Conclusion A RNS shoulder injection clinic works well but the range of possible diagnoses requires close collaboration with the Rheumatologist.

Bone and joint decade

SP0154 THE BJD: EXPERIENCES FROM SWEDEN AND (SOMEWHAT) FROM THE NORDIC COUNTRIES

LM Oehrsvik. Chair, The Swedish Rheumatism Association, Stockholm, Sweden

10.1136/annrheumdis-2001.1284

The work with the Bone and Joint Decade is well underway in many countries by now. In Sweden the practical work is led by a small 5 person steering group and as a complement to this there is a foundation used to gather funds for the project. There is also a larger reference group whose opinions and ideas are tapped every once in a while. In this group there are representatives from the rheumatologists as well as orthopaedics, other health professionals but also patients.

In this short summary the activities undertaken on part of the Bone and Joint Decade in Sweden will not be listed. Our intention is to cease every opportunity to spread the message, different conferences for doctors and health professionals, and in the patient societies but it also gives us a good opportunity to spread information through the media and directly to decision makers at different levels.

The main benefits of the work with the decade are the following: It increases co-operation between the patients and doctors and all the health professionals. The decade also puts focus on the need for more co-operation between the different disciplines within medicine, which is of great importance.

In order to lessen the suffering and bring down the costs for the individual as well as societies we must spread information and influence politicians.

In the other Nordic countries the work has been organised in a somewhat different manner and as the chair of the Nordic Rheuma Council (www.nrr.nu) I will take the liberty of giving some examples from the other Nordic countries in the cases where they are not speaking of this themselves.

At a purely Nordic level the Nordic Rheuma Council has been active and has managed to get the Committee for Nordic Affairs inside the Nordic Council, a body made up of Nordic parliamentarians, to urge the Nordic governments to all sign the declaration of the Bone and Joint Decade.

Osteo-arthritis

HP0010 LONG-TERM EFFECTS OF NONSTEROIDAL ANTINFLAMMATORY DRUGS ON HUMAN CHONDROCYTES IN ALGINATE BEADS

C Sanchez, M Deberg, J-Y Reginster, Y Henrotin. Bone and Cartilage Metabolism Research Unit, University Hospital, Sart-Tilman, 4000 Liège, Belgium

10.1136/annrheumdis-2001.1285

This study was designed to compare the long-term effects (12 days) of nonsteroidal anti-inflammatory drugs (NSAID) on the metabolism of human chondrocytes cultured in alginate beads.

Enzymatically isolated osteoarthritic (OA) chondrocytes were cultured in alginate beads in a well-defined culture medium (DMEM +ITS+) for 12 days. Interleukin-6 and -8 (IL-6, IL-8), stromelysin (MMP-3) and aggrecan (AGG) productions were assayed by specific enzyme amplified sensitivity immunoassays (EASIA), and prostaglandin E2 (PGE2) production by a specific radioimmunoassay. All NSAID were tested at the mean peak plasmatic concentration (Cmax) obtained after oral administration of a therapeutic dose. The Cmax used in this study were 7.5 mg/ml for aceclofenac (ACECLO), 1.4 mg/ml for diclofenac (DICLO), 2 mg/ml for indomethacin (INDO), 3 mg/ml for nimesulide (NIM), 1 mg/ml for rofecocib (ROFE), 0.7 mg/ml for celecoxib (CELE), 7 mg/ml for piroxicam (PIROX), and 25 mg/ml for ibuprofen (IBUP).

At the therapeutic concentration, all NSAID tested fully blocked PGE2 production. Interestingly, ACECLO, DICLO, INDO, NIM and IBUP significantly inhibited both basal and IL-1b-stimulated IL-6 production, whereas ROFE, CELE and PIROX had no significant effects. No NSAID showed significant effects on basal and IL-1b-stimulated IL-8 production, excepted CELE and IBUP which slightly increased basal IL-8 production. ACECLO and INDO increased by 25% AGG content in the alginate beads, while the other NSAID were without significant effect. Furthermore, none NSAID were able to modify the inhibitory effect of IL-1b on AGG production. Finally, NSAID did not modify MMP-3 production.

From this study, we can conclude that the mechanism of action of NSAID seems to be multifactorial and not limited to the inhibition of cyclooxygenases. Furthermore, in our culture conditions, at the Cmax and by comparison with other NSAID ACECLO and INDO show a advantageous profile of activity. They fully block PGE2 production, inhibit IL-6 synthesis and increase aggrecan synthesis. These effects would appear to be advantageous for the long-term treatment of chronic joint diseases such as osteoarthritis.

HP0011 WHAT IS THE DEMAND FOR OSTEOARTHRITIS SELF-MANAGEMENT EDUCATION?

MM Rooney, DV Doyle, C Tierney, M Greenwood. Rheumatology, Whipps Cross Hospital, London, UK

10.1136/annrheumdis-2001.1286

Background People with arthritis in the UK can obtain significant health benefits from attendance at a lay-led arthritis self management programme.¹ We have found significant improvements in knowledge relevant to self-management following attendance at a nurse-led community-based osteoarthritis (OA) education programme and an 82% reduction in OA-related visits to the GP in the 12 months following.² It was envisaged that there could be substantial benefits to quality of care and savings in terms of healthcare resources if in future GPs were to have the option of referring patients with OA-related problems to such a programme run regularly within their own surgery by their practice nurse. Potentially demand could be high. Over the period of one year, 25% of UK and Netherlands over 55 year olds are reported to have experienced persistent knee pain prompting one in six to have consulted their GP.³

Aim To evaluate the feasibility of implementing such a scheme in general practice and to assess the uptake of the course by both GPs and their patients.

