Background

Objectives To evaluate risk of chloroquine (CQ) retinal toxicity in rheumatoid arthritis (RA) patients.

Methods Retrospective case-control study of RA patients attended from 1987 to 1999 in our Rheumatology Service. One hundred and fifty RA patients (120 females (F) and 30 males (M) with a mean age of 64 ± 40 years, who lives in the same geographical area, received daily CQ dosage of 250 mg. Ophthalmologic examination was carried out exam previous CQ treatment and toxicity routine ophthalmic screening every 6 months include fundus, central campimetry and tests of colours Farnsworth D-28. After identification of central visual field alteration and/or fundus CQ treatment was stopped.

Results Eight patients (5.3%), 8 females with mean age of 63.6 ± 11.4 years were identify with CQ retinopathy. Six patients (5F and 1 M) 4% with visual colour defects without CQ retinopathy were detected. Rheumatoid factor (RF) was present in 75% of retinopathy CQ patients (group A) vs. 72.6% in the patients without retinopathy (group B). The duration of treatment and cumulative total dose of CQ was in group A 3.4 ± 2.1 yrs. and 193.7 ± 104.4 gm vs. 3.3 ± 2.6 yrs. and 184 ± 125.9 gm in group B group.

Conclusion The CQ retinal toxicity was of 5.3%, not related with age, rheumatoid factor, duration of treatment and cumulative total dose.

THU0204 THE (UN)COUPLING OF INFLAMMATION AND DESTRUCTION IN PATIENTS TREATED WITH rhIL-1RA

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10.1136/annrheumdis-2001.1106

Background Previous studies have shown that recombinant human interleukin-1 receptor antagonist (rhIL-1ra) has an effect on RA disease activity and on the progression of radiographic damage. In animal models an uncoupling between joint inflammation and joint destruction is found with rhIL-1ra. We hypothesised that in case of uncoupling the association found between these disease aspects would be different for patients treated with rhIL-1ra versus placebo.

Objectives To study the coupling between disease activity and radiographic damage in a 24-week placebo controlled trial of rhIL-1ra in 472 RA patients.

Methods Since no clear dose-response relation has been shown for the 3 active groups (30, 75, 150 mg/d), these groups were combined for the analyses.

Models were made to explain the Larsen progression score (LPS) by treatment group (TG), EULAR response (EUL), and TG*EUL interaction term. In a different model the EUL was replaced with the endpoint DAS28.

Results At 24 weeks LPS was partly explained by TG ($p = 0.02$) but not by EUL. Exchanging EUL for DAS28, LPS was partly explained by DAS28 ($p < 0.001$) and TG*DAS28 ($p = 0.02$). The higher the DAS28 the higher the LPS, and this was more pronounced in the placebo group.

Conclusion At 24 weeks the association between x-ray progression and inflammation is more pronounced in the placebo group, suggesting an uncoupling with active rhIL-1ra treatment. Further data analyses, including the 24 week extension of the trial, might confirm these findings.

Abstract THU0204 Table 1

	rhIL-1ra	Placebo
Good response	2.94 (6.7) n = 17	-4.33 (11.1) n = 3
Moderate response	3.47 (7.8) n = 94	5.22 (13.9) n = 27
Non response	4.49 (9.2) n = 136	8.52 (9.8) n = 48

Mean (sd) Larsen progression score week 0 – 24.

REFERENCE

- 1 Breshnihan B, Alvaro-Gracia JM, Cobby M, *et al.* Treatment of rheumatoid arthritis with recombinant human interleukin-1 receptor antagonist. *Arthritis Rheum.* 1998;41:2196–204

THU0205 COMPARISON OF SELF-REPORTING MEASURES OF FUNCTIONAL DISABILITY AND CLINICAL VARIABLES IN RHEUMATOID ARTHRITIS IN A TURKISH POPULATION

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10.1136/annrheumdis-2001.1107

Background

Objectives To assess the relationship between the clinical variables and the functional disability of patients with rheumatoid arthritis (RA) in a Turkish population and to determine whether simple self-reporting questionnaires provide information as accurate as traditional measurements of RA.

Methods Subjects with rheumatoid arthritis according to ACR criteria were recruited consecutively. Clinical and radiological parameters were correlated with Turkish versions of the disability scales (HAQ, AIMS and Duruöz's Hand Index-DHI) to obtain the relationship between disease activity and the functional disability status of each patient. Pearson's correlation coefficient and Student's t test were used to assess the relationship between two quantitative variables and two groups (early and established RA), respectively. $p < 0.05$ was accepted as significant.

Results Fifty patients (40 women) with a mean age of 47.7 (SD: 11.1) completed the study. The HAQ and DHI were best correlated with clinical activity parameters of RA, such as the Ritchie articular index (RAI), pain (VAS) and erythrocyte sedimentation rate. Radiological scores were best correlated with disease duration. Sex and rheumatoid factor were not significantly correlated with DHI, whereas RF was correlated with functional disability assessed by HAQ. The psychological scales of AIMS correlated well with RAI and swollen joint counts. We found no association between the mean disease duration and scores of functional status. Disability was slightly but not significantly higher in sero (+) than in sero (-) patients. The functional disability scores in patients with long and short disease duration were not significantly different.

Conclusion Self-reporting functional disability questionnaires can provide accurate information about clinical and functional status in a cost-effective way for Turkish RA patients, as for those in other countries.