mice with Ovalbumin (OVA), the antigen-specific ASC are found initially exclusively in the spleen. Weeks later, during a period of at least 3 months, OVA-specific ASC are found in stable and high numbers within the bone marrow and the kidneys of these mice, but no longer in the spleen. As determined by FACS, B cells with a germinal centre phenotype (B220+/PNA+) are found only in very low numbers in the kidneys, but in high numbers in the spleen of NZB/W mice. Germinal centres could not be detected in the kidneys, but in the spleen. The lack of B cell activation and the kinetics of the appearance of OVA-specific ASC in the kidneys suggest that in autoimmune NZB/W mice, plasma cells generated during an immune reaction in secondary lymphoid organs, later accumulate and persist in the inflamed kidneys, like in bone marrow.

Conclusion These experiments identify the inflamed kidneys of NZB/W mice as site of prime relevance for the homeostasis of plasma cells, irrespective of their specificity.

Allied Health Professionals and Social League abstracts 2001

Rheumatoid arthritis

HP0001 THE EFFECTS OF RHEUMATOID ARTHRITIS ON SEXUAL EXPRESSION

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10.1136/annrheumdis-2001.1241

Objective To assess patients' perceptions of the effects of RA on their sexual relationships.

Method A self report questionnaire was distributed to patients attending rheumatology clinics in Leeds. It was returned by pre-paid post to maintain anonymity.

Results Fifty-nine (80%) questionnaires were returned: 2 by men, 2 were not completed. Women's ages ranged from 36–75 yrs (mean/median 58), men 38–76 yrs (mean 57; median 60). Median duration of RA for women was 18 yrs (mean 19; range 3–40); men 16 yrs (mean 17; range 5–35). Thirty-three women and 8 men were married (duration 1–47 yrs). Five women were single, 6 (1 man) widowed and 3 (1 man) divorced. Sixteen thought RA had strained their sexual relationship and 30 did not. Eighteen thought their RA had altered their relationship but 23 did not. Twenty-three thought RA limited sexual intercourse. Problems cited included pain (11/23); positioning (6/23) and fatigue (5/23). Sexual ability was of little importance to 20 patients but important/very important to 28. Twenty discussed sexual problems with their partners, 19 did not. Sexual relationships were broached by the nurse practitioner in 19 cases but the remaining patients had not been offered discussion. Twenty said they would consider talking to a health professional if problems arose but 21 would not.

Conclusion Many patients with RA experience problems with their sexual relationships but few are given the opportunity to discuss the subject. The topic needs to be addressed and further work is necessary to assess the patients' requirements and the way in which sexual problems can be addressed within the context of patient management.

HP0002 FOREFOOT PLANTAR PRESSURES IN RHEUMATOID ARTHRITIS

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10.1136/annrheumdis-2001.1242

Background Elevated forefoot plantar pressures have been reported in patients with Rheumatoid Arthritis (RA).¹ However, the temporal measures of plantar pressure have not been reported to date.

Objectives and methods A computerised foot pressure measurement system (Musgrave Footprint TM) was used to assess plantar pressure variables in 25 subjects with RA of between 5 and 10 years duration and an age/sex matched comparison group. The pressure variables studied were the magnitude and duration of peak plantar pressure.

Results There were no significant differences in the magnitude of peak pressure between the groups. Whereas the duration of peak pressure was significantly longer in the rheumatoid group ($p > 0.001$).

Conclusion Subjects with RA in this study demonstrated marked increases in the temporal parameters of plantar pressure distribution rather than those of amplitude.

Recommendations The implications for management – using footwear or orthoses; are that temporal, rather than spatial parameters, should be addressed.

REFERENCE

- 1 Woodburn J, Helliwell P. Relationship between heel position and distribution of forefoot plantar pressures and skin callosities in RA. *Ann Rheum Dis.* 1996;**55**:806–10

HP0003 INTENSIVE THERAPY OF SYSTEM VARIANT JUVENILE RHEUMATOID ARTHRITIS

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10.1136/annrheumdis-2001.1243

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.

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.

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).