renal damage so that appropriate treatment can be initiated. We conducted lupus clinic audit using NICE and Renal association guidelines as standards.
Methods: We conducted a snapshot audit of last clinic episode of our Lupus clinic together with some additional retrospective data over 3 months. 40 patient's notes were reviewed and questionnaire filled.
Results: Our cohort consisted of 38 females usually aged between 35-55 years. 25% of patients had disease duration of 3-4 years. Weight was checked only in 25% and BP in about 30% of whom majority were over 130/80. 75% of patient's creatinine was between 60-90 and eGFR over 60%. Ds DNA and C3 and C4 levels were checked in 80% and the split showed that 50% had high ds dna levels and 25% had low C3/C4 levels. ESR was high in 50% with low CRP levels. Urine dipstick was checked in only 25% although previous recordings showed more than 80% had urine dipstick checked at least once. Urine dipstick showed protein in 15 patients of whom only 8 patients had albumin creatinine ratio calculated. 5 new renal referrals were done out of 9 positive urine dipstick irrespective of creatinine levels.
Conclusions: There was good monitoring of lupus activity by blood tests but was poor with basic observations such as weight, BP, urine dipstick. However our results show that limited urine dipstick testing can identify lupus patients with subclinical nephritis needing renal referral. This audit has led to improvement in training and education of the whole team to improve recording observations thus enhancing early detection of lupus nephritis.

PP58. A REGULATORY POLYMORPHISM IN IFNG IS ASSOCIATED WITH SUSCEPTIBILITY TO SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Several genetic polymorphisms on the interferon-gamma gene (*IFNG*) have been associated with susceptibility to systemic lupus erythematosus (SLE) in our previous study (Kim *et al.* 2010 *Ann. Rheum. Dis.* 69:1247-1250).
Methods: we further examined the association of *IFNG* with the SLE susceptibility using another population of 2,355 unrelated Koreans (853 SLE patients and 1,502 controls). Single-nucleotide polymorphism (SNP) rs2430561 was genotyped using the MassARRAY iPlex system for SNP genotyping.
Results: Consistent with the results (OR = 2.48, P = 0.022 in a recessive model) in our previous study using 742 patients with SLE and 1,017 controls, we found the same association results (OR = 2.27, P = 0.018 in a recessive model) in the current study using 853 patients with SLE and 1,502 controls. When the previous and current study results were combined, the association was still significant (OR = 2.35, P = 0.00093). The SNP rs2430561 is located on an NF-κB binding site in the first intron and its risk allele elevates *IFNG* expression versus the non-risk allele, which is consistent with the previous functional implications of high expression levels of *IFNG* in the pathogenesis of SLE in human disease and murine model.
Conclusions: In summary, the SLE association of the regulatory SNP rs2430561 in *IFNG* was observed in two independent populations of Koreans, supporting the previous association of *IFNG* expression with SLE susceptibility.

THEMATIC STREAM : CO-MORBIDITY (PP59-PP86)

PP59. A SINGLE DOSE OF INDOMETHACIN DOES NOT PROLONG PREMOTOR REACTION TIME IN YOUNG HEALTHY ADULTS: A RANDOMISED, PLACEBO CONTROLLED, DOUBLE-BLIND, CROSS-OVER STUDY

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Background: Indomethacin, commonly used in rheumatology practice, crosses blood brain barrier and has many effects on the central nervous system, some are undesirable and others are advantageous especially in patients with cognitive dysfunction. We aimed to test the hypothesis that a single dose of indomethacin would affect information processing speed in healthy subjects.
Methods: Thirty healthy adult volunteers were enrolled in the study. Single dose of 25 mg indomethacin or placebo were administered to blinded healthy adults in a random, cross-over design. Premotor reaction and response times were measured electromyographically before and after the administration of preparations by a blinded researcher.
Results: There was no statistically significant difference in mean values of premotor and response time measurements after indomethacin or placebo compared to baseline values. Mean difference values of premotor time measurements did not differ between indomethacin (-8.87 msec) and placebo (2.77 msec) groups (p = 0.073). Mean difference values of response time measurements for indomethacin and placebo groups were 14.23 and 15.30 msec, respectively (p = 0.946).
Conclusions: A single dose of indomethacin did not change premotor reaction time and response time in healthy adults. It does not seem to deteriorate information processing speed in healthy adults.

PP60. ULTRASONOGRAPHIC EVALUATION OF MEDIAN NERVE DURING REVERSE PHALEN TEST AND AT NEUTRAL POSITION OF THE WRIST

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Background: Reverse phalen test is one of provocative tests used for the diagnosis of carpal tunnel syndrome. It was shown that segmental sensory conduction velocities of median nerve were slowed during this test. We aimed to assess the ultrasonographic changes in median nerve during the reverse phalen test in healthy volunteers.
Methods: 26 healthy volunteers (9 men, 17 women, mean age:40) were included in the study. Bilateral motor and sensory conduction studies and ultrasonographic evaluation of median nerve were performed in all subjects. Ultrasonographic images of median nerve were taken from the proximal carpal tunnel at neutral position and subsequently in maximal extension of the wrist. Anteroposterior and transvers diameters and the cross sectional area of nerve were measured.
Results: Motor (mean distal motor latency was 2,85±0,34 msec) and sensory conduction studies (mean palm-to-wrist and 2nd finger-to-wrist sensory nerve conduction velocities 42,1±3,51 and 43,96±2,77 m/sec respectively) revealed normal findings. The mean anteroposterior diameter of median nerve at neutral position of the wrist was 1.97±0.29 mm, while it was significantly reduced (1.89±0.32 mm, p=0.028) at maximal extension of the wrist. The mean transverse diameter (5.85±0.97 mm) and cross sectional area (8.71±1.81 mm^2) were increased significantly by maximal extension of the wrist (6.09±1.18 mm, p=0.015 and 9.02±1.88 mm^2, p=0.028 respectively).
Conclusions: Reverse phalen test resulted in flattening of the median nerve and also in an increase of the cross sectional area of the nerve.

PP61. THE ASSESMENT OF CARDIAC SEMPATOVAGAL ACTIVITY BY HEART RATE VARIABILITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: It has been reported that increased sempathic nerve system activity due to inflammatory stress and it cause disturbance of heart rate variability (HRV) in rheumatoid arthritis (RA). In this study, it was assessed cardiac sempatovagal activity by noninvasive parameters such as HRV in patients with RA.
Methods: 49 patients with RA and age-matched 28 healthy subjects as control group were enrolled to this study. Clinical and laboratory parameters of all subjects were assessed and 24-hour electrocardiographic Holter monitoring were performed.
Results: Minimum, maximum and mean heart rate were significantly higher while mean RR interval were significantly lower in patients with RA compared to controls. Among time domain HRV parameters, SDNN, SDANN and triangular index were significantly lower in patients with RA comparing with controls ($p<0.05$, $p<0.01$, $p<0.01$, respectively). In correlation analysis, there were no any significant association between HRV parameters and age, sex, duration and activity of disease, inflammatory markers, supraventricular or ventricular

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extrasystole (VES). There were only significant negative association between VES and pNN50, SDANN and RMSDD. But, there were no independent correlations between these parameters.
Conclusions: There is modest role of non-invasive parameters such as HRV in assessment of cardiovascular risk and prediction of sudden cardiac dead risk in addition to the traditional risk factors in patients with RA. However, there are need to carry out prospective, larger and long term studies which include different patients groups to reach to the more accurate decision.

