

RI-02

**Treatment of knee osteoarthritis (OA) with Lyprinol<sup>®</sup>, lipid extract of the green-lipped mussel – a double-blind placebo-controlled study.** CS Lau<sup>1</sup>, PKY Chiu<sup>2</sup>, EMY Chu<sup>1</sup>, IYW Cheng<sup>2</sup>, WM Tang<sup>2</sup>, RYK Man<sup>3</sup>, GM Halpern<sup>4</sup>. Departments of Medicine<sup>1</sup>, Orthopaedic Surgery and Traumatology<sup>2</sup> and Pharmacology<sup>3</sup>, The University of Hong Kong. Department of Applied Biology and Chemical Technology<sup>4</sup>, The Hong Kong Polytechnic University.

**Introduction:** Treatment of OA includes pain control and improvement of patients' function and quality of life (QOL). Lyprinol is a lipid extract of the green-lipped mussel rich in omega-3 fatty acids with demonstrable anti-inflammatory effects. We compared the effects of Lyprinol with placebo on the signs and symptoms and patient QOL in the treatment of knee OA.

**Methods:** 80 patients were recruited to receive either Lyprinol or placebo for 6 months. All were allowed paracetamol rescue treatment and were reviewed at week 0, 2, 4, 8, 12, 18 and 24. Arthritis assessment included the use of a 100 mm VAS for pain, patient's and physician's global assessment of arthritis, a Chinese version of the Oxford Knee Score (COKS) and the Arthritis Impact Measurement Scale 2-short form (CAIMS2-SF), ESR and CRP.

**Results:** Improvement in almost all of the arthritis assessment parameters was observed in both groups of patients. However, there was a greater improvement in pain perception as measured by the VAS, and patients' global assessment of arthritis in those who took Lyprinol when compared with controls from week 4. Patients who took Lyprinol but not placebo also had improved scores in the CAIMS2-SF physical function and psychological status domains from week 4. However, the differences did not reach statistical significance. When used over 6 months, Lyprinol was safe and well tolerated. Further, there were no significant differences in the incidence of withdrawal from study as a result of trial drug toxicity between the 2 groups.

**Conclusion:** Lyprinol may be considered a safe option in the treatment of OA.

RI-03

**Clinical predictors of fetal and maternal outcome in Chinese patients with systemic lupus erythematosus.** Mo Yin Mok, Pik Yiu Leung, \*Tzu Hsi Lao, Yi Lo, Tak Mao Chan, Woon Sing Wong, Chak Sing Lau. Departments of Medicine and \*Obstetrics and Gynaecology, Queen Mary Hospital, Pokfulam Road, Hong Kong

**Objective:** To define the clinical factors that predict maternal and fetal morbidity in Chinese SLE patients and to determine if lupus flare occur more frequent in gestation

**Methodology:** A retrospective review on pregnancy outcome was performed on a homogeneous patient cohort of Southern Chinese origin followed up at The University affiliated rheumatology clinic in Hong Kong during the period of 1982-1996. SLE disease activity index (SLEDAI) was used to determine disease activity and flare was defined as requirement of augmentation in treatment. Maternal and fetal outcome and lupus flare rate were recorded. Clinical risk factors were identified by univariate and multivariate analysis. Lupus flare rate was compared during pregnancy, in the post-partum period and after delivery.

**Results:** 91 pregnancies from 66 patients with established SLE and 8 patients with first manifestation in gestation were identified. The fetal loss rate was 18.2%. An association between fetal loss and serum anti-Ro, proteinuria and hypertension during pregnancy was found. Patients with antiphospholipid antibodies had a 14.3 time increase in risk for recurrent miscarriages. Prematurity and intrauterine growth retardation was present in 16.3% and 22.5% respectively. Flare during pregnancy was identified as a predictive factor for prematurity (OR 5.5 CI 1.4-21.9, p=0.02) while active disease at conception was found to predispose to IUGR (OR 22.1 CI 2.5-215.1, p=0.008). Preeclampsia was present in 10% of patients and was found to relate to significant proteinuria during pregnancy. Patient with previous lupus nephritis but normal renal function had low fetal loss rate (6.1%). Lupus flare rate was not found to be higher in gestation. Patients with lupus manifestation in gestation presented with higher SLEDAI.

**Conclusion:** Adverse pregnancy outcome is more common in patients with active disease at onset of pregnancy. Proper counseling of patients at risk, monitoring of disease activity and fetal parameters by joint effort of obstetrician and rheumatologist may optimize outcome.