were associated with the presence of PsO in the multivariable logistic regression analysis (Figure 1). Higher patient global assessment scores and lower use of bDMARD treatments were observed in patients without PsO as compared to patients with PsO.

Table 1. Demographics and clinical characteristics of patients with pSpA according to the presence or absence of personal history of PsO

	Total N=433	Patients without personal history of PsO N=350	Patients with personal history of PsO N=83	p-value
Age, mean (SD)	44.2 (14.4)	43.2 (14.2)	48.4 (14.5)	0.005
Sex (male)	203/433 (46.9)	167/350 (47.7)	36/83 (43.4)	0.541
Symptom duration of SpA (years), mean (SD)	10.1 (9.5)	9.0 (8.8)	14.4 (10.8)	**<0.001**
Diagnostic delay of SpA (years), mean (SD)	4.3 (6.6)	3.5 (5.9)	7.4 (8.4)	**<0.001**
First- or second-degree relatives with SpA (except psoriasis)	74/433 (17.1)	61/350 (17.4)	13/83 (15.7)	0.871
First- or second-degree relatives with psoriasis	63/391 (16.1)	29/308 (9.4)	34/83 (41.0)	**<0.001**
Patients who fulfilled peripheral ASAS critieria	95/433 (21.9)	74/350 (21.1)	21/83 (25.3)	0.461
Patients who fulfilled CASPAR critieria	81/433 (18.7)	12/350 (3.4)	69/83 (83.1)	<0.001
Peripheral articular disease ever	410/433 (94.7)	335/350 (95.7)	75/83 (90.4)	0.059
Any enthesitis in the past confirmed by specific investigations	112/433 (25.9)	81/350 (23.1)	31/83 (37.3)	**0.045**
Current SPARCC Enthesitis Index score, mean (SD)	0.4 (1.1)	0.3 (0.9)	0.6 (1.6)	**0.013**
Dactylitis ever	100/433 (23.1)	70/350 (20.0)	30/83 (36.1)	**0.003**
HLA-B27 positive	197/316 (62.3)	179/269 (66.5)	18/47 (38.3)	**<0.001**
CRP mg/L, mean (SD)	13.9 (25.4)	15.2 (26.9)	8.5 (16.5)	**0.019**
PGA, mean (SD)	4.5 (2.7)	4.7 (2.7)	3.9 (2.5)	**0.018**
Local injection of glucocorticoids for peripheral musculoskeletal involvement ever	183/193 (94.8)	156/159 (98.1)	27/34 (79.4)	**<0.001**
csDMARDs ever	384/433 (88.7)	310/350 (88.6)	74/83 (89.2)	>0.999
bDMARDs ever	223/433 (51.5)	164/350 (46.9)	59/83 (71.1)	**<0.001**
bDMARDs current	160/433 (37.0)	119/350 (34.0)	41/83 (49.4)	**0.011**

Categorical variables were given as n/N (%)

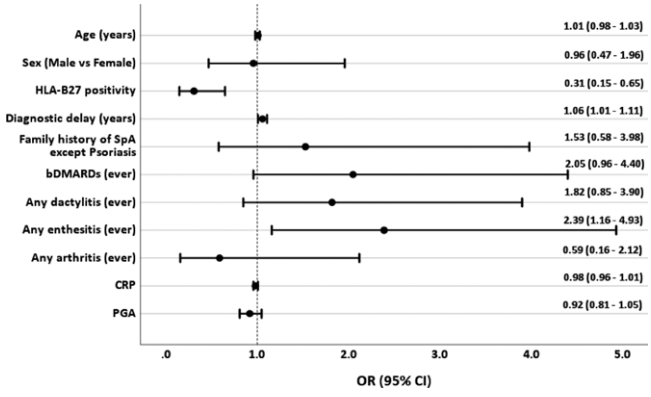

Figure 1. Association of demographic and clinical characteristics of pSpA with the presence of a personal history of PsO

Conclusion: The presence of skin PsO has an impact on clinical characteristics of pSpA. pSpA patients without PsO were less frequently treated with bDMARDs despite an comparable or even higher burden of the disease.

Acknowledgements: No disclosure
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.1220

POS0968 CESAREAN SECTION IN WOMEN WITH SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS

C. Skorpen[1,2], S. Lydersen[3], K. Å. Salvesen[4], M. Wallenius[1]. [1]*NTNU, Department of Neuromedicine and Movement Science (INB), Trondheim, Norway;* [2]*Alesund Hospital, Rheumatology, Ålesund, Norway;* [3]*NTNU, Regional Centre for Child and Youth Mental Health and Child Welfare, Trondheim, Norway;* [4]*NTNU, Department of Clinical and Molecular Medicine, Trondheim, Norway*