PP62. ACUTE EFFECT OF ORAL AND INTRAVENOUS IBANDRONATE IN OSTEOPOROTIC PATIENTS WITH RHEUMATISM

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Background: Many patients with rheumatic diseases are complicated with osteoporosis. Ibandronate is a bisphosphonate which is administered via either oral or intravenous (IV) routes.

We tried to analyze the difference in acute phase inflammatory response (APR) and efficacy on bone metabolism between after oral and IV ibandronate use in osteoporotic patients with rheumatism.
Methods: Total of twenty eight osteoporotic patients was enrolled. Sixteen patients took 150 mg of oral ibandronate (oral group) whereas twelve patients received IV ibandronate 3 mg (IV group). An acute phase reactant, CRP, tumor necrosis (TNF)-α, and IL-6 serum level were measured at baseline, 1, 2, 3 and 7 days after administration. Efficacy on bone resorption was measured by serum c-telopeptide (CTX) and calcium level.

The sequential change after treatment was statistically assessed using repeated measure ANOVA. A p value less than 0.05 were denoted significant.
Results: IV group showed significant rise in serum CRP level for 7 days ($p = 0.027$) while oral group showed modest increase. Serum TNF-α and IL-6 rose significantly in IV group ($p = 0.038$, 0.038). Serum calcium level reduced markedly in both groups ($p = 0.037$ for oral group, 0.035 for IV group) but serum CTX decreased significantly only in IV group ($p = <0.001$).
Conclusion: This study showed that both the acute phase response and early efficacy on bone metabolism are prominent in IV regimen. Most osteoporotic patients with rheumatic diseases should take large number of oral medications for a long time, thus favor the intermittent large dose bisphosphonate for convenience. However rheumatologists should pay attention to more prominent APR after administration of IV intermittent large dose bisphosphonate as well as rapid effect on the bone metabolism.

PP63. RELATIONSHIP BETWEEN HAND FUNCTIONS AND QUALITY OF LIFE IN WOMEN WITH CARPAL TUNNEL SYNDROME

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Background: Carpal Tunnel Syndrome (CTS) may cause weakness in thenar muscles, limitation in hand functions and impairment in activities of daily living. The aim of this study is to investigate the relationship between the hand functions and quality of life in women with CTS.
Methods: Fifty women with idiopathic CTS were included in this study. Grip strength and tripod pinch strength were measured with hand dynamometer. Two-point discrimination was measured from the palmar side of the index finger. Hand functions were evaluated with Duruöz Hand Index (DHI). Health Assessment Questionnaire (HAQ) was used for the activities of daily living. Boston Questionnaire (BQ) was used to evaluate the specific characteristics of CTS. Quality of life was assessed with SF-36. Emotional status was evaluated with Beck Depression Scale. SPSS 15.0 version was used for statistical analysis.
Results: The mean age was 52,3±8,3 years. The mean Beck Depression Score was 12,28±5,28. Grip strength and tripod pinch strength were 19,80±5,15 kg and 11,34±2,78 kg, respectively. Two point discrimination was 5,24±1,18 mm. A strong negative correlation was found between DHI and SF-36 total score (r=-0,783 p<0,01). A strong positive correlation was found between DHI and HAQ (r=0,926 p<0,01). There was a strongpositive correlation between DHI and BQ-symptoms and BQ-functions (r=0,797 p<0,01; r=0,893 p<0,01). BQ-symptoms and BQ-functions showed negative correlation with SF-36(r=-0,749 p<0,01; r=-0,684 p<0,01). A strong positive correlation was found between BQ-symptoms and BQ-functions and HAQ (r=0,788 p<0,01; r=0,920 p<0,01).
Conclusions: As a result, the severity of symptoms and limitation in hand functions were found to be related with the impairment in activities of daily living and quality of life in women with CTS.The treatment of CTS may help to improve the quality of life.
Key words: Carpal Tunnel Syndrome, Duruöz Hand Index, Quality of Life, hand functions.

PP64. THYROID DYSFUNCTION FREQUENCY IN COLOMBIAN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic systemic disease of unknown etiology and by the same way of diagnosed cases of hypothyroidism (HT) their underlying physiopathology is autoimmune. HT and subclinical hypothyroidism (SCHT) are common endocrinologic disorders. The aim of this study was to determine the frequency of HT, SCHT and positive antiperoxidase antibodies (anti-TPO) in patients diagnosed with RA and possible association with disease activity and severity.
Methods: Descriptive research study (cross-sectional survey) in which patients diagnosed with RA were included. In all patients were tested TSH, free T4 and anti-TPO. Patients previously diagnosed with thyroid dysfunction were excluded.
Results: 190 patients were included, 76,3% (145) female. Mean age 56.4 y.o. (SD±13.35). Mean age for diagnosis of RA 45.7 y.o. (SD±13.22). 151 (79%) were euthyroid patients. 5 (2.6%) cases of HT were found as well as 34 (17.8%) cases of SCHT. Within last group a TSH value beyond 10U/ml in 5 patients was found. No cases of active hyperthyroidism. Antiperoxidase antibodies (anti-TPO) were positive in 32 (16,8%) people. In patients diagnosed with SCHT 12 (35,3%) cases were found with positive anti-TPO and in patients with HT 2 cases (40%). Within the euthyroid participants 18 (12%) patients were positive anti–TPO. 78,7% of patients with positive anti-TPO had DAS28 more than 3,5 and 70% of patients with HT/SCHT had DAS28 > 3.5.
Conclusion: Taking into account that each year until 18% of patients diagnosed as SCHT run into HT, follow up in this group is relevant. It is important to detect and follow patients with positive anti–TPO antibodies since the progression to HT does increase with the presence of those antibodies. Patients with positive anti-TPO and/or SCHT/HT diagnosed are more likely to have high DAS28 which suggest possible relation between activity and thyroid dysfunction.

