AB0062 PATIENTS' WILLINGNESS TO ACCEPT IMMEDIATE RISK OF DEATH IN THE TREATMENT OF RA WITH HIGH DOSE CHEMOTHERAPY

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Background Patients with intractable rheumatoid arthritis (RA) may benefit from treatment with high dose chemotherapy (HDC) followed by rescue with autologous peripheral blood stem cells (SCT). The aim of this study was to establish whether the risks of this approach are acceptable to patients with RA and whether risk taking was associated with disease associated, socio-economic parameters and/or personality.

Objectives

Methods 45 RA patients with active RA enrolled. Patients received information about the potential benefit of HDC (2/3 of patients good clinical response, 1/3 not), observed toxicities (alopecia, infections and bleedings) and duration of hospitalisation. Cure was assumed not to be a realistic perspective. Patients were asked what the minimal duration of benefit should be, given a transplant related mortality (TRM) of 0.01% and 2%. Furthermore maximal accepted TRM was asked given a duration of benefit of 2 years. Analysis of predictive factors of patients' willingness to accept risk of death by the Mann-Whitney U-test was performed with parameters of disease activity (Swollen Joint Count, Tender Joint Count, VAS, ESR and HAQ), socio-economic parameters, RAQoL and the Life Orientation Test.

Results Of the 45 patients, 5 patients were willing to accept TRM in the treatment of RA, 40 patients were not. Of these 5 patients the mean duration of benefit given a TRM of 0.01% was 45 months (range 2-96). For a TRM of 2% the mean duration was 52 months (range 6-120). VAS disease activity ($P = 0.006$), VAS pain ($P = 0.021$) and HAQ ($P = 0.05$) were significantly higher in these patients. Religiosity ($P = 0.093$) and a higher Ritchie articular index ($P = 0.1$) showed a trend towards risk taking.

Conclusion We considered an approach to investigate risk taking in patients with RA based on a realistic perspective in which the trade off between short term risks and possible long term gain of HDC was investigated. It was found that patient with a chronic disease such as RA in which prevention of morbidity instead of mortality is the major

AB0063 INTENSIVE THERAPY OF SYSTEM VARIANT JUVENILE RHEUMATOID ARTHRITIS

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Background

Objectives Combined plasmapheresis (PP) with methotrexate was used in 39 children aged 2 – 15 with severe system variant juvenile rheumatoid arthritis. Juvenile rheumatoid arthritis accompanied persistence infection and septic complication.

Methods PP was conducted every other day 5 times. After each PP followed by immunosuppressants therapy (PIT) (bolus methylprednisolone, methotrexate). Total dose was at most 15 mg/week. Then patients received injections immunoglobulines every other day 3 times. Total dose immunoglobulines was 0,4 ± 0,6 mg/

kg. 12 patients had herpes infection. Before intensive therapy patients received zovirax.

Results During first week by used intensive methods of therapy used to disappear basic indication of disease. After 2 weeks state of patients was stably and not required intensive therapy. 9 patients from 39 had remission about 12 months. These patients used intensive methods of therapy repeatedly. 12 patients had exacerbation a year later after intensive therapy. These patients received only basic therapy. 1 died 2 years after the end of the treatment. 17 patients developed complete remission in 16 ± 36 months. All these patients received basic therapy (prednisolone, methotrexate).

AB0064 COMPARATIVE EVALUATION OF ORAL ENZYMES VERSUS STANDARD THERAPY IN ASPECT TO EFFICACY AND TOLERABILITY IN TREATMENT OF RHEUMATOID ARTHRITIS AND JUVENILE IDIOPATHIC ARTHRITIS

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Background Tolerability and side effects of standard therapy used in rheumatology are the most serious problem, especially if treatment must be started in early age. Gastrointestinal endoscopies allow to detect injury of gastrointestinal mucosa in up to 75% patients, who are using NSAIDs over longer period. Adjuvant treatment with omeprazol or nizatoprostol raises the cost of treatment. For this purpose oral enzymes (OE) can be used in treatment of joint diseases, as they possess the properties of both basic medications and antiinflammatory drugs. Oral enzymes – Phlogenzym allow to refuse from NSAIDs or to shorten the course of NSAIDs.

Objectives The goal of the present evaluation was to assess the efficacy and tolerability of Phlogenzym in treatment of joint diseases; 1) versus NSAIDs, 2) versus DMARDs.

Methods We evaluated total 86 patients of both genders with first time diagnosed illness. 40 RA patients aged between 20 – 62 years: 20 patients got DMARDs and Phlogenzym, 20 patients got DMARDs and NSAIDs. 46 JIA patients aged between 7 – 17 years: 23 patients got Phlogenzym and shorter course of NSAIDs, 23 patients got standard therapy DMARDs and shorter course of NSAIDs.

Results

- after the RA patients treatment during 4 months the efficacy of combined treatment with DMARDs and OE was estimated as superior 84% versus DMARDs and NSAIDs as 75%. Integrative tolerability rate was in RA treatment as 3,8 vs. 3,6.
- after the JIA patients treatment during 3 months the efficacy of combined treatment with OE and NSAIDs was estimated as superior 70% versus DMARDs and NSAIDs as 53%. Integrative tolerability rate was in JIA treatment identical.

Otherwise we obtained elimination of *Helicobacter pylori* after adequate treatment in all 7 *Helicobacter pylori* (+) cases in JIA patients treated with OE, healing of duodenal ulcer in 1 patients and healing of erosive gastritis in 3 patients. Among 5 *Helicobacter pylori* (+) patients treated with DMARDs and NSAIDs only 1 became *Helicobacter pylori* (-) after same "Tripl" therapy (Amoxicillinum, Metronidazolom, Ranitidinum/Omeprazolom).

Conclusion Our evaluation corresponding to the judgements given by the doctors concerning efficacy and tolerability to