their therapy. The cost and resource implications of continuing with this therapy need to be addressed.

FRI0039 AN ASSESSMENT OF LEFLUNOMIDE FOR PATIENTS WITH RHEUMATOID ARTHRITIS TREATED IN ROUTINE CLINICAL PRACTICE

JA Teir, AD Woolf, MJ Davis. *Rheumatology, Royal Cornwall Hospital, Truro, Cornwall, England, UK*

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Background Phase 3 clinical trials used for licensing of new agents are not always reflective of 'day to day' clinical practice.

Objectives We have examined the use and effect of Leflunomide in the routine clinic situation.

Methods From December 1999 until May 2000 20 patients with rheumatoid arthritis commenced on Leflunomide had a full clinical assessment in a general rheumatology clinic. All had joint scores (28 swelling and tenderness), health assessment questionnaire (HAQ), VAS pain, patient and physician global and C-reactive protein (CRP) measured at initiation of treatment and follow up visit. joint scores were performed by clinic nurses, 5 in total, given basic training in the technique. the mean follow up was 6 months (2–9 months) with the above the American College of rheumatology (ACR) criteria for response was calculated.

Results At final assessment the mean SJC had reduced from 14.5 to 11.0 ($p < 0.02$), mean TJC 14.1 to 10.0 ($p < 0.02$), mean CRP 55.3 to 30 ($p < 0.01$) and mean HAQ from 2.3 to 2.2 ($p < 0.9$). Only 5(25%) however achieved an ACR20 of which 2 were ACR50. At mean follow up of 6 months 7(35%) had discontinued treatment because of adverse reaction. 6 were as a result of bowel disturbance and 1 because of headache. in this small group no patients had serious abnormalities in either their liver function or full blood counts. 13(65%) were continuing with therapy content with its efficacy.

Conclusion The ACR 20 response is clearly less than the published trials (52%) yet the perceived patient efficacy is similar. The difference related to the difficulty in performing, reliably, the joint scores in routine clinical practice. this ought to be considered when suggesting these measures should be performed outside of the research setting. The incidence of bowel upset is higher than the phase 3 study (13%). This may be attributable to different patient populations with fewer exclusion criteria in clinical practice.

REFERENCE

1 Smolen JS, et al. *Lancet* 1999;353:259–66

FRI0040 HELICOBACTER PYLORI INFECTION AND NSAIDS GASTRIC LESIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS

¹F Montrone, ²M Lazzaroni, ¹M Antiville, ¹S Santandrea, ¹G Bianchi Porro, ¹M Carrabba. *¹Rheumatology Unit; ²Gastroenterology Unit, Ospedale L. Sacco, Milano, Italy*

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Background *Helicobacter pylori* is present in about fifty percent of patients with NSAIDs associated gastric lesions. However, studies on the interaction between *H. pylori* and the occurrence of NSAIDs gastrototoxicity have yielded conflicting results.

Objectives To investigate the correlation between *H. pylori* infection and the development of NSAIDs related gastric lesions.

Methods Data were collected during our double blind clinical and gastroscopic study on the treatment of rheumatoid arthritis with diclofenac or amtolmetingucyl. A total of 64 patients, aged 18–80 years, suffering from rheumatoid arthritis were randomised to diclofenac (50 mg tid) or amtolmetingucyl 600 mg bid) for 4 weeks. Clinical and endoscopic evaluation were performed at baseline and at the end of the treatment.

The gastroduodenal mucosa was graded according to the Lanza scale, and *H. pylori* status was assessed at baseline by histology (2 biopsy samples in the antrum, one at the angulus and two in the body of the stomach) and by rapid urease test (one sample in the gastric antrum).