PP65. FREQUENCY OF RESTLESS LEGS SYNDROME IN RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is an inflammatory disease with an unknown etiology causing many various extraarticular symptoms along with the main articular symptoms. One of the comorbid clinical pictures is restless legs syndrome (RLS) as expressed in some prior studies. We aimed to investigate the frequency of RLS in our outpatient RA population, in this study.
Methods: We finished the evaluation of 75 RA patients in this still ongoing study and analyzed the preliminary findings. Diagnosis of RLS was made according to 1995 criteria of International Restless Legs Syndrome Study Group. The severity of the disease was determined in each RLS patient with RA. The RLS patients were questioned using state anxiety inventory. Also clinical and laboratory findings of the patients, drugs they use, habits and medical family history were evaluated.
Results: Of the 75 RA patients, 62 (%82.7) were female and 13 (%17.3) male. The RLS diagnosis criteria were satisfied by 24 (%32) of the patients. Of the RLS patients with RA, 20 (%83.3) were female and 4 were male (%16.7).

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Conclusions: RLS is more frequent in patients with chronic diseases than normal population. It has been reported that RLS is present in %20-30 of RA population. Our findings show that a little more often than prior reports.

PP66. COMPARISON OF KNEE INJURY AND OSTEOARTHRITIS OUTCOME SCORE WITH PERFORMANCE MEASURE IN KNEE OSTEOARTHRITIS

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Background: Self-reported physical function tests and physical performance tests can give information about functional status in knee osteoarthritis (OA).The aim of this study is to investigate the relationship between Knee Injury and Osteoarthritis Outcome Score (KOOS) and Timed Up& Go (TUG) Test in the patients with symptomatic knee OA.
Methods: Eighty nine patients who admitted to the outpatient clinic of our hospital with knee OA were included in this study. OA diagnosis was made according to the American College of Rheumatology criteria. All patients were evaluated with KOOS and SF-36. TUG test was performed to evaluate performance based functional state. SPSS for Windows 16.0 was used for statistical analysis.
Results: Seventy seven (84.5 %) patients were women and 12 (15.5 %) were men. Mean age was 62.9 ± 9.5 (50-85) years and BMI was $32.10 \pm 4.39\,kg/m^2$, symptom duration was 7.08 ± 6.52 years. Mean radiological grade was 3,22±0,69. There was statistically significant negative correlation between KOOS and TUG ($p<0.001$) (Table). Statistically significant negative correlation was detected between TUG and SF-36 physical function, physical role, pain, social function, total scores ($p<0.01$). KOOS showed statistically significant positive correlation and SF-36 physical function, physical role, pain, social function, total scores ($p<0.01$).
Conclusion: As a result of this study a strong relationship was found between KOOS and TUG in knee OA. KOOS is useful to evaluate both physical performance and quality of life in knee OA.

'Disclosure statement: The authors have declared no conflicts of interest.'

Key words: KOOS, SF-36, TUG, knee osteoarthritis, physical performance.

Table. Correlation between KOOS and TUG

KOOS Subscales	TUG	p
Pain	−0,504	0,000
Symptoms	−0,460	0,000
ADL	−0,531	0,000
Sports	−0,325	0,002
QoL	−0,415	0,000

Pearson correlation test
KOOS: Knee Injury and Osteoarthritis Outcome Score
TUG: Timed Up & Go test

PP67. OSTEOPOROSIS IN WOMEN WITH BREAST CANCER AND ITS EFFECT ON QUALITY OF LIFE: A PILOT STUDY

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Background: Adjuvant chemotherapy is administered to the majority of patients after surgery in order to reduce the risk of breast cancer recurrence. However, the most common long term side effect of adjuvant chemotherapy is premature ovarian failure (POF). Early onset of osteoporosis (OP) caused by chemotherapy induced POF may increase the risk of bone fractures that may influence the patient's quality of life profoundly.

The primary aim of this study was to evaluate the risk of OP in patients who had received adjuvant chemotherapy for breast cancer. The secondary aim was to investigate the effect of OP on the quality of life of these patients.
Methods: 26 women with breast cancer fulfilling the WHO criteria for OP (by DXA) and 21 women without OP (control group) were recruited into this study. All patients in the study group received 6 cycles of chemotherapy and were under follow up more than 6 months. Chemotherapy consisted of cyclophosphamide, epirubicin, and 5-fluorouracil. Short Form–36 (SF-36) questionnaire was used to assess the quality of life.
Results: The mean lumbar area BMD value was significantly lower in patients with breast cancer than in healthy controls ($p=0.017$). There were no significant differences in the femoral area BMD measurements between the groups. OP was more pronounced after 24 months of the last chemotherapy course than in the first 12 months ($p=0.04$). OP was significantly higher in patients whose age younger than 50 during chemotherapy ($p=0.008$). The most affected domain of the SF-36 in patients with breast cancer was the physical role.
Conclusions: Adjuvant chemotherapy increases the risk of accelerated bone loss in the lumbar spine in women under follow-up for breast cancer. OP should be investigated in the follow-ups in order to improve the quality of life of the surviving breast cancer patients.

PP68. TUBERCULOSIS: A REAL THREAT FOR PATIENTS ON BIOLOGIC TREATMENT AND A DIAGNOSTIC CHALLENGE

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Background: While TNFα is a central cytokine in the synovial inflammation of RA, it also has an important role in host defense mechanism. This may be particularly important with regard to intracellular infections, especially tuberculosis. Romania is also a country with height risk of tuberculosis and TB screening was made in all cases.
Objectives: To assess the rate of reactivation of tuberculosis secondary to TNFα antagonists and determine the impact on the further therapeutical decision.
Methods: This single-center retrospective, longitudinal study included 144 patients on current biologic treatment with Infliximab (n=82), Etanercept (n=53), Adalimumab (n=9). History of tuberculosis under anti-TNFα agents was assessed.
Results: 6 patients developed tuberculosis. Half had RA and half AS, 3 were on IFX, 2 on ADA and one on ETA. Mean age of diagnosis was 52 years and female: male ratio was 1:1. Mean treatment duration with biologics until diagnosis of TB was 11 months. Risk factors for infection, other than biologics, included history of DMARDS in all patients, history of steroids in one patient, and chronic renal disease in one patient. TB screening with PPD was positive (⩾5 mm) in 80%. Of note, only 2 patients followed Isoniazid prophylaxis. Half of the cases developed extrapulmonary TB (2 cases of miliary TB and one of ganglionar TB). TB diagnosis was a challenge in all but one case (positive suptum culture); biopsies (ganglionar, peritoneal, intestinal) were suggestive in half of patients and response to therapy and imagery was diagnostic in the rest. Both miliary TB cases were severe and life-threatening: one with meningoencephalitis and intestinal involvement and one with peritoneal and abdominal organ involvement. In all patients the biologic agent was ceased and treatment with tuberculostatics was initiated. After the resolution of TB the biologic was permanently discontinued in one case, while all other patients were recommended for switch. The rate of TB infection in our anti-TNFα cohort was 0.26 TB events/1000 person-years (respectively 0.16/1000 for IFX, 4.1/1000 for ETA and 1.79/1000 person-years for ADA).
Conclusion: Tuberculosis is a potentially life-threatening, not an infrequent complication of biologic therapy in TB endemic areas. Anti-TNFα TB reactivation occurs extrapulmonary in half of the patients and represents a diagnostic challenge. A high degree of suspicion of TB should be maintained in all patients on biologics in endemic areas.

