Methods Rheumatologists from seven hospitals completed an audit form on consecutive patients in rheumatology outpatient departments over six months. Information on details of all orthopaedic procedures, waiting times, inpatient stays, complications, concurrent rheumatological drug therapies was obtained from medical records and from patients themselves (inflammatory joint disease was primary diagnosis in 81%).

Results A total of 406 orthopaedic operations were performed in 293 patients, 106 total knee replacements (26%), 71 total hip replacements (17.5%), 48 wrist/hand joint operations (12%), 27 forefoot arthroplasties (6.7%), 15 shoulder replacements (3.7%), 14 elbow replacements (3.4%), 12 ankle fusions (3%) and the remainder miscellaneous.

The main post operative complications which resulted in increased length of inpatient stay were wound sepsis (17), chest infection (4), deep vein thrombosis (4) joint dislocation/fracture (3). Main second line drugs were sulphasalazine (65) and methotrexate (58) and steroids were used by 39 patients. Figures will show differences between centres for waiting times (median 9 months) and inpatient stays (median 7 days).

Conclusion Marked variations in waiting times could be identified to specific local difficulties which are being addressed. Cessation or changes in second line drugs were uncommon and created only short lasting problems, but need to be reviewed regularly.

THU0201 ABILITY OF THE LABORATORY TESTS TO PREDICT RHEUMATOID ARTHRITIS IN PATIENTS WITH EARLY ARTHRITIS

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Background

Objectives To determine the diagnostic value in early rheumatoid arthritis (RA) of various laboratory tests used alone or in combination.

Methods A cohort of 270 patients with early arthritis was constituted between 1995 and 1997 in seven hospitals in Brittany (France). Each patients underwent at first visit a standardised examination, laboratory tests [rheumatoid factors (RF), the functional affinity of IgM-rheumatoid factors, antiperinuclear factor, IgG, IgM and IgA antikeratin antibody (AKA), antiRA33 antibody, antinuclear antibodies, ELISA analysis of IgG glycosylation, circulating immune complexes, IgG 1, IgG2, IgG3, and IgG 4, and HLA AB DR typing], and radiographs. They were examined in the same way at six-month intervals until their last visit between June and December 1999, when the diagnosis of RA was made by a panel of five rheumatologists. Ninety-eight (38%) patients were considered as having RA at their final visit. The ability of each test as measured at the initial visit to discriminate between RA and non RA patients was evaluated through sensitivity and specificity. Optimal cutoff for continuous test was derived from Receiver Operating Characteristic curve. Multiple logistic regression was used to select combination of laboratory tests able to discriminate between RA and non RA patients and the diagnostic value of these combination was evaluated through sensitivity and specificity.

Results The performance of the combinations using either the pair with the best diagnostic value combined with a third selected laboratory test or multiple logistic regression

demonstrated that high levels of IgM RF by ELISA, IgG AKA, and latex test had the strongest association to RA.

Conclusion IgM-RF by ELISA, IgG-AKA, and the latex test are the best laboratory tests for discriminating between patients with and without RA. The other biological tests did not improve the diagnostic value.

THU0202 PATTERN OF RADIOGRAPHIC DAMAGE OF THE HAND JOINTS IN RHEUMATOID ARTHRITIS: A STUDY OF 193 PATIENTS

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Background Metacarpophalangeal (MCP) and proximal interphalangeal (PIP) joints of the hands are some of the most frequently involved areas in rheumatoid arthritis (RA). However, observational data suggest that differences may exist between different fingers.

Objectives To evaluate the pattern of radiographic damage of the wrists and small joints of the hands in RA patients.

Methods Cross-sectional study of 193 RA patients, fulfilling the 1987 ACR criteria (female = 168 [87%], male = 25 [13%]; mean age = 57.0 ± 11.7 years; mean disease duration = 13.4 ± 8.1 years; RF positive = 72%). They attended consecutively our hospital-based outpatient rheumatology clinic. Radiographs of the hands were obtained from all patients. Wrists, MCP, PIP and distal interphalangeal joints (DIP) were scored using Larsen's method. All radiographs were evaluated by a single reader in a blinded fashion. The intrareader concordance rate was >0.82 for all joints.

Results Mean Larsen scores were 2.25 ± 1.54 for wrists, 1.70 ± 1.49 for MCPs, 1.29 ± 1.19 for PIPs and 0.84 ± 0.74 for DIPs. There were erosive changes in 62.7% of the wrists, 39.0% of the MCPs, 27.4% of the first finger interphalangeals, 20.8% of the PIPs and 10.3% of the DIPs. Mean scores for each joint area and for each finger are presented in the Table 1 below.

Abstract THU0202 Table 1

	Finger 1	Finger 2	Finger 3	Finger 4	Finger 5
MCP	1.73 ± 1.36	1.91 ± 1.60	1.74 ± 1.49	1.53 ± 1.37	1.62 ± 1.46
PIP	1.37 ± 1.20	1.53 ± 1.35	1.20 ± 1.16	1.20 ± 1.12	1.15 ± 1.10
DIP	N/A	0.81 ± 0.79	0.92 ± 0.84	0.82 ± 0.69	0.82 ± 0.66

Conclusion Mean radiographic damage increases from DIPs to proximal joints up to the wrist. There are also differences of the damage of each joint area between fingers. Functional and mechanical factors may contribute to these differences.

THU0203 INCIDENCE OF CHLOROQUINE RETINOPATHY IN RHEUMATOID ARTHRITIS PATIENTS

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