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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Background Traditionally, the primary focus of medical research is the measurement of mortality and morbidity. During the past decade however interest is increasing in measurement of quality of life, health status, and functional status in the field of rheumatology.

Objectives The purpose of this study was to adapt the RAQoL for Turkish population and to test the new version's reliability and validity.

Methods After the translation process, 61 patients with rheumatoid arthritis (mean age 49, 82% female) were recruited for validation study. All the patients were evaluated by the disease activity scale (DAS), Nottingham health Profile (NHP), and Stanford Health Assessment Questionnaire. Patients were interviewed twice with a week interval.

Results The test-retest reliability of Turkish version of RAQoL was good (Spearman correlation coefficient for total RAQoL was 0,913). The internal consistency of RAQoL was satisfactory (Cronbach alpha: 0,95). It was found high correlation between the RAQoL and NHP subscores and low correlations between the RAQoL and DAS, HAQ.

Conclusion The results of this study are the indicator of the validity and reliability of the RAQoL as an important additional measurement which reflects the impact of RA from the patient perspective in Turkey.

THU0188 FREQUENCY OF AUTOANTIBODIES TARGETING PANCREAS IN RHEUMATOID ARTHRITIS WITH AND WITHOUT SECONDARY SJÖGREN'S SYNDROME

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Background Immune mediated diseases may be tissue specific such as insulin dependent diabetes mellitus (IDDM), or may be systemic such as rheumatoid arthritis (RA). Since impaired glucose tolerance have been reported in some connective tissue diseases.^{1,2}

Objectives We investigated the frequency of autoantibodies targeting pancreas in RA patients with and without Sjögren's syndrome (SjS).

Methods 103 RA patients, 26 with secondary SjS were included in this study. Serum islet cell antibodies (ICA), anti-insulin antibodies (AIA) and insulin receptor antibodies (IRA) were measured. Standard oral glucose tolerance test was performed if fasting or postprandial plasma glucose levels were elevated, or if any of the above mentioned antibodies were positive.

Results The frequencies of positive ICA, AIA and IRA in the whole group of patients with RA were 21.4%, 29.7% and 15.2%, respectively. There was no significant differences between the subgroups of RA patients with respect to OGTT results and autoantibodies ($p > 0.05$). However, we observed a significant difference between AIA positivity and disease duration ($p < 0.05$).

Conclusion Presence of autoantibodies targeting pancreas does not differ significantly in RA patients with and without SjS. These antibodies are not specific for IDDM, rather they are part of the autoimmune repertoire in systemic autoimmune diseases such as RA.

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THU0189 PRONOSTIC VALUE OF SERUM BONE MARKERS AND HAND BONE DENSITOMETRY IN VERY EARLY RHEUMATOID ARTHRITIS: PRELIMINARY RESULTS OF THE VERA STUDY

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Background

Objectives To study the pronostic value of serum bone markers and hand bone densitometry in very early rheumatoid arthritis (RA).

Methods From a population-based recruitment, 66 patients with very early (median duration: 4.3 months [1 – 6 mo]) peripheral arthritis (swelling ≥ 2 joints for > 4 weeks) were studied. Patients were steroid and DMARD naive. After a year, patients were classified as RA or non RA. Assessments were performed at entry (T1), after 9 (T2) and 12 (T3) months. Serum bone markers were C telopeptide (ICTP) by ELISA test, free pyridinoline (Pyr) and free deoxypyridinoline (DPyr) by HPLC. Other investigation: hand bone densitometry (DEXA), hands and feet X rays. Prognosis was defined as the progression of radiological damage from T1 to T3 (van der Heijde modified Sharp's method).

Results At T3, 26 patients had radiological progressive disease, and 40 no progressive disease. 50/66 patients fulfilled ACR criteria for RA (75% in non progressive group, 77% in progressive group, NS). At T1, no difference was found between progressive group and non progressive group, excepted for rheumatoid factors more frequent in progressive group ($p < 0,03$). Bone mineral density (BMD) of both hands decreased significantly from T1 to T3 in the progressive group ($p < 0,03$), whereas it remains unchanged in the non progressive group. Furthermore, ICTP, Pyr and DPyr levels at T1 were negatively correlated to the evolution of hand BMD from T1 to T3 ($p < 0,001$, $p < 0,02$, and $p < 0,01$ respectively).

Conclusion In patients with early RA, a structural bone damage progression after 12 months duration is associated with a decrease of hand BMD. Moreover, this decrease was negatively correlated with levels of serum bone markers at entry. These preliminary results of the VERA study need to be confirmed on a larger population.

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