PP69. FREQUENCY, RELATED FACTORS AND CONSEQUENCES OF FALLS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: To determine the one-year period frequency, related factors and consequences of falls in patients with rheumatoid arthritis (RA).
Methods: Ninety-nine patients who admitted to the outpatient clinic of İstanbul Physical Medicine & Rehabilitation Training Hospital included in this cross-sectionally study. Demographic characteristics, comorbid diseases, and medicines of each patient had been recorded. Their falls

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in the last one-year period had been questioned and Health Assessment Questionnaire (HAQ) had been applied. Tender and swollen joint count, DAS 28 had been recorded. Heel-toe walking test for dynamic balance, Ability test to perform five stand ups without arm assist for lower limb muscle and joint function, had been examined. Erytrocythe sedimentation rate (ESR) and CRP had been measured in fasting blood sample. SPSS 16.0 version had been used for statistical analysis.

Results: Eighty-nine (88%) patients were female. Avarage age and disease period were 59.11 ± 11.37 and 10 ± 7.60 years, respectively; DAS 28 avarage was 3.84 ± 1.21. Thirty-four (34%) patients had falled at least once in the last one-year period. Nine of the fallen patients (26%) had experienced a fracture. Number of fallings in one-year period for female patients were significantly high ($p=0.008$). A statistically significant correlation between number of fallings and fear of falling had been determined ($p=0.02$). For female patients with RA, a correlation between vertigo, osteoarthritis (OA), hypercholesterolemia and falling had been determined ($p=0.04$, 0.05, 0.05). Patients who had fractures were significantly older than the ones without fractures ($p=0.005$).

Conclusions: According to the results of this study, more than 1/3 of the patients with RA had falls in the last one-year period, and 9% thereof had fractures. A tendency to falls was found in women with RA who have vertigo, OA or hypercholesterolemia.

Key words: Rheumatoid arthritis, falls, fractures.

PP70. OSTEITIS CONDENSANS ILII IN DIFFERENTIAL DIAGNOSIS OF PATIENTS WITH CHRONIC LOW BACK PAIN

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Background: Osteitis condensans ilii (OCI) is a benign pathology capable of causing chronic back and hip pain and particularly affecting women. Differential diagnosis must be performed for metastatic or sacroiliitic causes apart from SpA (spondyloarthropathies)

Case: A 34-year-old housewife applied to our clinic with chronic back and hip pain. She reported that her symptoms had persisted for a long time, that she had used a wide variety of drugs and that her symptoms had partially improved. She also said that pain increased when standing or doing housework, but that it sometimes also occurred at night. She also described short-term (~30 min) morning stiffness. At physical examination, back joint movement was painful at the limits of open flexion and extension, chest expansion was 5.5 cm, Schober's test 6.3 cm, left FABER (Flexion, Abduction and External Rotation) and left sacroiliac compression tests were positive while the straight leg raise test was negative. No pathology was determined at neurological examination of the lower extremity. There was no active joint inflammation at analysis of the peripheral joints. There was no pathology at X-ray apart from increased triangular sclerosis in the iliac wing in the left sacroiliac joint (Figure). Our patient had given birth vaginally three times. The patient was taken for further investigation aimed at differential diagnosis with a preliminary diagnosis of OCI. At tests performed to distinguish inflammatory pathologies we determined a sedimentation rate of 15 mm/h, C reactive protein 0.5ng/dl and HLA B27. In terms of biochemical parameters, calcium level was 9.7 mg/dl, phosphorus 3.8 mg/dl, alkaline phosphatase 150 u/l and iPTH(intact parathyroid hormone) 55 pg/ml. Other biochemical parameters were within normal limits. No findings of inflammatory pathology were determined at MRI.

Conclusion: OCI is a cause of chronic pain, especially in patients who have given birth. Although bilateral joint involvement is generally typical, it must not be forgotten that it can also appear in patients presenting with unilateral involvement, as in our case. It is a disease that should be particularly borne in mind by clinicians involved with diseases of the musculo-skeletal system and differential diagnosis must be performed with care in order to avoid false diagnosis and obstruction of treatment.

PP71. THE RELATIONSHIP BETWEEN PLASMA HOMOCYSTEINE LEVEL AND DIFFERENT TREATMENT MODALITIES IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is a systemic, chronic and inflammatory rheumatismal disease of uncertain etiology particularly affecting the spine and sacroiliac joints. A rise in plasma homocysteine level has been shown to be an independent risk factor for the development of cardiovascular disease. To determine plasma homocysteine levels in ankylosing spondylitis (AS) and their correlation with disease activity measurements.

To examine the effects of different treatment modalities on homocysteine levels.

Material and Methods: One hundred eight patients diagnosed with AS according to New York criteria and 65 healthy individuals matched in terms of age and gender were enrolled in the study. Patients were given detailed physical examinations. The Bath AS Disease Activity Index (BASDAI) was used for disease activity, the Bath AS Metrology Index (BASMI) for spinal mobility, the Bath AS Functional Index (BASFI) to determine functional status and the Bath AS Radiological Index (BASRI) for radiological analysis. Sedimentation rate (ESR) and C reactive protein (CRP) levels, acute phase reactants, were measured. Plasma homocysteine levels, serum interleukin (IL) -6 and serum tumor necrosis factor- α (TNF-α) levels were investigated using the enzyme-linked immunosorbent assay (ELISA) method.

Results: Plasma homocysteine levels in AS patients were statistically significantly lower compared with those in the healthy control group ($p=0.0001$). There was no significant difference among sub-groups established on the basis of medical treatments and disease activity (BASDAI ≤ 4 and > 4). No statistically significant correlation was determined between homocysteine level and disease activity parameters, radiological score and functional indices. A significant negative correlation was, however, established between age and homocysteine level in the AS group ($p<0.05$, $r=-0.426$).

Conclusion: Plasma homocysteine was lower in AS patients compared with the control group. This is not correlated with disease activation and medical treatment employed.

Key words: Ankylosing spondylitis, homocysteine, TNF- α.

PP72. PLASMA LEPTIN STATUS AND THE RELATIONSHIP BETWEEN DIFFERENT MEDICAL TREATMENTS USED IN ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is a prototype of the spondyloarthropathies group of diseases. AS particularly affects the spine and sacroiliac joints. Enthesial regions are where AS and inflammation begin, and involvement of the region is characteristic of the disease. The effects of adipokines (leptin, adiponectin, resistin and visfatin) on immune response and inflammation have previously been described. The aim of our study was to investigate leptin levels in AS patients observed at our clinic and the correlation with disease activity, and to research the correlation between leptin levels and different medical treatments.

