

## **AB0378 CAN PATIENTS WITH RHEUMATOID ARTHRITIS BENEFIT FROM THE HERBAL REMEDY ROSE-HIP?**

**K. Rossnagel**<sup>1</sup>, S. Roll<sup>1</sup>, A. Wagner<sup>1</sup>, O. Mune<sup>2</sup>, J. Erlendsson<sup>2</sup>, A. Kharazmi<sup>3</sup>, H. Sørensen<sup>4</sup>, S. N. Willich<sup>1</sup>, K. Winther<sup>2</sup>

<sup>1</sup>Institute for Social Medicine, Epidemiology and Health Economics, Charité University Medical Center, Berlin, Germany, <sup>2</sup>Department of Clinical Biochemistry, Frederiksberg Hospital, University of Copenhagen, <sup>3</sup>Department of Microbiology, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark, <sup>4</sup>Rheumatology Ambulance, Waldfriede Hospital, Berlin, Germany

**Background:** Powder made from subspecies of rose-hip (LitoZin/i-flex by HybenVital) was shown to improve symptoms of patients with osteoarthritis. The aim of the present study was to determine if patients with rheumatoid arthritis (RA) can benefit from this herbal remedy.

**Methods:** In a double-blind randomised controlled trial, patients with RA according to the ACR criteria received treatment with 5g daily rose-hip or placebo for 6 months in addition to usual care. The patients were initially examined by a physician and seen again after 3 and 6 months. On each visit the patients were interviewed and the DAS28 completed by the physician and patients filled in Health Assessment Questionnaire (HAQ as primary outcome) and SF-12 and RA quality of life (QoL) instruments. Changes in outcome parameters after 6 months were analysed by ANCOVA adjusted for baseline values.

**Results:** A total of 89 patients were included in the study (90% female, mean age  $56.6 \pm 11.3$  years, mean disease duration  $12.8 \pm 9.6$  years). HAQ-DI of patients in the treatment group improved by  $0.104 \pm 0.046$ , whereas in the placebo group it worsened by  $0.037 \pm 0.046$  ( $p=0.032$ ). In the HAQ Patient Pain Scale no significant differences were observed between both groups. In the HAQ Patient Global Scale a trend was seen favouring treatment ( $p=0.078$ ). The Physicians Global Scale showed clear improvement in the treatment compared to the placebo group ( $p=0.001$ ). The DAS28 score yielded improvement in the active treatment group of  $0.87 \pm 0.18$  and in the placebo group of  $0.36 \pm 0.19$  ( $p=0.056$ ) indicating moderate clinical relevance. This improvement was primarily due to a change in number of tender joints whereas there was no difference in the number of swollen joints between both groups. These observations were supported by QoL assessment: SF-12 physical and RAQoL scores improved ( $p=0.013$  and  $0.043$  respectively) in the actively treated group compared to placebo, whereas SF-12 mental score remained unchanged.

**Conclusion:** The present results indicate that patients with RA benefit from additional treatment with this rose-hip powder.