

proportion of TST conversion during immunotherapy was found. According to the immunomodulatory therapy, no differences were found among latent TB patients, active TB disease and no infection with the use of conventional DMARD therapy, but a positive association between latent TB and the use of biologic therapy was recognized. Low prevalences of opportunistic infections (i.e., Hepatitis B and C, syphilis and HIV) were found in this cohort, despite the frequent use of biologic therapy.

Conclusions: In a TB-endemic population, higher prevalences of latent and active TB were found in patients with SpAs, when compared to the general population. Complete infectious screening is mandatory in patients under consideration of biologic agents, and close follow-up must be done to recognize TST conversion.

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SAT0414 DIFFERENCES IN CLINICAL PRESENTATION BY GENDER IN COLOMBIAN PATIENTS WITH SPONDYLOARTHROPATHIES

M.A. Alzate¹, F. Vargas², F. Ramirez², D. Hernandez-Parra¹, J.C. Salazar-Urbe³, P. Ortiz-Salazar¹, R. Pineda¹ on behalf of Artmedica IPS, Medellín, Colombia. ¹Clinical information group; ²Rheumatology division, Artmedica IPS; ³School of Statistics, Faculty of Sciences, National University of Colombia, Medellín, Colombia

Background: Spondyloarthropathies (SpAs) are a group of auto-inflammatory diseases, with overlapping symptoms, that include ankylosing spondylitis (AS), psoriatic arthritis (PsA), undifferentiated spondyloarthritis (Und SpA), enteropathic arthritis, and reactive arthritis (1). Historically, SpAs have been viewed as diseases that predominantly affected men (2).

Objectives: To analyze the influence of gender on disease patterns and therapeutic approach in a large cohort of Colombian patients with SpAs.

Methods: A cross-sectional study was conducted in 621 patients with SpAs, in whom clinical and therapeutic characteristics were analyzed based on gender. Statistical association was examined by means of Chi-square tests, Mann-Whitney test, and logistic regression analyses.

Results: The male-to-female ratio was 1,1:1 in this cohort. Younger age at diagnosis was found in males. AS was the most frequent disease (54,7%), followed by PsA (35,7%), and undifferentiated SpA (9,5%). The male gender was positively associated to the presence of AS (OR 2,29 95%CI 1,31–4,04), radiographic sacroiliitis (OR 3,46 95%CI 1,82–6,56), HLAB27 positivity (OR 1,95 95%CI 1,31–2,91), low back pain (OR 1,85 95%CI 1,34–2,54) and axial involvement (OR 1,98 95%CI 1,42–2,77). According to the therapeutic profile, female gender was positively associated to the use of conventional DMARD therapy (i.e., methotrexate (p=0,03), leflunomide (p=0,0057), chloroquine (p=0,013)), while male patients were more associated to the use of biologic therapy.

Table 1. General characteristics of patients with SpAs by gender

	All (N=621)		Male (N=328)		Female (N=293)		p-value
Age (mean)	49,4		48,6		50,2		0,15
Age at diagnosis (mean)	38,9		37,2		40,6		0,0042
Years of evolution (mean)	9,8		10,6		9,1		0,02
	N	%	N	%	N	%	
Age at onset <45 years	469	75,5	257	78,3	212	72,3	0,008
Diagnosis							
AS	340	54,7	208	63,4	132	45,1	
PsA	222	35,7	96	29,2	126	43	<0,0001
Und SpA	59	9,5	24	7,3	35	11,9	
Low back pain	342	55,1	204	62,2	138	47,1	0,0002
Arthritis	411	66,2	215	65,5	196	66,9	0,72
Enthesitis	217	34,9	125	38,1	92	31,4	0,08
Dactylitis	116	18,6	54	16,4	62	21,2	0,13
Uveitis	92	14,8	52	15,8	40	13,6	0,44
Psoriasis	225	36,2	98	29,8	127	43,3	0,0005
Sacroiliitis (Rx)	70/171	40,9	46/82	56,1	24/89	26,9	0,0001
Sacroiliitis (MRI)	203/279	72,7	102/136	75	101/143	70,6	0,41
HLA-B27	284/438	64,8	176/246	71,5	108/192	56,2	0,0009
Axial	397	63,9	234	71,3	163	55,6	<0,0001
Peripheral	488	78,6	254	77,4	234	79,8	0,46
Both	264	42,5	160	48,8	104	35,5	0,0008

Conclusions: In this Colombian large sample with SpA, male patients have a younger onset of disease, higher proportion of axial involvement, HLAB27 positivity, evidence of radiographic sacroiliitis and higher use of anti-TNF therapy.

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SAT0415 HIGH PREVALANCE OF HIP ARTHRITIS IN PATIENTS WITH ANKYLOSING SPONDYLITIS TREATED WITH TNF INHIBITORS

M. Konsta^{1,2}, M.T. Nurmohamed², A. Iliopoulos¹, J.C. van Denderen², I. Visman², P.P. Sfikakis¹, I.E. van der Horst-Bruinsma². ¹First Department of Propaedeutic Internal Medicine, Rheumatology Department, Joint Rheumatology Program, National and Kapodistrian University of Athens, Medical School, Athens, Greece; ²Amsterdam Rheumatology and Immunology Center, Amsterdam, Netherlands

Background: Hip involvement is the most frequent extraspinal arthritic manifestation of Ankylosing Spondylitis (AS) and a common cause of disability. It is present in 24% to 36% of AS patients, leading to total hip replacement (THR) in 5%.