Material and Methods: One hundred eight patients diagnosed with AS according to New York criteria and 65 healthy individuals matched in terms of age and gender were enrolled in the study. Patients were given detailed physical examinations. The Bath AS Disease Activity Index (BASDAI) was used for disease activity. Sedimentation rate (ESR) and C reactive protein (CRP) levels, acute phase reactants, were measured. Plasma leptin levels, serum interleukin (IL) -6 and serum tumor necrosis factor-α (TNF-α) levels were investigated using the enzyme-linked immunosorbent assay (ELISA) method.

Results: Plasma leptin levels in AS patients were statistically significantly lower compared with those in the healthy control group ($p=0.003$). There was no significant difference among sub-groups established on the basis of medical treatments and disease activity. No statistically significant correlation was determined between leptin level and disease activity parameters, radiological score and functional indices ($p>0.05$).

Conclusion: Plasma leptin was lower in AS patients compared with the control group. This is not correlated with disease activation and medical treatment utilized

Key words: Ankylosing spondylitis, leptin, TNF- α.

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PP73. TENOSYNOVITIS OF THE FLEXOR FOOT TENDONS SECONDARY TO PES CAVUS: VALUE OF SONOGRAPHY

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Background: Foot structure deformities have been reported to be associated with higher risk of activity-related injury among physically active people. We present a patient with foot tendonitis secondary to pes cavus which was diagnosed with the help of musculoskeletal sonography
Methods: Case report.
Results: A 21-year-old man was referred with a two week history of pain and swelling in his right ankle and foot. He had no history of trauma and rheumatic disease. High longitudinal arch on the right foot was suspected in physical examination. There wasn't any bony pathology in x-rays. Complex regional pain syndrome and vascular insufficiency were evaluated in differential diagnosis. Sonography assessment showed tenosynovitis of tibialis posterior, flexor digitorum and flexor hallucis tendons. Paedobarography confirmed pes cavus of the right foot which was considered to be responsible for the spontaneous onset of foot tenosynovitis.
Conclusions: The foot deformities that cannot be sometimes identified on visual inspection or x-ray are challenging for physicians to explain the mechanism of injury in non-traumatic feet. Musculoskeletal sonography appears to be a practical diagnostic tool for differential diagnosis in these conditions.
Disclosure statement: The authors have declared no conflicts of interest.

PP74. VALIDATION OF THE COMPREHENSIVE ICF CORE SET FOR OSTEOARTHRITIS IN TURKISH PATIENTS WITH KNEE OSTEOARTHRITIS: A PRELIMINARY REPORT

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Background: The aim of this study to evaluate content validity and construct validity of the International Classification of Functioning, Disability and Health (ICF) Comprehensive Core Set for OA in Turkish patients with knee OA.
Methods: Patients with knee OA were asked to complete the for patients case report form which included the SF-36 and Western Ontorio and McMaster Universities Osteoarthritis Index (WOMAC). Health Professionals completed the ICF comprehensive core set for OA. Content validity was evaluated using frequency and percentage of patients with a reported problem for each ICF category, while construct validity was evaluated using Spearman correlation between the ICF categories and SF-36 and the WOMAC.
Results: A consecutive sample of 50 patients completed this study. In body functions all of 13 categories were documented as a problem by more than 10% of the patients. All categories correlated significantly with the SF-36, while 11 categories correlated significantly with WOMAC. Also, in body structures all categories were documented as a problem by more than 10% of the patients and correlated with the SF-36. 4 out of 5 categories correlated significantly with WOMAC pain. In activities and participation, 18 of 19 categories were documented as a problem by more than 10% patients, these categories correlated significantly with WOMAC physical function and 15 categories correlated significantly with SF-36. In environmental factors, 7 and 15 categories were documented as barrier and facilitator, respectively. In these factors, only e150 correlated significantly with WOMAC and SF-36 and e155 corelated significantly with SF-36.
Conclusions: The content and construct validity of the ICF Comprehensive Core Set for OA in Turkish patients with knee OA could be satisfactory and supported. Especially, some categories for environmental factors need to be studied further in sociocultural conditions. The ICF core set for OA needs to be studied in larger populations.

PP75. THE FREQUENCY OF FIBROMYALGIA IS NOT INCREASED AMONG NURSES

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Objectives: Our nurses had the impression that fibromyalgia is common among nurses. The aim of this study was to formally assess the frequency of fibromyalgia among nurses working in different units including the intensive care unit, and during different shifts, and to compare them to diseased and healthy controls.
Methods: 154 nurses who work in different parts of a university hospital (mean age 33.6±8.3), 99 RA (mean age 50.2±12.8), 50 lupus (mean age 39.2±12.2), 16 fibromyalgia patients (mean age 48.3±11.1)and 50 healthy controls (mean age 41.3±11.1) who were mostly relatives of patients in our clinic were studied. The frequency of fibromyalgia in Turkey was previously reported as 3.6%. To detect a frequency of 25% among nurses, with a power of 80% and significance level of 0.05 we calculated that at least 49 nurses would have to be included in each subgroup. Thus we recruited 67 nurses who worked in intensive care unit and emergency departments and 87 who worked in other inpatient and outpatient clinics. Seventy of the nurses were working during the day and 84 during the night. Fibromyalgia was diagnosed according to ACR criteria. All patients were examined by the same pyhsician who was blind to whether the subjects were nurses, patients or healthy controls. To provide further blinding, hands of all study subjects were covered. Twenty study subjects were re-examined by a more experienced rheumatologist to evaluate reproducibility. Additionally all patients were questionned with fibromyalgia impact, Beck depression and anxiety, and SF-36 questionnaires.
Results: The frequency of fibromyalgia among nurses was 13%, similar to healthy controls (F2df=0.855, x2=0.03) and significantly less than the diseased controls (F5df<0.001, x2=61.5) (table). There was no significant difference among nurses who worked during the day versus during the night (11/70 vs 9/84; p=0.375) and among nurses who worked in intensive care unit and emergency departments versus who worked in other inpatient and outpatient clinics (7/67 vs 13/87; p=0.412). The fibromyalgia impact questionnaire, Beck depression and anxiety scores and several components of SF-36 scores of nurses were better than the other groups (table). The interobserver reliability of examination for fibromyalgia was good (kappa=0.79).
Conclusion: Our study has shown that fibromyalgia is not increased among nurses compared to healthy controls. Moreover, no difference was detected among nurses who work in different units and during different shifts. The relatively high frequency of fibromyalgia among healthy controls may be related to the fact that those subjects were mostly relatives of inpatients.

