Results: The mean TBS at the lumbar spine was 1.38±0.13. The TBS showed a negative correlation with disease duration and inflammatory markers, and a positive correlation with BMD at the lumbar spine, femoral neck, and total hip. It also showed a negative correlation with sacroiliitis grade. BMD at the lumbar spine positively correlated with SASSS, whereas TBS showed a negative correlation. A significant decrease in TBS values was observed in patients with spinal radiographic progression (p=0.001). Multivariate analysis showed that ESR and sacroiliitis were independently associated with TBS (p=0.006 and <0.001, respectively). Ten patients had morphometric vertebral fractures. The mean TBS was lower in patients with vertebral fracture than in age-matched patients without fracture (p=0.028).
Conclusions: The TBS in young male patients with AS is associated with the ESR and severity of sacroiliitis. The TBS may be useful as a tool for assessing osteoporosis in AS.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1254

FRI0448 EVALUATION OF SUPPURATIVE HIDRADENITIS IN PATIENTS WITH CHRONIC ARTHRITIS TREATED WITH FULL AND TAPERED BIOLOGICAL DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

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Background: Suppurative Hidradenitis (SH) is an inflammatory skin disease which often responds poorly to treatment. It is a disorder of the apocrine glands (axillary, inguinal and anogenital regions) that can result in infection, inflamed nodules, cysts, abscesses and sinus tracts. There is a 1–4% incidence of SH in patients with spondyloarthropathies and inflammatory bowel disease, possibly due to innate immune system deregulation. The use of biological disease-modifying antirheumatic drugs (bDMARD), specifically tumor necrosis factor inhibitors, has been useful in cases when other therapies fail.
Objectives: To evaluate the prevalence of SH using the SH-questionnaire in bDMARD-treated chronic arthritis patients.
Methods: This cross-sectional study included 325 patients diagnosed with chronic arthritis. Patients were recruited consecutively from the Biological Therapy Unit of the Hospital General Universitario Gregorio Marañón and evaluated from January to March of 2015. All patients had been undergoing full or tapered bDMARD treatment for at least 1 year and none had any history of SH. Those patients deemed to be in clinical remission were on tapered bDMARD dosage. All patients self-completed the validated SH-questionnaire (1) which was considered positive when one answer was affirmative and when lesions presented in >1 anatomical location. Patient pathologies were subclassified into 2 groups: i) peripheral arthritis (PerAR) which includes rheumatoid arthritis (RA), psoriatic arthritis (PsA) and peripheral spondyloarthropathies (PerSpA); ii) axial spondyloarthropathies (AxSpA). Clinical evaluation was performed by the same physician for all patients. Demographic, clinical and laboratory variables were recorded and disease status was assessed through the relevant clinical index, i.e.DAS28-ESR, DAS28-CRP, SDAI, CDAI, BASDAI, BASFI, ASDAS-CRP.
Results: SH-positive was observed in 25/325 (7.7% vs. 92.3%) patients. Of these 25 patients, 12 (48%) were female and 13 (52%) male. Mean age was 52 years (SD±12.9) and mean time since diagnosis was 14 years (SD±9.3). Twenty-four out of 25 patients were undergoing anti-TNF treatment (ETN=10, GOL=7, ADL=6, CTZ=1). Eighty-four per cent of patients were undergoing full bDMARD dosage with the remaining 16% on tapered. By subset pathology, 13 SH positives were PerAR type and 12 were AxSpA (5.8% vs. 11.8%, p=0.062). On analysis of PerAR subtypes, we found 6 patients had PsA and 5 RA. Evaluating clinical disease activity, we found 9/13 patients in the PerAR group to be in clinical remission according to DAS28-ESR and CDAI (p=0.02 for both). Additionally, we found only 4/12 patients in remission in the AxSpA group as defined under BASDAI, BASFI and ASDAS-CRP (p=0.006, p=0.005, p=0.004, respectively).
Conclusions: We found more SH-positives in the AxSpA than in the PerAR group, which is consistent with published data. A bDMARD tapered dosage was related to SH-positivity which might be linked to persistent and undetectable chronic inflammation.
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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.4737