Objectives: To examine the prevalence of hip arthritis in patients with AS under TNF-inhibitor (TNFi) treatment, to identify predictors of its development and possible gender differences.

Methods: Consecutive TNFi-naïve AS patients (fulfilling the modified New York criteria) who were eligible for TNFi treatment were included. At baseline (before the start of TNFi), disease activity and function were recorded by BASDAI, ASDAS-CRP/ESR, BASFI and BASMI. Anteroposterior x-rays of the pelvis and lateral x-rays of cervical and lumbar spine were obtained at baseline and scored according to the BASRI-hip scoring system and mSASSS. Hip involvement was assessed both clinically (as pain, reduced range of motion and intermalleolar distance) and radiographically (BASRI-h score ≥ 2 was defined as definitive hip involvement). Mann-Whitney, two-sample t-test and logistic regression analysis were applied. The groups' averages were expressed as mean \pm SD, or median (IQR) according to the normality of data.

Results: 298 consecutive AS patients (214 men, age: 49 \pm 12years (mean \pm SD), disease duration: 23.8 \pm 11.8 years) were included. Definite hip involvement was detected in 113/298 (38%) patients. Bilateral THR and unilateral THR underwent 10/298 (3.4%) and 9/298 (3%) patients respectively. No gender difference in the prevalence of hip arthritis was observed (females: 26/84 (31%) vs. males 87/214 (40.8%). The patients with hip arthritis compared to those without had significantly higher disease activity scores (BASDAI (6.1 \pm 1.7 vs. 5.5 \pm 1.9, p=0.008), ASDAS-CRP (3.9 \pm 0.8 vs. 3.4 \pm 0.9, p=0.0001), CRP [16 (7.7–32) median (IQR) vs. 7 (2.9–22), p=0.0001], ESR [26 (10–42) vs. 15.5 (7–33), p=0.004], higher BASFI-scores (6.3 \pm 2.1 vs. 4.8 \pm 2.3, p<0.0001), BASMI-scores (5.1 \pm 2.3 vs. 3.4 \pm 2, p<0.0001) and reduced intermalleolar distance (89 \pm 23 vs. 104.8 \pm 19 cm, p<0.0001). AS patients with hip arthritis also had significantly higher mSASSS-scores [15 (3–39) vs. 4 (0–16), p<0.0001] more often syndesmophytes [75/107 (70.1% vs. 75/181 (41.4%), p<0.0001] and peripheral arthritis [54/111 (48.7%) vs. 68/184 (37%), p=0.048]. According to multivariate logistic regression analysis, independent risk factors for hip arthritis were: raised CRP (OR: 1.01 CI: 1.001–1.02), presence of syndesmophytes (OR: 2.6, CI: 1.45–4.8) and a high BASFI (OR: 1.33, CI: 1.1–1.5).

Conclusions: The prevalence of hip arthritis in AS is very high (1/3) and significantly related to high disease activity and a high mSASSS score. No gender difference in prevalence of hip arthritis was found. Considering the large impact on function, this manifestation might need more attention.

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SAT0416 ANKYLOSING SPONDYLITIS DISEASE ACTIVITY SCORE (ASDAS) IS ASSOCIATED WITH NSAID USE OVER TIME

M.J. Carbo¹, S. Arends^{1,2}, F. Maas¹, E. Bouwer¹, R. Bos², H. Bootsma¹, E. van der Veer³, F. Wink², A. Spoorenberg^{1,2}. ¹Rheumatology and Clinical Immunology, University Medical Center Groningen, Groningen; ²Rheumatology, Medical Center Leeuwarden, Leeuwarden; ³Laboratory Medicine, University Medical Center Groningen, Groningen, Netherlands

Background: Non-steroidal anti-inflammatory drugs (NSAIDs) are the cornerstone of conventional treatment in ankylosing spondylitis (AS). In case of insufficient response, tumor necrosis factor-alpha (TNF- α) inhibitors are available. Still little is known about concomitant NSAID use.

Objectives: To investigate the longitudinal association between disease activity and NSAID use in established AS patients.

Methods: The present analysis is part of the GLAS cohort, an ongoing longitudinal observational axial spondyloarthritis (SpA) cohort study in daily clinical practice. During 52 weeks of follow-up, NSAID use was recorded prospectively. The ASAS-NSAID index was calculated using the dosage and frequency assessed retrospectively from clinical records. Disease activity was assessed using ASDAS, BASDAI, and serum CRP levels.

Generalized estimating equations (GEE) was used to evaluate NSAID use in relation to assessments of disease activity over time. NSAID use was analyzed using 4 parameters: NSAID use (yes/no), ASAS-NSAID index, low on demand use (index ≥ 10 versus < 10), and high use (index ≥ 90 versus < 90). Analyses were stratified for treatment regimen: patients starting TNF- α inhibitors and patients on conventional treatment.

Results: Of the 393 included AS patients, 67% were male, mean age was 44 \pm 13 years, median symptom duration 15 years (IQR 8–24), and 79% were