Conclusion The proposed ERR is a sensitive evidence-based tool that summarises essential diagnostic criteria derived from prospective clinical investigations and should be used to identify patients with early stage, active RA. The use of the EER should result in early referral to a rheumatologist for definitive diagnosis and early DMARD treatment, facilitating an improved long-term outcome in these patients.

FRI0046 SIDE EFFECTS OF METHOTREXATE IN THERAPY FOR RHEUMATOID ARTHRITIS ? FIVE YEARS PROSPECTIVE STUDY

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Background Methotrexate (MTX) has one of the best efficacy/toxicity ratios. Toxic effects, rather than lack of response, were the major reason for discontinuing MTX.

Objectives Our aim was to determine the frequency and spectrum of side effects in patients with rheumatoid arthritis (RA) receiving low doses of MTX and eventually to determine existence of risk factors for appearance of side effects.

Methods During five years period, 70 patients with active RA were enrolled in a prospective study. They all fulfilled ARA criteria. There were 54 women and 16 man, between 27 and 76 years. The mean duration of disease was $9,76 \pm 7,58$ years. They were treated with low doses of MTX ($5 \pm 12,5$ mg once a week; mean dose $7,5$ mg once a week). The mean duration of MTX treatment was $2,82 \pm 2,27$ years. MTX was given to 27 (38,57%) patients without prior treatment with disease modifying antirheumatic drugs. Most of the patients were treated with NSAID and low doses of prednison, according to indications.

Patients with any of the contraindications for MTX (renal, hepatic and pulmonary failure, malignant disease, alcoholism, haematological disorders and uncontrolled diabetes) were excluded from the study. Monitoring of the side effects included radiography of lungs at the beginning of the study and regularly control of complete blood account, urine analyses, liver and renal function.

Results Adverse effects were found in 27 (38,57%) patients, which required withdrawal of the drug only in 7 (10%) patients. Other adverse effects were transitory and enabled continuation of therapy with dose reduction in 10 (14,28%) patients. The most frequent side effects were gastrointestinal intolerance, in 15 (21,43%) patients, required cessation of therapy in one patient. Four patients had elevated liver enzymes in more consecutive analyses, urging stopping in three cases. Haematological disorders were detected in six (8,57%) patients, with trombocytopenia in four and leucopenia and pancitopenia in rest of two patients. Patient with pancitopenia and one with severe trombocytopenia stopped with therapy. Hypersensitive pneumonitis appeared in one patient, after three months of therapy, with complete resolution after cessation of therapy. One patient had mild herpes zoster infection, which required only transitory withdrawal of the drug.

The adverse effects were seen mostly in the first year of the therapy ?

18 (25,71%) cases. Also all withdrawals were done in the first year, with cumulative dose from 30 mg. to 340 mg. (average 204,29 mg.). The greatest number of side effects was a registry among the oldest group of patients (from 60 to 80 age) ? 16

(59,06%) patients. All three patients with control diabetes showed some adverse effects.

Conclusion Low dose of MTX is a relatively safe therapy, especially with careful patient selection. Special attention is required for older patients as for patients with diabetes and other risk factors for MTX toxicity. Regular monitoring for side effects is mandatory during the whole period of therapy.

FRI0047 TREATMENT OF RHEUMATOID VASCULITIS WITH INFlixIMAB

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Background Rheumatoid vasculitis (RV) is a systemic late stage complication in patients with rheumatoid arthritis (RA). Despite cyclophosphamide (CYC) therapy which is the treatment of choice the prognosis is very poor and most patients die within two years.

From our last ten patients with RV who had to be treated by CYC five patients had to stop therapy because of serious complications like infection or cardiac failure. Three patients refractory to CYC were treated with infliximab. A 48 year old male RA patient developed systemic vasculitis with a pericardial effusion, which did not respond to pulse corticosteroids, CYC or even to plasmapheresis. The only way to manage this life threatening condition was to drain the effusion continuously. Infliximab therapy at 3 mg/kg was initiated. The pericardial effusion as well as all other signs of the systemic vasculitis resolved within two weeks. The second patient, a 62 year old man who underwent abdominal surgery -retrospectively probably because of vasculitis-developed vasculitic skin ulcers on the scrotum, the lower legs and in the abdominal wound. Since CYC and methotrexate only lead to a partial remission, infliximab infusions were given. Again, the vasculitic lesions healed. The last case is a 58 year old woman with a more classic RV characterised by crural ulcers. After getting panmyelopathy caused by CYC, infliximab was given and the vasculitic features disappeared. No complications of infliximab therapy occurred although two patients had superinfected skin ulcers.

Our cases show that infliximab is an effective salvage therapy in patients with RV refractory to even CYC. Given the toxicity and complication rate of CYC in this RA patient subset infliximab may well be considered as a first choice alternative to CYC.

Objectives

Methods

Results

Conclusion

FRI0048 SIDE EFFECTS OF METHOTREXATE IN THERAPY FOR RHEUMATOID ARTHRITIS ? FIVE YEARS PROSPECTIVE STUDY

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Background Methotrexate (MTX) has one of the best efficacy/toxicity ratios. Toxic effects, rather than lack of response, were the major reason for discontinuing MTX.