Conclusions: Some interesting results were obtained with plasma but all the best results were obtained in urine. Out of the 2 biomarkers, Coll2-1 provided the best performance when taken at baseline. M6 and M18 time-points in urine could be considered as equivalently predictive. Nevertheless, a combination of both biomarkers in urine provided a gain in predictive performance (AUC up to 0.70).
Disclosure of Interest: Y. Henrotin Shareholder of: Artialis, Consultant for: Artialis, V. Kraus: None Declared, J. Huebner: None Declared, T. Helleputte: None Declared, M. Deberg Employee of: Artialis

OP0032 POPULATION PREVALENCE OF SYMPTOMATIC RADIOGRAPHIC FOOT OSTEOARTHRITIS IN COMMUNITY-DWELLING OLDER ADULTS: THE CLINICAL ASSESSMENT STUDY OF THE FOOT (CASF)

E. Roddy [1], M. Thomas [1], M. Marshall [1], T. Rathod [1], H. Myers [1], H. Menz [2], E. Thomas [1], G. Peat [1]. *[1]Keele University, Keele, United Kingdom, [2]La Trobe University, Melbourne, Australia*

Background: Symptomatic osteoarthritis (OA) affects the daily lives of 10% of people aged >60 years. Although foot pain is common, the foot is the least studied joint complex affected by OA. Existing studies have focussed mainly on the 1st metatarsophalangeal joint (MTPJ) and have excluded other foot joints.
Objectives: To estimate the population prevalence of symptomatic radiographic OA affecting the 1st MTPJ, 1st and 2nd cuneo-metatarsal joints (CMJ), the navicular-first cuneiform joint (NCJ) and the talo-navicular joint (TNJ) in community-dwelling adults aged ≥50 years.
Methods: All adults aged ≥50 years registered with four general practices in North Staffordshire, UK were mailed a Health Survey. Responders who reported having pain in or around the foot within the last 12 months and consented to further contact were invited to attend a research clinic. Weight-bearing dorso-plantar and lateral radiographs of each foot were obtained and were scored at the 1st MTPJ, 1st and 2nd CMJs, NCJ and TNJ by a single blinded reader using a validated atlas. Symptomatic radiographic OA was defined as a score of ≥2 for osteophytes or joint space narrowing on either dorso-plantar or lateral views together with pain reported in the preceding four weeks in the corresponding region of the same foot on a foot manikin. Individuals could have either or both joints affected to be defined as symptomatic OA. Population prevalence estimates for each joint were calculated using a combined approach of multiple imputation and weighted logistic regression modelling. To account for clinic non-attendance or missing radiographic data, multiple imputation of data (age, gender, general practice, social class, marital status, number of days in the last year with foot pain, Manchester Foot Pain and Disability Index, SF-12, HADS, and foot OA regions) from clinic attenders was undertaken. Weighted logistic regression for age, gender and general practice was then used to adjust for the proportion of non-responders to the Health Survey.
Results: 5109 Health Surveys were received (adjusted response 56%). Of 1634 invited to attend the research clinic, 560 attended. Those with a diagnosis of inflammatory arthritis (n=24) were excluded from the analysis. Survey responders were representative of the mailed population and clinic attendees were representative of those with foot pain, according to age, gender, sociodemographics and health status. The population prevalence of symptomatic radiographic OA was 16.7% (95%CI 15.3%, 18.0%) overall (ie at any one of the five assessed joints),7.8% (6.7%, 8.9%) at the 1st MTPJ, 3.9% (2.9%, 4.9%) at the 1st CMJ, 6.8% (5.7%, 7.8%) at the 2nd CMJ, 5.2% (4.0%, 6.4%) at the NCJ, and 5.8% (4.8%, 6.9%) at the TNJ. Prevalence was greater in females than males, increased with age and was higher in lower socio-economic classes at all joints with the exception of the 1st CMJ where age and gender differences were not apparent. Weighted logistic regression to adjust for non-response did not alter prevalence estimates obtained by multiple imputation.
Conclusions: Symptomatic radiographic foot OA affects 1 in 6 older adults. The 1st MTPJ is most commonly affected followed by the 2nd CMJ and TNJ. Clinicians should consider OA as a possible cause of chronic foot pain in older people.
Disclosure of Interest: None Declared

