In the spondylarthropathy group, the laboratory variables were: HLA B27, HLA DR, DQ, anti ENA, serology CMV, EBV, HIV, hepatitis B, C.

Results In 17/62 SpA patients (11 uSpA, 5 AS, 1 PA, 17 females, 1 male) Sjögren's syndrome diagnosis by the European criteria indicated a frequency of 27.4%. Of 62 SpA, 12 were ANA positive (19.3%), of whom 5 had Sjögren's syndrome. ANA were detected in 8/17 (47%) patients with Sjögren's syndrome. Of 62 SpA, 20 had sicca symptoms (32.2%), compared to 3 of 102 (2.9%) controls. HLA B27 is positive in 12/17 patients (70.5%). The results of HLA DR, DQ seem to show a high frequency of HLA DR4, and DQ3 in the association group but the results are not significant.

Conclusion The frequency of Sjögren's syndrome is 27.4% in the spondylarthropathy group, thus more than in controls. Thus, the association seems to be not fortuitous. And it's interesting to see more females in a group with more undifferentiated spondylarthropathy: 16/17 are females.

SAT0005 FACTORS INFLUENCING FATIGUE AND IMPACT OF FATIGUE ON QUALITY OF LIFE IN ANKYLOSING SPONDYLITIS (AS) PATIENTS

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Background

Objectives 1. To identify factors that influence fatigue in AS. 2. To assess whether fatigue is associated with quality of life in AS.

Methods A total number of 812 AS patients were included. Fatigue was measured with a single-item question elicited from the Bath AS Disease Activity Index (BASDAI) and with the Multidimensional Fatigue Inventory (MFI). The patients also completed questionnaires on functional ability (BASFI), global well-being (BAS-G), and quality of life (SF-36). In addition, patients were asked to identify factors that influence fatigue.

Patients were dichotomously divided into a F+ group if the BASDAI fatigue score was >5.0, labelled as experiencing fatigue as a major symptom, and a F- group in case the fatigue score was <5.0 (fatigue a minor symptom). Logistic regression analysis (dependent variable F+/F-) was used to determine which factors were associated with fatigue. Multiple regression analysis was used to investigate whether fatigue contributes in explaining quality of life (dependent variable dimensions from the SF-36; independent variable BASDAI fatigue question). In both analyses adjustments were made for age, sex, disease duration, and the presence of co-morbidity.

Results 53% of the patients were categorised to the F+ group. They scored significantly worse compared to the F- group with respect to each dimension of the MFI and to all other questionnaires studied (all $p < 0.001$). Fatigue was, in the opinion of the patients, highly influenced by pain (70% of the patients) and stiffness (54%). The hierarchical order of factors perceived to be associated with fatigue was grossly similar in the F+ and F- groups, but pain, poor sleep and work were significantly more often considered important by patients from the F+ group. Logistic regression analysis showed that scores on BASDAI (without fatigue question), BASFI and BAS-G were independently associated with fatigue (R^2 : 0.52). Multiple regression analysis showed that fatigue was significantly associated with all separate dimensions of the SF-36 studied ($p < 0.001$).

Conclusion Fatigue is a major symptom in AS and is associated with disease activity, functional ability, and global well-being. Fatigue independently contributes negatively to different dimensions of quality of life.

SAT0006 ASSOCIATION OF THORACIC KYPHOSIS WITH FUNCTIONAL ABILITY, GLOBAL WELL-BEING, AND QUALITY OF LIFE IN ANKYLOSING SPONDYLITIS

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Background

Objectives To determine the association of increased thoracic kyphosis with functional ability, global well-being, and quality of life in ankylosing spondylitis (AS) patients.

Methods Baseline data from 120 Dutch AS outpatients participating in a trial on the efficacy of spa therapy were used. Patients were selected on having an occiput-wall distance of 0.0 cm (group A) or an occiput-wall distance > 10.0 cm (group B), defining no and severe kyphosis respectively.

The Bath Ankylosing Spondylitis Functional Index (BASFI) (scale 0–10), Dougados Functional Index (DFI) (scale 0–40) and the Health Assessment Questionnaire for Spondylarthropathies (HAQ-S) (scale 0–3) were used to assess functional ability. Global well-being was assessed with a 10 cm visual analogue scale (scale 0–10), and quality of life with the AS Quality of Life questionnaire (ASQoL) (scale 0–18). For each instrument counts that 0 is the best score.

Results Group A consisted of 21 patients (9 men, 12 women, mean age 44 (8) years), group B of 26 patients (23 men, 3 women, mean age 51 (10) years). After adjustment for age and gender with multiple regression analysis similar results were found.

Abstract SAT0006 Table 1

	Group A	Group B	Difference (95% CI); p-value
BASFI	4.3 (1.8)	6.0 (1.5)	1.7 (0.7 to 2.7); $p = 0.001$
DFI	9.9 (4.1)	15.3 (4.2)	5.4 (3.0 to 7.8); $p < 0.001$
HAQ-S	0.8 (0.4)	1.2 (0.4)	0.4 (0.2 to 0.6); $p = 0.001$
Global well-being	5.3 (2.6)	5.7 (1.7)	0.4 (-1.0 to 1.7); $p = 0.596$
ASQoL	8.7 (4.5)	9.2 (4.4)	0.5 (-2.1 to 3.1); $p = 0.710$

Conclusion An increased occiput-wall distance is associated with deteriorating functional ability. Global well-being and perceived quality of life seem to be generally affected in AS patients, but an increased occiput-wall distance is not associated with further deterioration. The latter merits further investigation.

SAT0007 ANKYLOSING SPONDYLITIS INITIATED AS A REACTIVE ARTHRITIS

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Background