FRI0449 ANALYSIS OF THE CANADIAN ADALIMUMAB POST-MARKETING OBSERVATIONAL EPIDEMIOLOGICAL STUDY ASSESSING EFFECTIVENESS IN ANKYLOSING SPONDYLITIS (COMPLETE-AS): ASSOCIATION BETWEEN BASELINE EXTRA ARTICULAR MANIFESTATIONS AND PATIENT-REPORTED OUTCOMES

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Background: Ankylosing spondylitis (AS) is an immune mediated inflammatory disease. Although characterized by axial and peripheral joint manifestations, extra articular manifestations (EAMs) are a common clinical feature. EAMs have been found to negatively impact health outcomes including quality of life and work capacity.
Objectives: The aim of this analysis was to describe the prevalence of EAMs at baseline and assess their association with patient-reported outcomes (PROs) in a Canadian routine clinical care setting.
Methods: COMPLETE-AS is an ongoing observational study expected to enroll 1120 AS patients from 60–80 sites across Canada. All patients enrolled between June/2011 - October/2015 were included in this analysis. Eligible patients are anti-TNFα naïve adults, with active AS as per the judgment of the treating physician, who require change in current AS treatment. Baseline disease parameters assessed were EAMs (collected from medical chart, physician assessment or patient report), disease activity (BASDAI) and functional status (BASFI); baseline PROs assessed were related to mental health (BDI-II), work limitations (WLQ), and quality of life (QoL; SF-36 Physical (PCS) and Mental (MCS) component summaries). Multivariate linear regression models adjusting for baseline BASDAI and BASFI assessed the impact of EAMs on PROs.
Results: A total of 569 patients were included in the current analysis. Mean (SD) age and duration of disease was 43.3 (13.4) and 5.9 (9.8) years, respectively. The majority of patients enrolled were male (57.1%), Caucasian (86.1%), HLA $B27^+$ (67.0%), and RF^- (93.7%). The most common baseline EAM reported was enthesitis (15.3%), followed by psoriasis (13.0%), inflammatory bowel disease (IBD; 9.1%), and uveitis (3.2%). EAM combination 1 (EAM1: all EAMs) and EAM combination 2 (EAM2: excluding psoriasis), was reported by 33.2%, and 23.7% of patients, respectfully.
Regression analysis adjusting for baseline BASDAI and BASFI, found enthesitis, EAM1, and EAM2 to be significant negative predictors of SF-36 PCS scores ($p<0.05$). Individual EMAs were not found to impact PROs, except for uveitis, found to be a negative predictor of SF-36 PCS scores for which a statistical trend was identified ($p<0.15$). No association between EAMs and SF-36 MCS, BD-II or WLQ scores were found.
Conclusions: In a Canadian routine clinical care setting, a substantial proportion of AS patients requiring a change in treatment report EAMs. Patients with EAMs were found to have significant reduction in baseline QoL specifically related to physical functioning.
Acknowledgements: The authors wish to acknowledge JSS Medical Research, Montreal (QC) Canada for statistical analysis, medical writing and editorial assistance during the preparation of this abstract.
Disclosure of Interest: L. Bessette Consultant for: Janssen, Roche, UCB, AbbVie, Pfizer, Celgene, Lilly, Novartis, Speakers bureau: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Lilly, Novartis, B. Haraoui Grant/research support from: AbbVie, Amgen, BMS, Janssen, Pfizer, Roche, and UCB; Speaking engagements: Amgen, BMS, Janssen, Pfizer, and UCB, Consultant for: AbbVie, Amgen, BMS, Celgene, Eli Lilly, Janssen, Merck, Pfizer, Roche, and UCB, Speakers bureau: Amgen, BMS, Janssen, Pfizer, and UCB, M. Khraishi Consultant for: AbbVie, Speakers bureau: AbbVie, W. Bensen Consultant for: Abbvie, Amgen, BMS, Celgene, Janssen, Lilly, Novartis, Merck, Pfizer, Roche, and UCB, Speakers bureau: Abbvie, Amgen, BMS, Celgene, Janssen, Lilly, Novartis, Merck, Pfizer, Roche, and UCB, V. Remple Shareholder of: AbbVie Corp., Employee of: AbbVie Corp.
DOI: 10.1136/annrheumdis-2017-eular.3032

FRI0450 COMMONALITIES AND DIFFERENCES IN DATA COLLECTION ACROSS EUROPEAN SPONDYLOARTHRITIS REGISTRIES

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Background: High quality data from prospective, real life patients with spondy-