Table 1. Case-control studies of the association of colchicine use and myocardial infarction (MI) among gout patients in The Health Improvement Network

	MI cases (N=974)	Controls (N=4762)	OR, Fully adjusted* (95% CI)
A. Recency of colchicine use among MI cases and matched controls			
Never use, N (%)	763 (78.3%)	3838 (80.6%)	1.0 (Ref)
Current use, N (%)	20 (2.1%)	91 (1.9%)	0.96 (0.58–1.60)
Recent use, N (%)	45 (4.6%)	158 (3.3%)	1.49 (1.05–2.11)
Past use, N (%)	146 (15.0%)	675 (14.2%)	1.12 (0.91–1.38)
B. Number of colchicine prescriptions in the previous year among MI cases and matched controls			
Zero prescriptions, N (%)	877 (90.0%)	4382 (92.0%)	1.0 (Ref)
1 prescription, N (%)	61 (6.3%)	249 (5.2%)	1.31 (0.97–1.78)
2 prescriptions, N (%)	20 (2.1%)	64 (1.3%)	1.50 (0.88–2.55)
3–5 prescriptions, N (%)	13 (1.3%)	46 (1.0%)	1.35 (0.72–2.55)
≥6 prescriptions, N (%)	3 (0.3%)	21 (0.4%)	0.62 (0.18–2.10)

*Adjusted for BMI, hypertension, diabetes mellitus, number of GP visits in previous year, smoking, alcohol use, and use of ACE inhibitors, aspirin, beta-blockers, gout drugs (allopurinol, febuxostat, probenicid, sulfinpyrazone and benzbromarone), lipid-lowering agents and NSAIDs. Ref = referent group; OR = Odds Ratio.

Conclusions: In this large observational general population study, colchicine use was not associated with a reduced risk of MI among persons with gout. However, colchicine use in this population was generally sporadic (likely for gout flares), rather than continuous. We cannot rule out the potential for confounding by indication. Future studies should identify a larger sample of continuous colchicine users to clarify its potential cardioprotective role in gout.

References:

[1] Nidorf SM, Eikelboom JW, Budgeon CA, Thompson PL. Low-dose colchicine for secondary prevention of cardiovascular disease. J Am Coll Cardiol. 2013;61(4):404-10.

AB1079 **TOTAL KNEE REPLACEMENT FROM THE PATIENT'S PERSPECTIVE. A QUALITATIVE STUDY**

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Background: Total knee replacement (TKR) is effective in relieving pain and improving function in patients with severe osteoarthritis (OA) However, studies report that 14-30% of patients are dissatisfied with the result and do not achieve the expected benefits, especially in function.
Objectives: To examine the factors influencing decision-making before TKR.
Methods: We made a phenomenological study of the determinants that lead patients to accept, delay or reject TKR (this study is part of a larger study). Demographic and clinical data were collected and pain intensity measured by the WOMAC scale. Focus groups were conducted and the results transcribed and analysed using the 4-stage analysis of qualitative data according to Ritchie, Spencer and O'Connor (2003).
Results: 12 patients (9 female, mean age 71.58 + 6.02 years, BMI 37.43 + 5.32, mean comorbidities 6.73 + 2.19 and mean WOMAC pain 14.9 + 8.89, function 15.77 + 8.6, total 15. 71 + 8. 22) were included: 6 had received, 4 were waiting for and 2 had rejected TKR. Focus groups identified widespread pain (pain intensity functional limitations), causal beliefs and perceptions (OA a natural process associated with age, obesity, physical work, sport) mood (importance of optimism), professional-user relationship (communication, experience of OA)

expectations (need for surgery conditioned by pain, lost function, surgical risks), and social support (promotion of healthy habits and adherence conditioned by family and social support) as factors influencing attitudes to undergoing TKR.
Conclusions: The process of deciding to undergo TKR is complex and influenced by multiple factors. TKR improves a small proportion of an aging painful body. Our results suggest the need of care before and after TKR, psychosocial support and preventive and educational programmes.
References:

[1] Ritchie J, Spencer L, O'Connor W. Carrying out qualitative analysis. In Ritchie J. and Lewis J. (eds.) guide for social science students and researchers Oaks; New Delhi. Qualitative research practice: A. Sage: London; Thousand; 2003