Method 12 GPs at 6 practices were able to refer to the nurse-led OA self-management programme by a simple referral slip) any patients they considered suitable, provided that he or she had consulted them that day for a problem related to OA hip or knee. The programmes of three 2-hour sessions were held locally. A leaflet about the programme was to be given to the patient. Patients could apply by completing the short attached questionnaire and returning it in the stamped addressed envelope provided.

Results Over 9 months only 44 patients have been referred, 37 of which were interested in attending. Of the 23 so far booked into completed programmes, 11 have attended all three sessions, 5 have attended 2, and 3 have attended 1. 4 did not attend at all. The response of those who have attended has been very positive but a follow up questionnaire is planned to elicit the opinions of all those referred including nonattenders.

Discussion The rate of referral from the GPs has been far lower than anticipated. Pressure on GP time might have been a factor but the GP referral method was deliberately kept as simple as possible – hardly more detailed than a blood test request form. A number of other possibilities need to be explored: 1. Did patients consult their GP about their OA as often as anticipated? 2. Did the GPs fail to refer many suitable patients and 3. If so does this suggest that the participating GPs placed only a low value on patient self-management education for OA?

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HP0012 THE DISCRIMINATORY VALIDITY OF THE NEW ZEALAND SCORE FOR HIP AND KNEE SURGERY IN A UK POPULATION

¹FM Toye, ²SE Lamb, ²JH Barlow, ²CC Wright. ¹Physiotherapy Research, Nuffield Orthopaedic Centre, Oxford; ²School of Health and Social Sciences, Coventry University, Coventry, UK

10.1136/annrheumdis-2001.1287

Background There is currently no standardised method for prioritising patients joint replacement surgery in the UK. The New Zealand (NZ) score could be used to assist prioritisation.¹ This approach has not been tested in the UK.

Objectives To determine whether the NZ score is associated with measures of pain and function, in a sample of 176 people who were currently waiting for, or being considered for total knee replacement.

Methods Patients completed the WOMAC scores, a Likert scale for distress (0–4), and a 100 mm VAS for pain. Leg power was tested using a leg extensor power rig. The number of sit to stands in one minute was recorded. In NZ a cut off point of between 55–65 is used. Those scoring below 55 are not recommended for surgery. Patients were stratified into 2 groups. The first group included all those scoring below 55, and the second group all those who scored 55 or above. Spearman's correlation was performed to identify correlation between the NZ score and other measures. Mann-Whitney tests were performed in order to test differences between groups.

Results 44% were male, with a mean age of 69(SD9). Mean duration of symptoms was 10 years (SD12), and mean VAS score for pain was 57 (SD24). 68% were already listed for surgery. Significant correlations were found between the NZ score and all other measures $p < 0.01$ (2-tailed). A higher NZ score was associated with more pain, less functional ability and reduced strength. The Rho values are shown in the table. Median scores for all measurements were significantly different between the two groups $p < 0.01$ (2-tailed). 28% scored 55 or above, 85% of these were already listed for surgery, 67% were listed as “routine” cases and 33% were listed as “soon”. Those scoring above 55 were weaker, had reduced function, and more pain than those scoring below 55. These differences were statistically and clinically significant.

Conclusion The NZ score is associated with pain and function in a UK population of patients waiting for, or being considered for total knee replacement surgery. Further research is needed to identify whether a score of 55 is the optimal cut off point. This cut off point did not distinguish between patients who were already listed for surgery and those who were not. However, it did identify higher patient need.

Abstract HP0012 Table 1

	Spearman's Rho value NZ score versus other measures	Group 1 Median Score	Group 2 Median Score
WOMAC function	0.54	1.92	2.57
WOMAC pain	0.50	1.90	2.50
Sit to stands in 1 min	–0.52	9.00	0.00
Pain VAS score	0.52	52.00	76.00
Leg extensor power/ BMI	–0.54	1.18	0.29

Spearman's correlation showing association between NZ score and other measures, along with median scores of group 1 (scoring under 55) and group 2 (scoring 55 or over).

REFERENCE

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HP0013 CHANGES IN MEASURES OF PAIN AND FUNCTION IN INTERVENTION STUDIES OF SEVERE KNEE OSTEOARTHRITIS: COMPARISON TO PATIENT PERCEPTIONS

¹SE Lamb, ²F Toye, ²KL Barker, ²S Barrington. ¹Physiotherapy Subject Division, Coventry University, Coventry, UK; ²Physiotherapy Research Unit, Nuffield Orthopaedic NHS Trust, Oxford, UK

10.1136/annrheumdis-2001.1288

Background Questionnaires and physical performance tests are recommended for measuring changes in pain and function in knee osteoarthritis. The significance of changes in these measures is poorly understood.

Aim To compare associations between patients' perceptions of change in function and pain due to a chronic disease management program, with physical performance tests and questionnaire assessments.

Method The sample were 109 people being considered or waiting for knee replacement, who attended a six-week chronic disease management program. Interventions were goal setting, planning, symptom management, exercise, diet and lifestyle advice. Function and pain were assessed before and after the