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Abstract session: Clinical scleroderma and myositis

OP0033 CLASSIFICATION CRITERIA FOR SYSTEMIC SCLEROSIS: PRELIMINARY RESULTS

F. Van Den Hoogen [1], D. Khanna [2], J. Fransen [3], S. R. Johnson [4], M. Baron [5], A. Tyndall [6], M. Matucci [7], R. Naden [8], J. Pope [9] and on behalf of all experts committed to the working group for Classification Criteria for SSc. *[1]Rheumatology, St Maartenskliniek, Nijmegen, Netherlands, [2]Scleroderma Program, University of Michigan, Ann Arbor, Michigan, United States, [3]Rheumatology, Radboud University Medical Centre, Nijmegen, Netherlands, [4]Rheumatology, Toronto Western Hospital, Mount Sinai Hospital, and University of Toronto, Toronto, [5]Rheumatology, Jewish General Hospital, McGill University, Montreal, Canada, [6]Rheumatology, University of Basel, Basel, Switzerland, [7]Rheumatology, Denothe Centre, Univ Florence, Florence, Italy, [8]Auckland City Hospital, Auckland, New Zealand, [9]Medicine, St Joseph Health Care, University of Western Ontario, London, Canada*

Background: The existing 1980 classification criteria for systemic sclerosis (SSc) are suboptimal for patients with early SSc and some patients with limited cutaneous SSc (lcSSc) where an important subset do not meet those criteria.
Objectives: To develop and test new classification criteria for SSc by a joint EULAR and ACR committee.
Methods: Delphi exercises and a nominal group technique were used to create a set of potential items for classification of SSc. Twenty cases were prospectively collected to represent the spectrum of SSc (low probability to high probability) which were ranked by SSc experts and conjoint analysis (1000 Minds®) was used to assign weights to the items and reduce the number of items. Experts agreed that all patients with sclerodactyly and scleroderma skin involvement proximal to the MCPs were considered SSc; patients with skin involvement due another scleroderma-like disorder (e.g. scleromyxedema) or skin thickening sparing the fingers were not regarded to have SSc. The provisional classification system was tested in a random sample of SSc cases and controls of 100 from North America and 100 from Europe (derivation sample). The system was simplified and calibrated to real cases. The classification system was re-analyzed in another sample of SSc cases and controls (validation set; n=405).
Results:

Items	Sub-items	Weight
Skin thickening of the fingers of both hands extending proximal to the metacarpophalangeal joints		9
Skin thickening of the fingers *(only count the highest score)*	Puffy fingers Whole Finger, distal to MCP	2 4
Finger tip lesions *(only count the highest score)*	Digital Tip Ulcers Pitting Scars	2 3
Telangiectasia		2
Abnormal nailfold capillaries		2
Pulmonary arterial hypertension and/or Interstitial lung Disease		2
Raynaud's phenomenon		3
Scleroderma related antibodies (any of anti-centromere, anti-topoisomerasel [anti-ScL 70], anti-RNA polymerase III)		3
	TOTAL SCORE:	
Patients having a total score of 9 or more are being classified as having definite systemic sclerosis.		

The table provides the final items with the proposed weights. Only the maximum score in each domain is counted. A cut-off of >= 9 (out of 19) had a sensitivity of 91% and specificity of 92% in the validation cohort (n=405). The sensitivity and specificity of the former 1980 ARA criteria in this database were 75% and 72%, respectively. These results are preliminary and not yet approved by the organizational sponsors.
Conclusions: The preliminary results of the classification criteria for SSc performed better than 1980 Preliminary ARA Criteria for SSc. These criteria can be endorsed for epidemiological studies and clinical trials after approval by ACR and EULAR.
Disclosure of Interest: None Declared

OP0033 Classification Criteria for Systemic Sclerosis: Preliminary Results

F. Van Den Hoogen, D. Khanna, J. Fransen, S. R. Johnson, M. Baron, A. Tyndall, M. Matucci, R. Naden and J. Pope

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Notes