

the patients value their physical function less than actually shown in the performance-tests.

**Conclusion:** The preoperative variation in levels of pain and functional limitations in THA patients was high. The conservative treatment modalities given the patients in the pre-surgery phases were not in accordance with international recommendations. Only 50% of the patients had received exercise therapy or advice about physical activity prior to surgery.

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#### OPTIMAL TREATMENT OF OSTEOARTHRITIS OF PATIENTS WITH COMORBID DISEASES

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**Purpose:** To study the prevalence of knee osteoarthritis (OA) in patients with somatic pathology and to assess the impact of combined drug therapy of chondroitin sulfate and glucosamine (ARTRA) on the course of OA and somatic pathology.

**Methods:** A screening of 1200 patients with various somatic diseases was performed to reveal the knee OA. The group of 60 patients with somatic pathology and knee OA was formed to participate in a comparative randomized study investigating the effectiveness and safety of the therapy with ARTRA. The level of pain (VAS, WOMAC), a functional insufficiency (WOMAC), data, esophagogastroduodenoscopy, blood pressure, frequency of episodes of painful and painless myocardial ischemia, as well as the frequency of rehospitalizations during the year were evaluated in dynamics.

**Results:** It was shown that over two thirds of the patients aged 60 years with chronic somatic diseases suffer from pain in the knee or hip joints, and 60% of them have radiological signs of OA. It was found that in many cases the aggravation of the articular syndrome is preceded by exacerbation of underlying disease (hypertension, ischemic heart disease, heart failure, etc.). Evaluation of the therapy received by these patients, showed that 71.3% of them had to take NSAIDs, and medications containing chondroitin sulfate and glucosamine, were taken only by 4.5% of patients. Inclusion of arthritis drug therapy in patients with OA and somatic pathology allowed reaching the pain-relieving effect and improving the functional state of the joints faster compared with the patients receiving only NSAID. Besides, the use of ARTRA reduced the risk of complications in the gastrointestinal tract (data esophagogastroduodenoscopy), reduced the risk of destabilization of somatic diseases (CHD, hypertension, etc.), as well as reduced treatment costs (including the reduce of number of hospitalizations).

**Conclusions:** The findings suggest the need for screening of OA in patients with somatic pathology, especially in people aged over 60 years. The use of slow anti-inflammatory drugs with a structurally modifying action (ARTRA) in treatment of OA improves the results of articular pathology treatment as well as somatic state of patients.

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#### BETTER MANAGEMENT OF OSTEOARTHRITIS (BOA)

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**Purpose:** Treatment guidelines for hip and knee osteoarthritis (OA) recommend information, exercise and weight control as first line treatments. However, recommendations are given in general terms that are not easy to implement and the interpretation of the recommendations are not always straightforward for the care giver. Consequently, they are too seldom reflected in clinical practice. In fact, patients with hip or knee OA are often referred to surgery before having evidence-based non-surgical core treatments adequately tried.

**Methods:** During 2008 a national programme was introduced in Sweden to standardize and improve care and management of patients with hip or knee OA; Better management of patients with OsteoArthritis (BOA www.boaregistret.se). The intervention is a self-management course for patients with hip or knee OA, including information on pathology, etiology, available treatments, and coping strategies (Fig 1). An exercise program is optional, given individually or in a group. Furthermore, one of the three

theoretical classes is held by an osteoarthritis communicator, i.e. a patient with OA who has been educated to teach about the lived experience with OA.

Physical therapists, who have been trained during a two-day instructional course, deliver and evaluate the BOA intervention in a standardized way. Patient-reported outcome measures (PROM), including EQ-5D, co morbidity, pain, physical activity, self-efficacy, work capacity, and satisfaction, are assessed at baseline, 3 and 12 months (Fig. 1). Compliance to intervention is reported by the physical therapist.

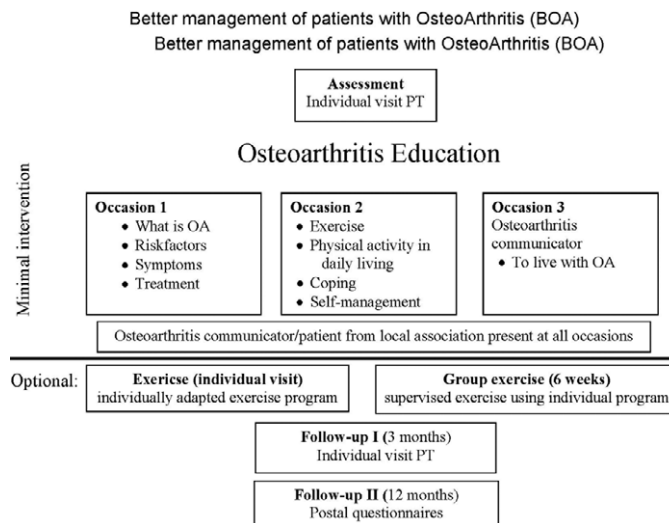


Figure 1. Flow-chart of intervention and follow-up in the Better management of osteoarthritis programme (www.boaregistret.se).

**Results:** These outcomes are registered in a national database, the BOA-register that now includes 25 care giving units. More units continuously join the registry. Preliminary results from 1000 patients at three months show that 87% consider the course to fulfil their expectations, and 64% use what they have learned in their daily life.

**Conclusions:** This new approach, a structural way to take care of patients with hip and knee joint OA, will provide population-based data and demographics to optimize clinical care. Furthermore, merging the BOA-register with other Swedish national registers enables evaluation of use of medical care, arthroscopic surgery, knee MR examination, use of medication, as well as sick leave for patients with OA participating in the BOA intervention compared to non-participants.

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#### IDENTIFICATION OF EARLY DEGENERATIVE CHANGES OF THE KNEE AFTER AN ANTERIOR CRUCIATE LIGAMENT LESION. THE KNALL STUDY

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**Purpose:** Rupture of the anterior cruciate ligament (ACL) is a common sports related injury, that has an annual incidence varying of 2- 8 per 10.000 persons. Several studies showed that 50 - 85% of patients with an ACL rupture had slight-to-moderate radiographic changes at 12 to 20 years after trauma.

The pathophysiology of an ACL rupture leading to evident radiologic knee osteoarthritis (OA) still remains largely unknown. Therefore, the overall aim of this study is to investigate early degenerative changes in patients with an acute ACL rupture. These changes will be evaluated by several sensitive measurements for OA (MRI, radiographs, DEXA scan and biomarkers).

**Methods: Design and study population:** The KNALL (Knee osteoArthritis anterior cruciate Ligament Lesion) study is a prospective follow-up study in which 160 patients will be included. The patients will be included after the initial trauma up to 6 months and evaluated each year, in first instance up to 2 years. Patients aged between 18 and 45 years with an ACL rupture (diagnosed by physical examination and MRI) will be included. Patients