Abstract AB1170 – Table 1. Crosstab for total optical score of the handscan versus DAS28

DAS28	TOS<17	TOS≥17	Total	P-value
Mean	2.54	3.07	2.56	0.068
Std	0.90	1.72	1.12	
Median	2.55	3.13	2.61	
N	76	19	95	
	(4missings)	(1missing)	(5missings)

Abstract AB1170 – Figure 1

Conclusions: In this preliminary evaluation of the first 100 patients, we observed a limited positive correlation between the total optical score of the handscan and the DAS28. The TOS above 17 associates with moderate to severe disease activity. The definite clinical value of the handscan needs to be determined with longitudinal measurements and its predictive value versus the DAS28. The ongoing current registry aims to answer these questions.

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AB1171 **ULTRASOUND ASSESSMENT OF THE KNEE IN ELDERLY JAPANESE POPULATION**

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Background: Osteoarthritis (OA) is known as degenerative arthritis. Knee OA is a common disease among aged population and one of the leading causes of disability. Many modalities are used to evaluate bony abnormalities and joint space narrowing for knee OA.

Ultrasound is one of the imaging modalities for evaluating knee joint structures such as cartilage, meniscus, osteophyte and synovium. There are few large-scale

studies focused on ultrasound findings of the knee of the elderly in general population.

Objectives: The aim of our study is to evaluate relationship between clinical and ultrasound findings of the elder population.

Methods: Two hundred and twenty two participants were recruited from Naga-hama residents aged 60 years or older. We evaluated the both knees of partici-pants with ultrasound with a 5MHz transducer. Ultrasound scans were performed and assessed by a standardised protocol of the Outcome Measures in Rheuma-toid Arthritis Clinical Trial Guidelines. The symptoms were clinically assessed by using Knee Society Score 2011 (KSS). We statistically examined whether the KSS (symptom) correlated with other clinical parameters and each ultrasonographical findings.

Results: Participants were 65 men and 137 women with a mean age of 67±5 years old. The mean body mass index (BMI) was 21.8±2.76 kg/m². The symptom subscale of KSS were significantly associated with age, BMI, knee maximum extension and flexion angle, suprapatellar effusion, medial meniscus protorusion, medial recess synovial hypertrophy, and femoral and tibial medial osteophytes. Multiple regression analysis showed that medial osteophytes was most closely related to the symptom subscale of KSS among the ultrasound findings and dem-ographic data evaluated.

Conclusions: The present study showed a strong association between the symptoms of the knee and the medial osteophytes in Japanese elder population.

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AB1172 **DOES ULTRASOUND-SCORED SYNOVITIS DEPEND ON THE PHARMACOKINETICS OF INTRAVENOUS INFLIXIMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS?**

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Background: Musculoskeletal ultrasound (US) was developed more than four decades ago and gradually made its way to daily rheumatological practice. This dynamic, non-irradiating and relatively inexpensive technique allows detection of synovitis/tenosynovitis as well as quantification of joint inflammation. However, several external factors, such as, joint position, machine settings, sonographer expertise and certain medications can influence the results of the US examination.

Objectives: The aim of this study was to investigate whether the pharmacoki-netics of intravenous (i.v.) infliximab (IFX) influences the grade of US detected synovitis, measured by gray-scale (GS) and colour Doppler (CD) in rheumatoid arthritis (RA) patients.

Methods: Inclusion criteria were RA patients with at least one swollen joint, being treated with i.v. IFX, who had neither, changes in DMARD therapy nor local corti-costeroid injections in the previous 3 months. Patients underwent clinical, labora-tory and US assessment at three time points: at trough, peak plasma drug concentration and at mid-cycle. US assessments were performed blindly to the clinical and laboratory data. Twenty-four joints were assessed for the presence and grade (0–3) of GS synovitis and synovial CD signal: elbows, wrists, 2nd-5th metacarpophalangeal (MCP) joints, knees, ankles, 2nd-5th metatarsophalangeal (MTP) joints. A global OMERACT-EULAR synovitis score (GLOESS) as well as the sum of GS and CD scores were calculated for the 24-joint set, for the 12-joint set (Naredo score) and for wrists-MCP-ankles-MTP joints. Several disease activity scores (DAS) [28-joint DAS (DAS28-CRP), Simplified Disease Activity Index (SDAI)] and health assessment questionnaire (HAQ) were assessed in all patients. Trough plasma IFX concentrations were available in 20 patients.

Results: Twenty-two RA patients were prospectively recruited from the biologic therapy unit of our hospital. Two thirds of patients were female and mean age was 61 years. The majority of them had long-standing seropositive RA and over 90%