Conclusions: This is the first study to demonstrate that higher BMD in men and women is associated with tibiofemoral cartilage loss on MRI in knees without RKOA, including K-L grade 0 knees. We also confirm previous findings from radiographs in this cohort that BMD is weakly, or not all, associated with structural progression in knees with existing RKOA.

Table. BMD quartiles and relative risk of cartilage loss, by baseline K-L grade

<table>
<thead>
<tr>
<th>Whole body BMD quartile</th>
<th>Q1-lowest</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4-highest</th>
<th>Q2−4 vs Q1</th>
<th>Whole body BMD quartile</th>
<th>Q1-lowest</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4-highest</th>
<th>Q2−4 vs Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%) of subregions with CL</td>
<td>37 (4.2)</td>
<td>0.1 ref</td>
<td>68 (7.3)</td>
<td>1.0 ref</td>
<td>39 (3.9)</td>
<td>0.1 ref</td>
<td>61 (7.4)</td>
<td>1.0 ref</td>
<td>Q1-lowest</td>
<td>197 (6.9)</td>
<td></td>
</tr>
<tr>
<td>RR (95%CI)</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
<td>1.0 ref</td>
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</tr>
</tbody>
</table>

Conclusions: Based on the results of the pilot trial, a full-scale trial seems to be feasible. Therefore all participants of the pilot trial will be followed for another one and a half year and 307 new participants will be gathered according to above-mentioned protocol.

320 SELF-REPORTED ADHERENCE TO CHONDROPROTECTIVE REGIMEN IN OSTEOARTHRITIS

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Purpose: The objective of our study was to explore the (OA) of the knee, hip, hand, and in vertebral OA.

Methods: We performed a retrospective study involving 497 patients who did receive a chondroprotective treatment [Glucosamine 500mg + Chondroitin-sulphate (CSbBio-Active™) 500mg], and native collagen type II (1 mg) once a day for their painful osteoarthritis during 12 months. Knee OA was present in 234 pts, hip OA in 78, hand OA in 124, cervical OA in 26 and lumbar OA in 35 pts. For defining treatment adherence levels, a self reported information recorded on patient’s file was examined and a cut-off of 70% was established.

Adherence to chondroprotective treatment in OA.

Results: During the 12 months of observation, the level of adherence >70% was maintained for 22/78 of hip OA, 185/234 for knee OA, 10/26 for cervical OA, 15/35 for lumbar OA and 98/124 for hand OA; the overall number of adherents was 330 and 167 discontinued the chondroprotective treatment. Patients affected with peripheral OA did maintain the >70% treatment adherence greater than pts with vertebral OA (p >0.01). The difference between hip sufferers and knee sufferers was significant. The difference between hand and knee sufferers was not significant.

Conclusions: People who are prescribed self-administered medications generally take less than the prescribed doses. Increasing adherence to medications might improve the benefits, but also might increase adverse effect of medications. This is not the case of chondroprotective treatment, which has in toxicology studies an excellent tolerance profile. In our observation, a quite satisfactory adherence was present only in sufferers of knee OA and hand OA. Ameliorating adherence may possibly improve patient outcomes.

321 THE VECTRA STUDY: ECONOMIC AND HEALTH ASSESSMENT OF CHONDROITIN SULFATE FOR OSTEOARTHRITIS TREATMENT

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Purpose: To estimate the average cost per patient with osteoarthritis, treated with CS or NSAID for 6 months, and the possible consequences that the reduction on the consumption of NSAID due to CS treatment may have on the budget impact for the Spanish National Health System (NHS).