	Nurses (n=154)	Healthy cont. (n=50)	RA (n=99)	SLE (n=50)	Fibromyalgia (n=16)
Fibromyalgia	13%	14%	30%	18%	94%
FIQ*	29.5±15.9	35.6±17.6	43.5±17.9	35.1±18.8	53.8±11.5
Beck depression†	8.1±6.9	12.1±9.4	14±10.1	12.5±9.1	18±7.5
Beck anxiety‡	11.1±8.9	14.8±11.8	18.4±11	18.1±12.5	26.4±9.5

*(F_{4df} <0.001, x^2=14.98); †(F_{4df} <0.001, x^2=13.75); ‡(F_{4df} <0.001, x^2=10.74).

PP76. A COMPARATIVE STUDY OF RENAL DYSFUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS AND SERONEGATIVE INFLAMMATORY ARTHRITIS: STRONG ASSOCIATION WITH CARDIOVASCULAR DISEASES AND NOT WITH ANTI-RHEUMATIC THERAPIES, INFLAMMATORY MARKERS OR DURATION OF ARTHRITIS

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Aims: The aim of this study was to investigate the prevalence of CKD among comparable patients with RA and seronegative inflammatory arthritis, and to explore any predictive factors for renal impairment.
Methods: Consecutive patients with peripheral joint disease (oligo and polyarthritis) were recruited from our inflammatory arthritis clinics. We divided patients in two groups: rheumatoid arthritis group and seronegative inflammatory arthritis group. The cohort consisted of 183 patients [RA=107, Seronegative arthritis=76 (Psoriatic arthritis=69, undifferentiated oligoarthritis=7)]. Estimated GFR was calculated using the established MDRD equation. Demographic details, disease specific characteristics, anti-rheumatic drugs, and the presence of cardiovascular diseases were recorded.
Results: In total, 17.48% (n=32) of the cohort had CKD, and among them only 28% (9 out of 32) had a written diagnosis of CKD in their medical records and 94% (30 of 32) of these patients were using DMARDs, mainly methotrexate (65.6%, 21 out of 32). There was no statistically significant variation between two groups as regards

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baseline demographics, disease characteristics, use of anti-rheumatic drugs, and the presence of individual cardiovascular diseases. We found that eGFR and the presence of CKD were similar among these groups. Among patients with CKD, 72% had undiagnosed CKD. No association of statistical significance was noted between CKD and the use of corticosteroids, DMARDs and anti-TNF agents. The association of cardiovascular diseases with CKD remained significant after adjusting for confounders (age, gender, duration of arthritis, high CRP, use of anti-rheumatic drugs).
Conclusions: Patients with inflammatory arthritis are more prone to have CKD. This could have serious implications, as majority of rheumatology patients use NSAIDs and different immunosuppressives, such as methotrexate. No association of kidney dysfunction was noted with inflammatory disease specific characteristics, rather it appears to have positive independent association with cardiovascular diseases

PP77. IMPORTANCE OF JOINT HYPERMOBILITY IN MUSCULOSKELETAL DISORDERS ADNAN MENDERES UNIVERSITY, FACULTY OF MEDICINE, DEPARTMENT OF PM&R, AYDIN/TURKEY

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Background: Hypermobility is a clinical sign independent of any rheumatic disease and is characterized by movement of joints beyond the normal range of motion.
Methods: Among the patients applied to our outpatient clinic for musculoskeletal disorders, 72 patients who are diagnosed as hipermobility according to Beighton criteria are included in this study. The patients with hipermobility that have musculoskeletal problems (growing pain, late walking, hip displasia, subluxation, osteoarthritis) during the examination or in their history are recorded.
Results: The fruequency of hipermobility is calculated as %5.5 as it observed similar within some of the studies. The mean Beihgton score of the 72 patients with hipermobility was 5.51±1.40. There was no significant difference between Beighton scores of the patients aged $\geqslant$35 when compared with under patients 35 years old (p=0,419). Paresthesia, osteoarthritis, raynaud phenomenon, growing pain, neuropathy, disc hernia, fibromyalgia, fracture, subluxation and others are seen respectively in patients with hipermobility when frequency is considered. On the other side, arthritis, thoracic disc hernia and adolescent kyphosis were not observed. No any correlation were observed between hipermobility and osteoarthritis (p=0,84), while a significant correlation has found among hypermobility and disc hernia ($p<0.001$), tendinitis ($p<0.001$), fibromyalgia ($p<0.001$), neuropathy ($p<0.001$).
Conclusion: This study showed us that hipermobility can makes susceptibility for soft tissue problems such as tendinitis, fibromyalgia and musculoskeletal problems such as disc hernia, neuropathy.
Key Words: Hypermobility, musculoskeletal disorders.

PP78. CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE PERSIAN VERSIONS OF WOMAC OSTEOARTHRITIS INDEX AND LEQUESNE ALGOFUNCTIONAL INDEX

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Objective: The WOMAC Osteoarthritis Index and Lequesne Algofunctional Index have not been translated and validated for Iranian patients with osteoarthritis of the knee or hip. The aim of this study was to validate the Persian form of WOMAC OA Index and Lequesne Algofunctional Index and assessment of test-retest reliability and convergent validity.
Methods: Forward/backward translations and consensus panels were conducted to obtain the Persian version of WOMAC OA Index and Lequesne Algofunctional Index. A non-probability sample of 120 patients with knee/hip osteoarthritis (OA) was asked to complete the WOMAC OA Index and Lequesne Algofunctional Index as well as Medical Outcomes Study-20 item Short Form (SF-20) questionnaires, a visual analogue scales (VAS) of pain and a form for the characteristics of the patients. Internal consistency (using Cronbach's alpha) and convergent validity (by examining the Pearson's correlation coefficients) were applied to examine psychometric properties of the questionnaires. Moreover, in order to conduct test-retest reliability, 20 randomly selected patients were asked to complete the questionnaires 7-10 days later for the second time.
Results: Cronbach's alpha coefficient and intraclass correlation coefficient (ICC) for the WOMAC OA Index and Algofunctional Index subscales ranged from 0.69 to 0.81 and 0.70 to 0.95, respectively. Significant correlations were found was found between WOMAC OA Index, Algofunctional Index and SF-20 subscales and VAS for pain.
Conclusions: According to the results of the study the Persian versions of WOMAC OA Index and Lequesne Algofunctional Index had reasonably good validity, test-retest reliability and convergent validity in patients with knee/hip OA.
Key words: Osteoarthritis, Health Status, WOMAC Osteoarthritis Index, Lequesne Algofunctional Index, Medical Outcomes Study-20 item Short Form (SF-20).