AB1080 **COMPARISON OF PHYSICAL FUNCTION IN SLE AND RA USING MDHAQ**

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Background: The rheumatic diseases have significant impact on patients' physical function. Patient reported outcome (PRO) tools provide insight into physical function, and are the most significant clinical predictor of work disability and premature mortality in rheumatoid arthritis (RA). (1) The multi-dimensional health assessment questionnaire (MDHAQ) provides valid, quick and comprehensive assessment of functional status.
Objectives: We compared the performance of the physical function (FN) component of MDHAQ in Systemic Lupus erythematosus (SLE) vs. RA.
Methods: 70 female patients meeting ACR criteria for SLE and 70 female patients meeting criteria for RA completed MDHAQ during a routine clinic visit. We had all female patients for consistency between the two groups. We performed exploratory factor analysis (Principal Component analysis with varimax rotation) on the 13 items in the FN items, along with determination of floor and ceiling effects for SLE and RA. We compared the results for SLE and RA. We then excluded items with significant cross- loadings on factor analysis, and/or showed floor or ceiling effect of greater than 65%. Traditional FN (8 items from the original HAQ (a-h), 2 complex activities (I, j), and 3 psychological items (k-m), added in 1999) (2) and composite brief FN (bFN) from the remaining items excluding the psychological items (k-m) and then normalized to a scale of 0-10 using the remaining FN items. Performance of the bFN against the FN score was determined using linear regression in SLE and RA, with FN as the dependent and bFN as the independent variable. Variability in FN (R^2) explained by bFN in this regression model was assessed separately for SLE and RA. A p value of ≤0.05 was considered statistically significant on two tailed tests.
Results: Mean (SD) ages of the SLE and RA patients were 45.1 (14.0) and 41.1 (9.0) yrs., respectively. The mean (SD) FN were 1.7 (1.9) and 2.5 (2.0) respectively in SLE and RA patients. Most items loaded into 3 factors [Table 1, reflecting the original design (2)]: factor 1- activities of simple living (a-h in SLE and items a-c, e-g in RA), factor 2-activities of complex living (i and j) and factor 3 - psychological (k-m). In RA, items 1d loaded onto factor 2 and item 1h cross-loaded onto both factors 1 and 2. After removing cross-loading items (h) and items with >65% (b, c, d, e, g), four items of the original FN remained (a, f, i, j); these items significantly and clearly loaded into one of the two factor components in SLE, and identical findings were noted for RA. bFN from these 4 items explained 87.9% (P<0.001) and 88.2% of variance (p<0.001) in SLE and RA respectively.
Conclusions: Most of the items in the FN of MDHAQ loaded onto similar factors in SLE and RA and the performance was comparable. bFN captured close to 90% of the information derived from the 10 items of traditional FN in both SLE and RA.

Abstract AB1080 – Table 1

Items	SLE					RA				
	Factor Loading			Floor	Ceiling	Factor Loading			Floor	Ceiling
	1	2	3	In %		1	2	3	In %	
a. Dress yourself, including tying shoelaces and doing buttons?	0.83	0.38	0.11	64	7	0.82	0.23	0.09	50	3
b. Get in and out of bed?	0.82	0.16	0.08	67	4	0.67	0.41	-0.04	49	1
c. Lift a full cup or glass to your mouth?	0.77	-0.05	0.20	77	1	0.87	0.12	0.13	70	1
d. Walk outdoors on flat ground?	0.73	0.46	0.10	70	0	0.42	0.70	0.10	50	1
e. Wash and dry your entire body?	0.88	0.29	0.19	72	0	0.82	0.30	0.15	60	1
f. Bend down to pick up clothing from the floor?	0.75	0.43	0.07	63	0	0.62	0.39	0.40	49	1
g. Turn regular faucets on and off?	0.81	0.11	0.29	72	0	0.83	0.08	0.17	66	0
h. Get in and out of a car, bus, train, or airplane?	0.79	0.51	0.02	63	0	0.56	0.61	0.17	49	0
i. Walk two miles or three kilometers, if you wish?	0.21	0.91	0.17	39	13	0.16	0.86	0.23	29	16
j. Participate in recreational activities and sports as you would like, if you wish?	0.35	0.87	0.22	41	18	0.17	0.85	0.17	23	27
k. Get a good night's sleep?	0.22	0.20	0.69	31	11	0.17	0.27	0.75	23	13
l. Deal with feelings of anxiety or being nervous?	0.11	0.00	0.87	54	0	0.18	0.10	0.90	47	6
m. Deal with feelings of depression or feeling blue?	0.09	0.16	0.91	54	0	0.04	0.09	0.81	46	4