4 sites) and direct measure (mm) of maximal thickness of enhancing tissue (wrist 4 sites, MCPJ 2 sites). Bone erosion (wrist 15 sites, MCPJ 8 sites) was a bone defect with sharp margins, with a cortical break. Bone defect and bone oedema also defined. All measured 0[10 by volume of defect as proportion of assessed bone volume by 10% increments judged on all images.

Results Reliability for most sites for all lesions was good. Poor intraclass correlation coefficients for bone defect (but excellent agreement) were due to predominance of zero scores. Table 1 shows results of summated scores). Om5 RAMRIS performed better than our previous scoring methods.

Abstract THU0185 Table 1

	MCPJ ICC	MCPJ % agree 1 interval	Wrist ICC	Wrist % agree 1 interval
Synovitis Glob	0.77	59	0.71	34
Synovitis mm	0.58	23	0.56	55
BE	0.46	37	0.68	11

BD	0.12	90	0.13	70
BO	0.60	22	0.84	25

Reliability of inter-reader MRI scores.

Conclusion We found Om5 RAMRIS has acceptable inter-reader reliability. Whether it can be further improved and degree to which it's sensitive to change will need to be determined by its performance in longitudinal/intervention studies.

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THU0186 THE EVALUATION OF THE RISK FACTORS FOR GENERALISED OSTEOPOROSIS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background In patients with rheumatoid arthritis (RA), the frequency of generalised osteoporosis is increased. The factors related to the disease like duration, functional capacity, medical treatment (corticosteroid, nonsteroidal drugs, methotrexate) and disease activation (C-reactive protein, erythrocyte sedimentation rate) are present among the probable factors which increase the risk of generalised osteoporosis such as the general factors like sex, age and menopausal status.

Objectives The effects of the general risk factors and the risk factors related to the disease on the formation of osteoporosis were assessed statistically with the ordinal logistic regression test.

Methods The bone mass of 36 patients with RA (between the ages of 25 – 75 and duration of disease 0,25 – 43 years ? 32 female, 4 male) were evaluated with calcaneal ultrasound.

Results It was estimated that the risk of osteoporosis is increased 7.44 times in patients using nonsteroidal anti-inflammatory drugs (NSAID) compared with those who received no NSAID treatment. (P = 0.05, Odds Ratio = 7.44, 95% Confidence interval = 1 – 55.46)

Conclusion This data has shown us the importance of NSAID treatment in increasing the risk of generalised osteoporosis in RA patients.

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THU0187 QUALITY OF LIFE IN RHEUMATOID ARTHRITIS: ADAPTATION OF RAQOL FOR USE IN TURKEY

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