PP79. THE PREVELANCE OF RESTLESS LEGS SYNDROME IN TURKISH PATIENTS WITH RHEUMATOID ARTHRITIS

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Objectives: In the previous studies, increased restless legs syndrome (RLS) prevelance in different populations has been reported in patients with Rheumatoid Arthritis (RA). But up to date there isn't any knowledge in the literature about the RLS prevalence in Turkish RA patients. Taking into account different genetic structure, cultural construction, diet habits in Turkish population and the inflammatory character, chronic illness anemia and neuropathies in RA, we considered worthy of interest to verify the effective risk of Turkish patients with RA to suffer from RLS.
Methods: One hundred and twenty patients with RA who were admitted to university hospital rheumatology follow-up outpatient clinic and 115 healthy control subjects (age and sex matched voleenteers) were recruited in the study. Eight patients with RA excluded from the study according to the exclusion criteria (3 becauese of concurrent DM, 1 because of pregnancy, 2 because of alcohol abuse, 2 because of concurrent thyroid disease). On the basis of the interview data, patients with RA were also classified into two groups: (i) subjects affected by RA without RLS symptoms (RA/non-RLS) and (ii) subjects affected by RA and RLS (RA/RLS).
Results: The prevalence of RLS was 25.3% in Turkish patients with RA. The prevalence of RLS was significantly higher in patients with RA than in controls (4.3%) ($P < 0.001$). Only 2.1% of the RA/RLS patients indicated that they had sought medical attention for RLS symptoms. No significant differences were found between RA/RLS and RA/non-RLS patients with regard to clinical features of RA except chronic illness anemia feature. RLS severity was only positively correlated with age and chronic illness anemia in RA/RLS patients (r=0.53, P= 0.037; r=0.42; P=0.013 respectively).
Conclusions: In conclusion, RA-related RLS should be considered amongst symptomatic RLS forms secondary to rheumatologic disorders, and it should be sought for in Turkish patients with RA. Further studies are needed to clarify the features and pathogenetic mechanisms underlying RA-related RLS.

PP80. WORK DISABILITY IN BEHÇET'S SYNDROME

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Background: Behcet's syndrome (BS) is most active during working years, thus affecting productivity. We aimed to survey the frequency and associated reasons of work disability among BS patients.
Methods: Consecutive patients who attend our BS outpatient clinic for their routine visits were evaluated using a standard questionnaire about their work status. The patients filled modified MDHAQ and their RAPID3 scores (1) were calculated. Unemployment rate was compared with the general population over the age of 25 in Turkey (2).

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Results: 300 patients (179 men, 121 women, mean age 38.5 ± 11.2) were surveyed. 151/300 were not eligible for employement (124 homemakers, 16 retired and 11 students). Among the remaining 149 (108 men, 41 women, mean age 35.7.6±8.6) who were eligible for work, 23 (20%; 21 men, 8 women, mean age 34.8±8.7) were unemployed. Unemployment rate in Turkey as officially announced in March 2009 was 13.6%. All except 1 of these patients had previously been employed. 20 (70%) considered their disease as the cause of unemployment. The reasons for unemployment were eye involvement in 6, vascular in 5, joint in 5, neurologic in 2, pleural effusion and severe mucocutaneous involvement in 1 patient, each. RAPID3 scores of unemployed patients were significantly higher than employed ones (11.1±8.5 vs 8.2±6.2, p=0.041) while the disease duration, education status and types of organ involvement were similar between the same 2 groups. RAPID3 scores and immunesuppressive use was associated with work disability in univariate analysis, while only immunesuppressive use was associated in multivariate analysis.
Conclusion: Unemployement rate is high (20%) and work disability is an important problemamong BS patients. It is associated with immunesuppressive use.
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PP81. FOOT INVOLVEMENT IN RHEUMATOID ARTHRITIS: AN EPIDEMIOLOGIC STUDY-PRELIMINARY REPORT

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Introduction: Foot involvement is a common feature of rheumatoid arthritis and alteration in the feet of patients are a major cause of disability in this population. The aim of this study was to evaluate the prevalence of foot symptoms and to determine the relationship between foot impairment and functional disabilirty and as well as quality of life.
Materials and Methods: Fifty-one RA patients with a mean age of 51.1 ±10.8 years were enrolled to the study. Demographic variables were recorded. All patients performed a questionnaire covering the information about foot symptoms, deformities, their anatomical distribution and, sharing the symptoms with physician, and interventions for treating foot symptoms.
Results: Forty-three women and eight men with a mean duration of 9.5 ±4.3 years were included to the study. % 34 of patients were on remission and % 38 had low disease activity. Foot symptoms were present in 34 (66.7%) patients and deformities were reported by 39.9% of the patients. The most frequent deformitties were callus, pes planus and hallux rigidus. The mean intensity and duration of foot pain were 2.9 and 9.2 years respectively. The most common symptoms were described as swollen foot joints (76%) and numbness in the foot (52%). Although 76% of the patients had shared the symptoms with their physicians, only 17.1% of the patients were wearing foot orthoses.
Conclusion: In conclusion foot symptoms and deformities are common among RA patients despite the low disease activity. We suggest a detailed foot examination and encourage the patients for wider access to specific foot care services in order to provide optimal foot care.

PP82. GENDER DIFFERENCES REGARDING SYMPTOMS OF RHEUMATOID ARTHRITIS

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Background: The prevalence of rheumatoid arthritis (RA) is 1% and associated with a significant economic burden. RA is three times more common in females than males. We aimed to compare gender differences according to RA symptoms that vary individually.
Methods: Systemic, dermatological, respiratory, cardiovascular, gastrointestinal, genitourinary and neuropsychiatric symptoms were investigated in 2359 patients with RA. Disease activity scores (DAS28) and Health Assessment Questionnaire (HAQ) scores were assessed.
Results: The mean age of the patients (83.3% female) was 51.6±12.5 years. The mean disease duration was 11.9±8.7 years, and the hand was the most commonly involved site (32.5%). There were no significant differences between the gender groups according to age, disease onset age, and disease duration. Cigarette smoking rate, a risk factor for RA, was significantly higher in males (12.5% vs. 35.1%, p<0.001). At least one of the general symptoms of RA, including loss of appetite, malaise, weight loss, fever and night sweat was present in 60.6% and 47.8% of females and males, respectively (p<0.001). The frequency of malaise, fever, easily injury, hair loss, sun sensitivity, headache, vertigo, blurred vision, dryness in the eye and mouth, mouth ulcers, tachycardia, effort dyspnea, nausea, vomiting, constipation, polydipsia, incontinence, depression, insomnia, fatigue and forgetfulness was significantly higher in females. There was a significant difference between the gender groups regarding the DAS28 scores (p=0.001). The number of patients in the remission category was lower among females than males (17.6% vs. 31.7%). The mean total HAQ score was higher in females than males (1.0±0.8 vs. 0.7±0.7, p<0.001).
Conclusions: The frequency of many symptoms was higher in females. The restriction in physical and functional capacities, indicated by increase in DAS28 and HAQ scores, was also higher in females. Gender should be considered during the evaluation of symptoms in RA patients.

