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

¹A Isik, ¹E Tunc, ²G Kitapçoglu, ¹H Kocanaogulları, ¹V Inal, ¹E Doganavsargil, ¹G Gumusdis. ¹Rheumatology; ²Public Health, Ege University Medical Faculty, Izmir, Turkey

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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

¹O Vittecoq, ¹A Daragon, ²M Brazier, ¹O Mejjad, ³P Fardellone, ¹K Krzanowska, ⁴P Boumier, ⁵C Zamitsky, ⁶A Phan Van, ⁷A Gayet, ⁸JF Menard, ¹X Le Loët. ¹Service de Rhumatologie; ²Service de Biochimie; ³Service de Rhumatologie; ⁴Collège Des Rhumatologues, CHU – Hôpital Nord, Amiens; ⁵Service de Rhumatologie, CHG, Le Havre; ⁶Collège Des Rhumatologues, CHU Trousseau, Tours, France; ⁷Collège Des Rhumatologues; ⁸Unité de Biostatistiques, CHU – Hôpital de Bois Guillaume, Rouen

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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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