

P362

EARLY OSTEOARTHRITIS COHORT OF HIP AND KNEE: THE CHECK STUDY*

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Aim of the study: CHECK is a prospective multicentre 10-year follow-up study on the development of osteoarthritis (OA) in patients with early complaints of hip or knee. The study has two major objectives. One is to follow the course of the functional status of patients to identify prognostic factors to predict and to explain the course of OA in an early stage of the disease. The second objective is to study the mechanisms that cause joint damage and to identify markers for diagnosis and course of joint damage.

Methods: Inclusion criteria are: patients with complaints (pain and/or stiffness) of knee and/or hip, aged 45-66 years, who never or not longer than 6 months ago have visited the general practitioner for these complaints. Based on defined criteria modified according to the ACR criteria patients are divided into 2 groups: variable cohort (patients will possibly develop OA) and annual cohort (patients will probably develop OA). The patients in the annual cohort will have a visit each year. The patients in the variable cohort will have visit at 0, 2, 5, 10 year. The visits at the study centre include each year an intake, physical examination, questionnaires (based on coping, social support, physical assessment, health care use and the Western Ontario and McMaster Universities Osteoarthritis Index- WOMAC), standardized radiographs, blood and urine analysis (0,2,5,10 year). Radiographs of both hips and both knees are taken according to a standard protocols (J.C. Buckland-Wright and M.G. Lequesne).

Results: At the moment almost 1000 patients are included; 78% are female with a mean of 57,18 years for women and 57,96 years for men. Based on preliminary results, the mean score on the WOMAC for pain is 74,4; for stiffness is 63,8 and functional activities is 76,6 (100 representing the best health status and 0 the worst possible health status.) The results of the radiographic evaluation on the knee showed 27% with Kellgren & Lawrence score 0; 72% with KL 1 and 1% with KL 2-3. For the hip we scored, respectively 72%; 16% and 12%.

Our study cohort is clearly different from other published cohorts with OA patients, such as the Bristol 'OA500 study' of Dieppe et al, that comprised 342 women (mean age 65,3) and 158 men (mean age 59,7). In contrast to our study, in the Bristol study the painful joint sites had to be accompanied by typical radiographic changes of OA. For disability they used the Steinbrocker functional class, 31% of all patients were in functional classes 3 or 4 and a further 52,5% were in functional class 2.

Conclusion: We were able to form a cohort with nearly 1000 patients with early osteoarthritis, clearly different from the well-described cohorts with established osteoarthritis.

*On behalf of the institutes involved: University Medical Center Leiden, Erasmus Medical Center, University Medical Center St.Radboud, Medical Spectrum Twente, Twenteborg Hospital, Academic Hospital Maastricht, Jan van Breemen Institute/Academic Medical Center Amsterdam, Wilhelmina Hospital Assen, Martini Hospital Groningen, Kennemer Gasthuis Haarlem, University Medical Center Utrecht.

P363

ASSESSMENT OF PATIENTS WITH KNEE OR HIP OSTEOARTHRITIS IN PRIMARY CARE SETTING: THE ARPEGE SURVEY

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Background: It is unclear whether patients consulting their general practitioners (GPs) for hip or knee osteoarthritis differ in terms of demographic and clinical characteristics.

Objective: To assess and compare demographic and clinical characteristics of patients with knee or hip osteoarthritis.

Methods: We conducted a cross sectional national survey in primary care setting. 1474 GPs enrolled 4183 patients with hip or knee osteoarthritis. Patients' demographic and clinical characteristics were recorded by their GPs, pain level was assessed on a 11 point numeric scale (0-10), disability by the WOMAC questionnaire (1-100) and Lequesne index (0-24), quality of life by the MOS SF 36 (0-100). Comparisons were realized using ANCOVA, correlations between pain, disability, and quality of life were assessed by the Spearman's rank correlation coefficient.

Results: Records of 4133 patients (98.8%) were analyzed (2540 knee osteoarthritis, 1593 hip osteoarthritis). There was no clinically meaningful difference between patients with knee and hip osteoarthritis for age (67.1±10.3 and 67.2±9.9 years), sex (60.5% and 55.1% females), BMI (28.2±4.8 et 26.9±4.0 kg/m²), education level, sports activities, cardio-vascular and gastrointestinal comorbidities, disease duration (5.9±5.0 and 5.5±4.8 years), pain level (5.2±2.1 and 5.3±2.0), disability (12.0±4.2 and 11.8±4.3 for the Lequesne index and 45.8±19.3 and 45.3±17.3 for the WOMAC), quality of life (32.0±8.4 and 31.8±8.4 for the physical component and 47.1±10.9 and 46.8±11.1 for the mental component scores of the SF 36). Correlation coefficients between pain, disability, and quality of life were comparable in both groups. Finally, GPs more often consider that their patients with hip osteoarthritis will require prosthetic replacement in the future than those with knee osteoarthritis (52.4% and 35.6%).

Conclusions: In primary care setting, patients with knee or hip osteoarthritis have similar demographic characteristics, pain and disability levels and perceived quality of life.

P364

PATIENT ATTITUDE TO KNEE REPLACEMENT SURGERY IN PERUVIAN PATIENTS WITH KNEE OSTEOARTHRITIS

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Objectives: Since joint surgery is seen as the endpoint of non-surgical interventions failure in knee OA. We examine the attitude of peruvian patients with knee OA to knee replacement surgery as a potential therapeutic intervention for their disease, and several clinical variables from the patient perspective.

Methods: Forty six out-patients with knee OA attending rehabilitation and rheumatology clinics in several hospitals in Lima-Perú were selected by inclusion and exclusion criteria. We used self-reported measures. The variables analyzed were: age, body mass index (BMI), pain, stiffness and physical disabilities duration, VAS global pain, WOMAC subscales and WOMAC Index, VAS patient global assessment, radiological grade by Kellgren &