Disclosure statement: The results of this study were derived from analysis of the data which were obtained from the TRASD-IP (the registry project for long-term rheumatoid arthritis patients in Turkey) conducted by the Turkish League Against Rheumatism (TLAR). This project was supported by an independent educational grant from Pfizer.

PP83. THE RELATIONSHIP BETWEEN SLEEP DISTURBANCE, DISEASE ACTIVITY AND PSYCHOLOGICAL STATUS IN ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is a chronic inflammatory disease characterized by prominent inflammation of spinal joints and adjacent structures leading to progressive and ascending bony fusion of the spine. Although pain and stiffness are the most underscored parts of AS,fatigue and poor sleep are the 3rd and 4th quality of life concerns in these patient group. Chronic pain often results in sleep disturbances. There are a few study examining sleep quality and its psychological and disease specific determinants in patients with AS.
Objectives: The aim of this study was to compare sleep quality, anxiety and depression levels in patients with AS with those of healthy control subjects using Pittsburg sleep quality index (PSQI) and the hospital anxiety and depression scale (HADS). We also aimed to find out whether these scores correlated with BASFI (Bath ankylosing spondylitis functional index), BASMI (Bath ankylosing spondylitis metrology index), BASDAI (Bath ankylosing spondylitis disease activity index), general mental health and general health perception scales of SF-36 (short form 36 health survey questionnaire), ASQoL (ankylosing spondylitis quality of life questionnaire), night pain, total pain, patient global assessment and doctor global assessment in AS patients.
Methods: A total of 32 patients who met the modified New York criteria for AS, and 32 age- and sex-matched healthy controls were included in this cross sectional study. A senior physician examined all patients and assessed them with BASMI and doctor's assessment. PSQI and HADS were administered to all participants; BASFI, BASDAI,SF-36, ASQoL, night pain, total pain, patient assessment scales were also administered to AS patients. Student t-test and Spearman's rank correlation coefficient were used where appropriate.
Results: Anxiety and depression scores were below the cut-off point in two groups. Both of the groups had poor sleep quality. PSQI scores of AS patients were higher than those of the control group but the difference was not statistically significant. In AS patients, PSQI scores were correlated with BASDAI (r=0.36, p<0.05), general mental health of SF-36 (r=-0.42, p<0.01), general health perception of SF-36 (r=-0.36, p<0.05), total pain (r=0.36, p<0.05), patient global assessment (r=0.44, p<0.05), doctor global assessment (r=0.41, p<0.05), ASQoL (r=0.51, p<0.01). HADS-A scores were correlated with general mental health of SF-36 (r=-0.43, p<0.05), patient global assessment (r=0.55, p<0.01), doctor global assessment (r=0.45, p<0.05), ASQoL (r=0.42, p<0.05). HADS-D scores were correlated with general mental health of SF-36 (r=-0.56, p<0.01), patient global assessment(r=0.35, p<0.05) and ASQoL (r=0.43, p<0.05).

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Conclusion: Our results imply that physical dysfunction of AS, along with associated psychological problems and deteriorated life quality, seems to have a negative impact on sleep quality.

PP84. CAN PSYCHOLOGICAL INTERVENTIONS ALTER THE PHYSIOLOGICAL STRESS RESPONSE OF PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background: There is increasing evidence that stress might play a role in the exacerbation of chronic inflammatory diseases, such as rheumatoid arthritis (RA). This study assessed the effects of a stress management intervention on the psychophysiological response to stress in patients with RA.
Methods: Patients with RA, who were randomly assigned to either a control group or a group that received short-term stress management training, performed a standardized psychosocial stress task one week after the stress management training and at follow-up. The acute psychophysiological response to the stress test was assessed.
Results: Patients in the intervention group showed a significantly altered psychophysiological response to the stress task at the follow-up assessment than did the controls. Overall, the effects of the stress management training on psychophysiological responses seem particularly evident in subgroups of patients at risk.
Conclusions: A relatively short stress management intervention influences the psychophysiological response to stress in patients with RA, especially in subgroups of patients. Findings might give insight into how stress and stress prevention are related to health, and to what extent individual differences play a role in this relationship.

PP85. QUALITY OF LIFE, DEPRESSION, FATIGUE AND CO-EXISTING FIBROMYALGIA IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Quality of life is an important concern for the patients with chronic diseases. This study was planned to gain a better understanding of the factors that may deteriorate the quality of life of patients with familial Mediterranean fever (FMF).
Methods: Seventy-seven FMF patients and 70 age and sex matched healthy controls were enrolled in the study. Short form-36 (SF-36) was used to evaluate the quality of life of the participants. Beck Depression Inventory (BDI) and Fatigue Severity Scale (FSS) were used to evaluate the degree of depression and fatique respectively. All participants were examined for presence of fibromyalgia syndrome (FMS). For FMF group, clinical data such as age at onset, age at diagnosis, frequency and type of FMF attacks, compliance to colchicum theraphy, MEFV mutation type and disease severity score was noted.
Results: All of the scores of SF-36 were lower in FMF group when compared with the control group. BDI and FSS scores were higher in the FMF group. FMS frequency was determined as 23.4% for FMF group and 4.3% for the control group. The presence of co-existing FMS was not associated with the severity of FMF. In the correlation analysis depression and fatique were found to be the major determinants of quality of life in FMF. Disease severity or duration were not strongly correlated with the SF-36 scores.
Conclusions: The quality of life of FMF patients is lower than the healthy controls. FMS frequency is higher in FMF patients when compared with the healthy controls. Presence of FMS is not associated with the disease severity but co-existing FMS reduces the quality of life in FMF. The quality of life in FMF is mainly determined by degree of depression and fatique rather than the disease severity.

PP86. HIGH OCCURRENCE OF METABOLIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The objective of this study was to investigate the occurrence of Metabolic Syndrome (MS) and to assess the relation between MS and clinical parameters in patients with Rheumatoid Arthritis (RA).
Methods: Fifty two with RA and 54 healthy controls were included in this study. The diagnosis of RA was made according to the American College of Rheumatology (ACR) criteria, and the diagnosis of MS was made according to the diagnostic criteria of the National Cholesterol Education Program Adult Treatment Panel III Report (NCEP ATP III). The functional status of patients was determined according to Steinbrocker functional classification.
Results: MS was found in 23 /52 (42.6%) of RA and in 5/54 (9.6.5%) of control group ($p=0.000$). Systolic blood pressure ($p=0.001$) and diastolic blood pressure ($p=0.011$) were found significantly higher in RA than in controls. Additionally, systolic blood pressure and diastolic blood pressure were found significantly higher in patients with RA and MS than controls with MS. Functional status vas found significantly higher in RA with MS than RA without MS ($p=0.005$).
Conclusions: This study suggests a higher occurrence of MS in RA. MS may be associated with manifestations of cardiovascular involvement in RA. Further and larger studies are needed to clarify these findings.

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