Results Baseline demography was comparable between the two groups. 26 patients in the CsA and MTX group and 27 patients in the CsA and placebo group stopped study medication because of lack of efficacy (14 vs. 21, $p = 0.23$) or adverse events (12 vs. 6, $p = 0.20$).

Data from week 48 are shown in the Table 1.

Abstract FRI0021 Table 1

	ACR 20	ACR 50	ACR 70
CsA and MTX (n = 56)	34(61%)	29(52%)	12(21%)
CsA and placebo (n = 59)	28(47%)	15(25%)	5(8%)
Chi-Square	$p = 0.15$	$p = 0.004$	$p = 0.05$

Conclusion In patients with early, potentially aggressive RA, CsA and MTX combination therapy, compared to CsA mono therapy, results in a higher number of major clinical improvements.

REFERENCE

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FRI0022 ACTH THERAPY IN RHEUMATOID ARTHRITIS: IS THERE ANY PLACE OF IT?

GP Balint, B Rojkovich, J Korda. *Rheumatology IV., National Institute of Rheumatology and Physiotherapy, Budapest, Hungary*

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Background

Objectives To evaluate the effect, efficacy and side effects of a single injection of i.m. ACTH (2 mg of tetracosactide) in RA patients requiring steroid treatment.

Methods In a pilot study 11 RA patients, fulfilling the ACR criteria were treated with a single i.m. injection of 2 mg of tetracosactide (Cortrosyn depot, Organon) in an open trial. All patients were female, with the average age of 48,9 years, disease duration of 5,2 years. 4 patients have a disease duration less than one year, 5 received also 5-7,5 mg daily prednisolon treatment. None of the four patients with disease duration less than one year had any DMARD treatment, but all the others had. Patients with hypertension, diabetes, know hypersensitivity to drugs, inclination to water retention were excluded. Joint pain (VAS), number of tender and swollen joints, duration of morning stiffness and patients' global assessment were measured before the injection and on the 3rd, 7th, 14th, 21st, 28th days thereafter. CRP levels were also measured.

Results All clinical parameters and the CRP level improved significantly ($p < 0,005$) on the 3rd, 7th and 14th day, but on the 21st and 28th days there was no significant difference as compared with the initial values. There was no difference in respond-rate between prednisolon treated and non-treated patients. Side effects: slight elevation of blood pressure was observed in 5, water retention in 2 patients in the first 3-4 days. The side effects were considered as unacceptable in one patient having blood pressure elevation up to 170/100 Hgmm and water retention. Out of the 4 patients with disease duration less than one year, 3 patients had continued ACTH treatment by administering 2 mg-s of tetracosactide in 1-3 week's intervals, as bridging therapy. Two other patients on DMARDs still receive ACTH injections, one of them monthly and the other bimonthly.

Conclusion ACTH treatment of RA may be reassessed, especially in young patients requiring bridging therapy or continuous steroid treatment. It may correct the slightly deficient hypothal-amo-pituitary-adrenal axis in RA patients and may prevent drug-induced hypadrenia.

FRI0023 LABORATORY TESTING IN RHEUMATOID ARTHRITIS PATIENTS ON DISEASE MODIFYING ANTIRHEUMATIC DRUGS: CLINICAL EVALUATION AND COST ANALYSIS

D Aletaha, JS Smolen. *Department of Internal Medicine III, Division of Rheumatology, University of Vienna, Vienna General Hospital, Vienna, Austria*

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Background Laboratory tests during disease modifying antirheumatic drug (DMARD) therapy are necessary to ensure that certain adverse events are not present,^{1,2} but often are costly. Current guidelines on monitoring DMARD therapy are mostly derived by consensus.³

Objectives To assess the value and costs of routine laboratory tests for the detection of toxicity of DMARD-therapy in rheumatoid arthritis, and to find evidence-guided proposals concerning types and frequencies of such tests.

Methods Data were collected from the outpatient charts of 362 RA-patients during 1386 patient-years (DMARD type, dosage, duration, reason for discontinuation and all details of adverse events). Clinically relevant laboratory abnormalities (mainly ALAT, ASAT, CBC, creatinine, protein excretion) were analysed to assess the effectiveness of laboratory tests in detecting abnormalities induced by DMARDs. On this basis, proposals were derived and then tested using data from a validation cohort of 231 patients (986 patient years) from another rheumatic disease centre. Cost analyses were performed using a cost catalogue.

Results Abnormal results of laboratory examinations accounted for approx. 10% of DMARD discontinuations. All significant abnormalities occurred or were heralded during the first 4 months of therapy. It was concluded that laboratory examinations could be limited to a small number of variables for individual DMARDs and that after the initial 4 months of therapy screening frequencies could be significantly reduced. These conclusions were proved to be correct in 98.3% of the independent second patient cohort. Adhering to such strategy could save up to 86% of costs incurring compared to published recommendations for monitoring DMARD therapies.

Conclusion Only a limited number of laboratory tests are necessary for safety monitoring of patients on DMARDs. These tests need to be performed more frequently (monthly) only in the first four months of therapy, and if not revealing abnormal results, examinations can thereafter be reduced to two to four times per year. Thus, the costs of routine laboratory tests during DMARD therapy can be significantly decreased with no increase in the risk of overseeing adverse events.

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