Background: There is sparse documentation on pregnancy outcomes in women with spondyloarthritis (SpA) and psoriatic arthritis (PsA). Data on disease activity is often lacking, preventing the direct investigation of the effect of inflammation on pregnancy outcomes. A cesarean section (CS) implies a higher risk for the mother than vaginal delivery. It delays mobilization after birth necessary to counteract inflammatory pain and stiffness as well as the (re)start of disease modifying medication.
Objectives: To explore the possible association of disease activity (inflammation) and occurrence of cesarean section in women with SpA and PsA.
Methods: Data from the Medical Birth Registry of Norway (MBRN) were linked with data from RevNatus, a nationwide observational register recruiting women with inflammatory rheumatic diseases. Singleton births in women with SpA and PsA included in RevNatus 2010 to 2019 were cases. All other singleton births registered in MBRN during this time served as population controls.
Results: CS occurred more frequently in both SpA (21.9%) and PsA (29.4%) compared to population controls (15.6%), with even higher frequencies in active SpA (23.5%) and active PsA (30.1%). Women with SpA had higher risk for elective CS (risk difference 4.1%, 95% CI 1.4% to 7.9%, p=0.002), while women with PsA had higher risk for emergency CS (risk difference 9.8%, 95% CI 3.8% to 17.6%, p<0.001) as compared to population controls.
Conclusion: Women with SpA and PsA had increased odds for elective and emergency CS, respectively. Further analysis will explore the role of active inflammation.

REFERENCES:

[1] Mørk, S et al. Spondyloarthritis and Outcomes in Pregnancy and Labor: A Nationwide Register-Based Cohort Study. Arthritis Care Res (Hoboken). 2021 Feb;73(2):282-288

Table 1. Characteristics of population controls, total patient groups and patient active disease groups, reported as n (%) unless specified as mean (SD)

Characteristic	Population controls	Spondyloarthritis SpA	SpA active BASDAI≥4	Psoriatic Arthritis PsA	PsA active DAS28>2.6
Number singleton births 2010 - 2019	575 798	319	115	126	29
Maternal age (years), mean (SD)	30.6 (5.1)	31.7(4.3)[1]	31.8 (4.3)	32.0 (4.7)[4]	31.8 (4.4)
<35	460 720 (80.0)	242 (77.6)	89 (78.1)	87 (71.9)	20 (74.1)
≥35	115 077(20.0)	70 (22.4)	25 (21.9)	34 (28.1)	7 (25.9)
Parity					
No children	244 354 (42.4)	141 (45.2)	43 (37.7)	48 (39.7)	10 (37.0)
≥ 1 child	331 444 (57.6)	171 (54.8)	71 (62.3)	73 (60.3)	17 (63.0)
Smoking in pregnancy	34 237 (6.7)	19 (6.3)	10 (9.3)	9 (7.1)	5 (20.0)
BMI first trimester, mean (SD)	24.4 (4.8)	25.1 (5.0)	26.5 (5.8)	26.9 (5.6)[5]	28.8 (4.9)
Cesarean section, CS	89 840 (15.6)	70 (21.9)[2]	27 (23.5)	37 (29.4)[6]	9 (31.0)
Elective	32 114 (5.6)	31 (9.7)[3]	15 (13.0)	12 (9.5)	2 (6.9)
Emergency	57 691 (10.0)	39 (12.2)	12 (10.5)	25 (19.9)[7]	7 (24.1)
Earlier caesarean section	55 992 (9.7)	32 (10.0)	16 (13.9)	15 (11.9)	3 (10.3)
Disease activity					
Inactive 3rd trim	na	134 (53.8)	na	67 (69.8)	na
Active 3rd trim	na	115 (46.2)	115	29 (30.2)	29

[1-7] Group compared to population controls [1]p<0.001 [2] p=0.002 [3] p=0.002 [4] p=0.001 [5] p<0.001 [6] p<0.001 [7] p<0.001

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.1420

POS0969 GENETIC AND MOLECULAR DISTINCTIONS BETWEEN AXIAL PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS

A. Kavanaugh[1], X. Baraliakos[2], S. Gao[3], W. Chen4, K. Sweet[3], S. D. Chakravarty[5,6], Q. Song[3], M. Shawi[7], F. Behrens[8], P. Rahman[9]. [1]*University of California San Diego, Division of Rheumatology, Allergy, and Immunology, San Diego, CA, United States of America;* [2]*Rheumazentrum Ruhrgebiet, Ruhr-University Bochum, Internal Medicine and Rheumatology, Herne, Germany;* [3]*Janssen Research & Development, LLC, Department of Translational Science, Spring House, PA, United States of America;* [3]*Janssen Research & Development, LLC, Department of Translational Science, Spring House, PA, United States of America;* [5]*Janssen Scientific Affairs, LLC, Department of Rheumatology, Horsham, PA, United States of America;* [6]*Drexel University College of Medicine, Department of Rheumatology, Philadelphia, PA, United States of America;* [7]*Janssen Pharmaceutical Companies of Johnson & Johnson, Immunology Global Medical Affairs, Horsham, PA, United States of America;* [8]*Goethe University, Rheumatology and Fraunhofer ITMP - Translational Medicine*