Results All but one of the patients reached the final visit and 59 underwent endoscopy. *H. pylori* infection was detected in 30 of the 59 patients (51%); this prevalence is not significantly different from the age-adjusted rate for control populations in western countries and is consistent with previous reports in rheumatoid arthritis and in arthritides of different aetiology. The gross appearance of gastroduodenal mucosa was graded as follows: grade 0, normal mucosa; grade 1, mucosal haemorrhage only; grade 2, one or two erosions; grade 3, numerous areas (3–10) of erosions; grade 4, large number of erosions (> 10) or an ulcer. Considering together patients with endoscopic grading 0–1–2 (normal or minimal lesions) and grading 3–4 (numerous erosions or ulcer), 6/30 (20%) of the *H. pylori* positive patients and 9/29 (31%) of the *H. pylori* negative patients had endoscopic scores of 3 or 4 ($p < 0.05$, CL -33+11%). In this trial 60% of significant gastric lesions (score 3–4) occurred in uninfected patients; this finding supports the hypothesis that most NSAIDs gastric lesions develop through mechanisms that do not require the presence of *H. pylori*. Our data are not in contrast with recent reports, suggesting that *H. pylori* not only is unimportant but may rather play a somewhat protective role.

Conclusion In this study we did not find any statistically significant correlation between *H. pylori* status and NSAIDs gastrotoxicity. However, most gastric lesions (60%) occurred in *H. pylori* negative patients, suggesting that the presence of the infection is not a risk factor for the occurrence of NSAIDs related gastric lesions.

FRI0041 IMPROVEMENTS IN FUNCTIONAL STATUS DUE TO ANAKINRA THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS WHO ARE NOT USING DMARDS

¹P Emery, ²JM Woolley, ²WW Chan. *¹Rheumatology and Rehabilitation Research Unit, University of Leeds, Leeds, UK; ²Amgen Inc., Thousand Oaks, USA*

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Background

Objectives To evaluate the effect of anakinra on the functional status of subjects with rheumatoid arthritis who were not using DMARDS.

Methods In a 24-week, multicenter, randomised, double-blind clinical trial conducted in Europe, 473 subjects received either one of three doses of anakinra (30 mg, 75 mg, or 150 mg) or placebo SC QD. Subjects were excluded if they used DMARDS within six weeks of entry, or if they had failed therapy with more than three DMARDS. Functional status was measured by the HAQ, which was administered at baseline and at weeks 12 and 24. The mean change in HAQ score was compared between subjects receiving anakinra (all doses combined) and those on placebo. All subjects who completed at least one post-baseline

assessment were included ($n = 452$) and the last-observation was carried forward in the case of missing data.

Results As shown in the Table 1, functional status improved for subjects on anakinra as their mean HAQ scores decreased by an average of 0.24. This improvement was both statistically significant, clinically important, and superior to the mean change in subjects receiving placebo. This result was true for each dose of anakinra, as compared to placebo (data not shown).

Abstract FRI0041 Table 1 Mean change in HAQ from baseline to week 24

	Placebo ($n = 114$)	Anakinra ($n = 338$)	Difference	P-value for difference
Change in HAQ	-0.03	-0.24	-0.21	0.0003

Conclusion Subjects receiving anakinra experienced statistically significant improvements in their HAQ scores that exceeded those for subjects on placebo. These improvements were of a magnitude considered clinically important. In subjects with rheumatoid arthritis who are not receiving DMARD therapy, anakinra leads to improvements in functional status.

FRI0042 ANAKINRA IMPROVES FUNCTIONAL STATUS IN PATIENTS WITH RHEUMATOID ARTHRITIS USING METHOTREXATE

¹SB Cohen, ²JM Woolley, ²WW Chan. ¹Department of Rheumatology, St. Paul Medical Center, Dallas, USA; ²Amgen Inc., Thousand Oaks, USA

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Background

Objectives To evaluate the effect of anakinra, with respect to dose response and speed of effect, on the functional status of subjects with rheumatoid arthritis (RA) who were using methotrexate.

