program by a physiotherapist, using the WOMAC,¹ Arthritis self-efficacy scale,² visual analogue scales (VAS) of distress and pain, timed measures of walking and sit-to-stand, and leg extensor power (LEP, Watts/Kg).³ Patients gave a global assessment of change in pain and function as a result of the program as (1) much worse (2) somewhat worse (3) same (4) somewhat better (5) much better. Less than 5% of patients reported worsening symptoms, therefore categories 1–3 were combined. The mean change in outcome measures was calculated for the three levels of global patient assessments. A non-parametric ANOVA was used to test for statistically significant differences in outcomes across the three levels of global assessment, and included a test for linearity.

Results The mean age of participants was 69 (SD 8.5), 44% were male, median duration of symptoms was 6 yrs (range 57.5). Over 70% of patients reported being somewhat or much better in function or pain after the program. Global ratings of pain and function demonstrated strong, linear associations with changes in WOMAC function, LEP and self-efficacy (shown for pain in the Table 1). Improvements in pain were associated with the baseline WOMAC pain score. Age, sex, and severity of disease were not associated with patients' global assessments. Neither were changes in walking speed, sit-to-stand, VAS distress, VAS pain or WOMAC pain scores.

Conclusion The results suggest possible minimum clinically significant differences for use in clinical trials, and measures that reflect patient perceptions of the benefits of a chronic disease management program.

Abstract HP0013 Table 1

	Change WOMAC function/4	Change LEP W/ Kg	Change self-efficacy/ 45
Same or worse	-0.19 (0.46)	0.22 (0.71)	1 (12.6)
Somewhat better	-0.23 (0.56)	0.71 (0.65)	2.5 (9.3)
Much better	-0.49 (0.44)	1.01 (0.78)	10 (9.7)

Mean change (SD) in comparison to participants global rating of pain. ANOVA and linearity tests $p < 0.05$.

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Back pain

SP0131 CONSERVATIVE TREATMENT FOR IMPROVING WORKING ACTIVITY IN SUBACUTE AND CHRONIC LOW BACK PAIN-A META ANALYSIS

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Introduction The primary goal in the rehabilitation of patients with chronic aspecific low back pain is return to work. Return to work was not reported in Tulder's review (1997), who found strong evidence for the effectiveness of manipulation, back schools and exercise therapy for chronic low back pain especially

for short-term effects. Van der Weide's review (1997) investigated vocational outcome after treatment of patients with CLBP based on RCT until December 1996. No evidence was found for the effectiveness of behavioural treatment, exercise, manipulation or back school. Since then, several studies regarding RCT reporting vocational outcome were performed. It remains questionable whether return to work can be improved. Therefore a new review is performed.

Method Literature search: MEDLINE, Cochrane Clinical Trial Register, EMBASE, PSYCLIT, cross reference tracing. The search combined the key word 'low back pain' with one of the following terms: absenteeism, (re)employment, sick leave, return to work, sickness absence, occupational disability and employment status. Criteria for inclusion of studies were: randomised clinical trial, subacute or chronic aspecific low back pain (> 4 weeks), subjects at working age, outcome return to work or sick days, conservative intervention. Based on prior reviews passive treatment modalities were excluded. To assess methodological quality internal validity was rated on a 10 point scale (1 = concealment of treatment allocation, 2 = blinded assessment, 3 = blinding of patients, 4 = blinding of therapist, 5 = intention to treat analysis, 6 = timing of outcome assessment comparable, 7 = withdrawal/drop out rate, 8 = cointervention avoided or equal, 9 = compliance, 10 = outcome measurements relevant). Four levels of evidence were defined. Level 1, Strong evidence: multiple relevant high quality RCTs. Level 2, Moderate evidence: One relevant, high quality RCT and one or more relevant, low quality RCTs. Level 3, Limited evidence: one relevant, high quality RCT or multiple relevant, low quality RCTs. Level 4, No evidence: only one relevant, low quality RCT, no relevant RCTs or contradictory outcomes.

Results More than 900 publications were identified. 120 were further examined. So far 14 RCTs fulfilled the inclusion criteria. Results on methodological quality and treatment effectiveness will be presented at the EULAR Conference in Prague.

Osteoporosis

HP0015 BONE TURNOVER DURING PREGNANCY IN WOMEN WITH LOW DIETARY CALCIUM INTAKE: EFFECTS OF A CALCIUM CITRATE SUPPLEMENT

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Objective To determine parameters of calcium homeostasis in pregnant women with low dietary calcium intake and to observe the effects of a calcium supplement.

Method 44 pregnant women (calcium intake: 310 to 720 mg/day) were enrolled. Blood and urine samples were taken around the 20th. week (pre-treatment value). Afterwards 26 women received calcium 750 mg/day (as calcium citrate suspension) until delivery; 18 received a placebo. At 36th–38th week blood and urine samples were again taken (post-treatment value). Ca and P in serum and urine and serum bone -specific alkaline phosphatase (AP), intact PTH, 1,25–2OH-vit D, IGF-1 and degradation products of C terminal telopeptides of type I collagen (CT) were determined.

Results At enrollment serum Ca, P, AP and IGF-1 were normal although with a great individual variation for IGF-1 (50% of the women showed high values and 20% low values); PTH (103.8