fraction [BV/TV] and Tb. thickness] was observed at the MCH compared to control. After excluding of enthesiophyte, a further deterioration in the Ct. compartment (vBMD, perimeter, thickness) in PsA patients was observed. Regression model in PsA and controls indicated that PsA was independently associated with an increased total volume of enthesiophytes per person. Regression model in PsA showed that CRP, older age and higher BMI were independently associated with an increase in the total volume of bone erosion. On the other hand, older age was independently associated with an increase in total volume of enthesiophyte per person.

Conclusions: Intra-articular trabecular bone loss and enthesal new bone formation was more prevalent in the MCH of patients with PsA.

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RA: such a pain, and beyond

OP0133

UNACCEPTABLE, REFRACTORY PAIN DESPITE INFLAMMATION CONTROL IN EARLY RHEUMATOID ARTHRITIS AND ITS RELATION TO TREATMENT STRATEGY: RESULTS FROM THE RANDOMISED CONTROLLED SWEFOT TRIAL

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Background: Pain is a major concern of RA patients and earlier work has defined the level considered not acceptable by patients (unacceptable pain according to the patient acceptable symptom state (PASS)¹). While a lot of focus has been put on the occurrence and management of inflammatory pain, less is reported on refractory pain despite inflammation control, and its pattern in early RA.

Objectives: The aim of this study was to investigate the prevalence of unacceptable pain despite inflammation control during the first 2 years after treatment start in new-onset RA patient and to compare the impact of biological vs conventional combination therapy on the occurrence of this pain status.

Methods: The SWEFOT (SWedish FarmacOTherapy) trial was designed as a randomised, active-controlled, open-label study, enrolling early (<1 year) RA patients Oct 2002 to Dec 2005. After a 3 month run-in period on methotrexate (MTX), patients reaching DAS28 ≤3.2 continued monotherapy (n=147), while the others were randomised to addition of infliximab (IFX; n=128) or sulfasalazine +hydroxychloroquine (SSZ+HCQ; n=130). Results for disease activity and radiographic data were published earlier. Here, we used a measure of unacceptable pain despite inflammation control as outcome (combining VAS pain >40 mm¹⁻¹⁰⁰ with CRP <10 mg/L² and ≤1 swollen joint (of 28)). When comparing the randomised arms, last observation carried forward in case of protocol breach was used, while for analyses of the whole material we used all data irrespective of protocol breach. Differences in prevalence were analysed by McNemar's test, while differences between patients randomised to IFX vs SSZ+HCQ as well as between EULAR response groups were estimated by logistic regression, adjusting for age, sex and VAS pain at baseline.

Results: In the whole material (including all 3 groups, n=405), the frequency of unacceptable pain despite inflammation control increased gradually from inclusion, reached 12% at 1 year (difference from inclusion; p<0.001), and then remained stable until the 2 year follow-up; at that point accounting for more than half of all unacceptable pain (figure 1). The frequency was unrelated to EULAR response from inclusion to the 2 year follow-up (11.4% of good responders vs 10.4% of non-responders, p=0.95). Furthermore, no difference in unacceptable pain despite inflammation control at 2 years was found between patients randomised to IFX vs SSZ+HCQ, (adjusted odds ratio 1.1 [95% CI: 0.5 to 2.4]; p=0.75).

Conclusions: After 2 years of early active treatment in new-onset RA patient, a substantial portion had unacceptable pain despite inflammation control. This pain status was as common in EULAR good responders as in non-responders and no difference was found between patients randomised to IFX compared to SSZ+HCQ. These data are in line with insufficient effects of current treatment strategies to prevent development of inflammation-independent pain in a subgroup of patients, strongly warranting alternative treatment strategies in these patients.

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OP0134

MULTIFACTORIAL EXPLANATORY MODEL OF FATIGUE IN PATIENTS WITH RHEUMATOID ARTHRITIS: A PATH ANALYSIS

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Background: Fatigue is one of the most prevalent and disabling symptoms among patients with Rheumatoid Arthritis (RA). However, it is also one of the most