Methods In a large, multidose, placebo-controlled study of anakinra, 419 patients with active RA were randomised to receive, in addition to Methotrexate (MTX), either. 0.4 to 2.0 mg/kg of anakinra (daily SC injection) or placebo. Functional status was evaluated at baseline and after 4, 8, 12, 16, 20, and 24 weeks of therapy using the Health Assessment Questionnaire (HAQ). Comparisons between MTX alone and anakinra + MTX were analysed using change scores from baseline.

Results Patients receiving higher doses of anakinra experienced rapid and sizeable improvements in their HAQ scores. In percentage terms, HAQ scores improved more than 35 percent over baseline for the two highest doses (data not shown). These improvements occurred rapidly, were related to dose ($p = 0.0014$), and by week 4 the two highest doses were statistically significantly superior to placebo.

Abstract FRI0042 Table 1 Mean change in HAQ from baseline by dose of anakinra (+MTX) over time

	0 mg/ kg	0.04 mg/ kg	0.10 mg/ kg	0.40 mg/ kg	1.00 mg/ kg	2.00 mg/ kg
Week 4	-.10	-.20	-.20	-.19	-.26*	-.25*
Week 8	-.15	-.22	-.21	-.22	-.32*	-.36**
Week 12	-.16	-.25	-.20	-.21	-.35*	-.39**

Week 16	-.22	-.22	-.22	-.19	-.32	-.45*
Week 20	-.17	-.24	-.30	-.23	-.37*	-.50**
Week 24	-.15	-.25	-.33	-.24	-.37*	-.51**

* $p < 0.05$, ** $p < 0.01$ for comparison with placebo.

Conclusion In patients with active disease despite methotrexate therapy, the addition of anakinra led to rapid and clinically important improvements in functional status. These improvements were related to dose. Anakinra improves functional status in subjects with rheumatoid arthritis.

FRI0043 COMBINATION THERAPY WITH METHOTREXATE AND INFlixIMAB AS TREATMENT OF REFRACTORY CHRONIC POLYARTHRITIS: OUR EXPERIENCE

M Covelli, C Scioscia, M Compagno, F Iannone, V Grattagliano, G Lapadula. *Rheumatology Unit, DIMIMP – Policlinico, Bari, Italy*

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Background A number of studies show that neutralisation of tumour necrosis factor alpha (TNF-alpha), by using chimeric monoclonal anti-TNF alpha antibody (infliximab) for at least three months, improves the clinical outcome of rheumatoid arthritis. A combination therapy with a standard weekly dose of Methotrexate have been recommended to prevent the activation of autoimmune processes stimulated by the administration of infliximab.

Objectives To evaluate the efficacy and safety of infliximab, when combined with methotrexate, in patients affected by chronic polyarthritis, refractory to other DMARDs.

Methods An open study, including 30 patients affected by different kinds of chronic polyarthritis, is running. Methotrexate (5–15 mg/week) and infliximab (3 mg/kg intravenously at weeks 0, 2, 6, and then every 8th week) are administered to all the patients. Clinical evaluation (VAS for pain, VAS as a global assessment by patient and physician, swollen and painful joint count, HAQ score, morning stiffness) and laboratory tests (ESR and CRP), are simultaneously assessed.

Results A marked improvement in clinical symptoms and signs and a reduction of ESR and CRP were seen after the first administration of infliximab. Morning stiffness, swollen and tender joints counts were remarkably reduced and HAQ score significantly improved. One patient experienced allergic reaction at the third infliximab infusion. A cutaneous capillaritis was observed in one patient. Only one patient did not respond to the therapy.

Abstract FRI0043 Table 1

	ESR 1st h (mm)	CRP (mg/ dl)	Morning stiffness (minutes)	VAS pain	HAQ score	Tender joints	Swollen joints	Patient's global assessment
Time 0	31.9	5.5	82.5	62.167	1.027	22.9	15.5	72.33
Week 2	18.8	1.16	5.41	32.167	0.639	8.29	2.83	33.46
Week 6	17.5	1.65	5	28.5	0.47	4.74	3.39	34.26