

<12 months). **RESULTS:** Patients mean + SD age was 55 + 15 years and 77% were female. Mean + SD MAF score was 23.3 + 12.3 with a normal range of 1(no fatigue)–50(fatigue). Mean FACIT-F score was 33.2 + 9.3 with a normal range of 52 (no fatigue)–0 (fatigue). The aggregate scores for each instrument were highly correlated with a Pearson's coefficient of -0.81 ($p < 0.001$). **CONCLUSION:** Based on this analysis, it appears that the FACIT-F has validity for use in the early RA population. However, as follow-up assessments are completed, a more detailed analysis may reveal additional psychometric properties of the instrument in the early RA population and with disease progression.

PAM19

A REVIEW OF FUNCTIONAL STATUS MEASURES FOR WORKERS WITH UPPER EXTREMITY DISORDERS

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OBJECTIVES: This review identifies instruments for measuring functional status among workers with mild-to-moderate disorders of the upper extremity. Functional status measures correlate pain and discomfort to performance, with direct, practical relevance to employers and workers. While many functional status measures exist for patients with severe or degenerative illness, few measures were designed for relatively healthy active workers. In fact, the impact of mild-to-moderate disorders on the workforce is largely unknown. The recently released OSHA Ergonomics Program Standard has given this issue a new sense of urgency. The intent is to give investigators a tool for choosing appropriate functional status measures in a specific research or clinical context. **METHODS:** To identify self-reported functional status instruments for upper extremity disorders among workers, a Medline literature search was conducted for English-language publications between the years 1966 and 2000. Keywords included: carpal tunnel syndrome, functional status, health surveys, musculoskeletal, occupational health, outcome measures, questionnaire, neck, upper extremity, and worker. In selecting functional status instruments for review, three criteria were used: 1) Relevance to neck and upper extremity conditions (indicated by question content); 2) Assessment among workers; and 3) Relevance to mild-to-moderate disorders (indicated by level of severity). Parameters of interest were validity, reliability, and responsiveness to change. **RESULTS:** Among 13 functional status instruments reviewed, six measures were tested among workers, including three measures relevant for mild-to-moderate disorders: the Nordic Musculoskeletal Questionnaire, Upper Extremity Questionnaire, and Neck and Upper Limb Instrument. **CONCLUSIONS:** The identification of three functional status measures should encourage their use in studies, to

improve communication among investigators. Further research is needed to address neglected aspects of measurement—specifically, for mild-to-moderate upper extremity disorders among workers—and to standardize valid and reliable instruments.

PAM20

COST-EFFECTIVENESS OF ACETYLICISTEINE AND DIMETHYLSULPHOXIDE (DMSO) 50% FOR THE TREATMENT OF PATIENTS WITH REFLEX SYMPATHIC DYSTROPHY

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OBJECTIVE: The aim of this study was to determine the cost-effectiveness of Acetylcysteine and DMSO in the treatment of patients with reflex sympathetic dystrophy (RSD). **METHODS:** The study was a prospective, double-dummy, double blind, controlled trial. Patients were followed for one year. The primary outcome measure was the Impairment-level Sum Score (ISS). Cost data were prospectively collected using cost-diaries. Utilities were determined using the EuroQol. Both cost-effectiveness and cost-utility analyses were performed. Differences in mean direct, indirect and total costs between groups were estimated with corresponding 95% Confidence Intervals (CI). Also cost-effectiveness and cost-utility ratios with corresponding 95% CI were calculated using bootstrapping techniques. **RESULTS:** There was a statistically significant difference in effect (ISS). DMSO generated more reduction than Acetylcysteine (diff: 1.82 CI: -4.90 ; -1.27). This significant difference appeared also in the subgroup of patients with warm RSD. The total costs were statistically significant lower in the DMSO compared to the Acetylcysteine group (diff: 2866 CI: 666;5179). This significant difference was also found in the subgroup of patients with warm RSD. The cost-effectiveness and cost-utility ratios showed that DMSO is dominant over Acetylcysteine. **CONCLUSION:** In general, DMSO is the preferred method of treatment for patients with RSD. There are some indications that Acetylcysteine may be more cost-effective for cold RSD, but this was found in a small subgroup only and should be confirmed in a larger trial.

PAM21

MANUAL THERAPY IS MORE COST-EFFECTIVE THAN PHYSICAL THERAPY AND GP CARE FOR PATIENTS WITH NECK PAIN

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OBJECTIVES: This paper presents the results of an economic evaluation in conjunction with a randomized controlled trial to evaluate the cost-effectiveness of manual therapy, physical therapy and GP care for patients with