AB0719 BASELINE CHARACTERISTIC OF NEWLY DIAGNOSED PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS FROM THE SINGLE CENTRE LITHUANIAN COHORT

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Background: The prevalence rates for spondyloarthropathies has been investigated in an epidemiological study in Lithuania (1), but no studies are analysing the demographics, clinical characteristics of SpA in Lithuania. Changes in spondyloarthritis (SpA) concept and application of the new criteria for classification should improve spondyloarthritis diagnostic standards in routine clinical practice.
Objectives: To assess demographics and clinical manifestations of firstly diagnosed axial spondyloarthritis, to compare ankylosing spondylitis (AS) with non-radiographic axial spondyloarthritis (nr-axSpA) using standardized clinical assessment tools.
Methods: In September 2014 our centre began to collect a cohort of patients with newly diagnosed axial spondyloarthritis, according to ASAS criteria. Statistical analysis was performed with SPSS 20.0. A $p<0,05$ was considered statistically significant.
Results: 97 patients (60 men, 37 women) have been included. All of them (100%) suffered from chronic back pain. Inflammatory back pain (according to ASAS criteria) was present in 77%. 34 (35,1%) patients already had definite radiographic changes in the sacroiliac joints (SIJ), therefore AS (based on modified New York criteria) was diagnosed. The mean age at first visit was similar: 34,3 (±10,0) in nr-axSpA and 36,1 (±11,0) in AS group. Duration of symptoms was significantly longer in AS group (mean 106,6 months in AS versus 44,8 months in nr-axSpA). The prevalence of HLA-B27 was similar: 74,6% vs 91.2% for nr-axSpA and AS, respectively. There were more males in AS group (76,5% vs 54,0%, p 0,03). The frequency of clinical features (peripheral arthritis, dactylitis) and extra-articular manifestations (enthesitis, uveitis, psoriasis, inflammatory bowel disease, preceding infection) was similar between the two subgroups ($p>0,05$). Mobility was slightly more impaired in AS patients, but it did not reach a significant level. No differences in the level of global pain, patient's global assessment were found. BASDAI did not show the significant difference between AS and nr-axSpA (mean 4,5±2,1 vs 3,9±2,0), as well CRP (mean CRP 17,33 mg/l vs 17,75 mg/l (p 0,2) and ESR.
Conclusions: Diagnosis of axial SpA in Lithuania remains delayed. The proportion of patients with AS among newly diagnosed axial SpA is high.There are more women in the nr-axSpA group. Both groups do not differ regarding clinical features, disease activity.
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AB0720 CHARACTERISTICS OF TUNISIEN SPONDYLOARTHRITIS PATIENTS WITH HIP DISEASE

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Background: spondyloarthritis (SpA) is characterized by inflammation of spine and sacroiliac joints. Hip involvement is the most frequent extra spinal arthritic manifestation of SpA and may lead to a worse functional outcome.
Objectives: The objective of this study was to assess clinical, biological and radiological characteristics of SpA patients with hip disease.
Methods: This is a transversal multicenter study, including SpAs patients (satisfying ASAS criteria2009) with hip disease Demographic, clinical, radiographic, and laboratory data were collected and analyzed. Radiographic forms of hip disease were assessed according to Netter classification (early, condensing, destructive, combined and synostosante forms). Radiographic severity was assessed by the modified Stokes Ankylosing Spondylitis Spine Score (mSASSS) and BASRI (Bath Ankylosing Spondylitis Radiologic Index).
Results: ninety four patients were evaluated (77men). The mean age was 41.53±11.97 years. The median age at disease onset was 26.23±10.29 years.The mean diagnostic delay was 6.48 years. 46% of patients were smoker. HLA B27 was positive in 50% of cases. A peripheral joint involvement was found in 33% of cases. Extra-articular manifestation was seen in 57% of patients: osteoporosis (16 patients), uveitis (15 patients), psoraisis (10 patients), chronic inflammatory bowel disease (12 patients). 78 patients had bilateral hip involvement and 147 hips were evaluated. The median BASDAI and BASFI scores were respectively 5,4 and 5,5. The mean index of severity for osteoarthritis for the hip (ISH) was 12.24 (±6.84). Patients had an early form of hip disease in 22% of cases, Condensing form in 3% of cases, combined forms in 22% of cases and destructive form in 53% of cases. BASRI-hip score was 1 in 24%, 2 in 49%, 3 in 19% and 4 in 8% of hips. Sacoiliac joint grade was 2 in 17%, 3 in 37% and 4 in 46% of cases. The mean mSASSS score was 15.34±16.22.
TNF inhibitors were indicated in 49% of patients (infliximab 23, Adalimumab 7 and Etanercept 18).31 patients received csDMARDs and 46 NSAID.
Conclusions: Our finding confirm previous observation that clinical and radiological hip involvement is associated with a more severe disease with a high activity and pronounced functional impairments.
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AB0721 THE EVALUATION OF ULTRASONOGRAPHIC AND CLINICAL ENTHESOPATHY IN PATIENTS WITH INFLAMMATORY RHEUMATIC DISEASES

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Background: Enthesitis is considered as the primary anatomical lesion in spondyloarthropathy (SpA) but it can be seen in other rheumatologic diseases. Its locations and clinical relationships have not been studied well in the literature.
Objectives: We aimed to investigate the frequency of ultrasonographic, clinical enthesopathy and the relationship between enthesopathy and disease activity, functional status in patients with rheumatoid arthritis (RA) and axial SpA.
Methods: Thirty three axial SpA, 21 RA patients and 30 healthy subjects were included in the study. The clinical and functional evaluations relied on the BASDAI, BASFI, ASQoL, DAS28, and HAQ, and on a VAS for entheseal pain, as well as on the MASEI. Knee, ankle and elbow were examined with US bilaterally in 172 joint regions.
Results: The physical examination scores for enthesitis were 1.97±2.68, 2.43±1.80, 0.23±0.12 in axial SpA, RA and healthy subjects, respectively. There was no statistically significant difference between axial SpA and RA about enthesitis physical examination scores (p=0.123). A statistically significant difference was not found between axial SpA and RA in quadriceps tendon enthesitis and distal patellar ligament enthesitis according to MASEI index (MASEI 3,4,5) (p=0.993, p=0.124, p=0.652). Other MASEI enthesit scores were statistically higher in axial SpA group than RA and healthy subjects (p=0.008). Positive correlations were found between BASDAI scores and enthesitis pyhsical examination scores, MASEI total scores (r=0.739, p=0.0001, r=0.516, p=0.002). There was moderately positive correlation between ASQoL total scores and MASEI total scores (r=0.466, p=0.006). HAQ total scores were not correlated with MASEI total scores (r=0.213, p=0.065).
Conclusions: Ultrasonographic enthesitis was associated with impaired quality of life in axial SpA. MASEI 1 and 2 was spesific entheseal regions in MASEI index for axial SpA. Different from RA, the calcaneal enthesitis region for clinical investigation and ultrasonographic enthesopathy should be focused on in axial SpA.
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AB0722 THE IMPACT OF A REFERRAL STRATEGY FOR AXIAL SPONDYLOARTHRITIS IN YOUNG PATIENTS WITH CHRONIC LOW BACK PAIN: SHORT TERM OUTCOMES OF THE IMPACT STUDY

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Background: A substantial amount of young patients with chronic low back pain (CLBP) have axial spondyloarthritis (axSpA), but early recognition of these patients is difficult for general practitioners (GPs). Recently, the CaFaSpA referral rule has been published and externally validated. It is an easy to use referral strategy that has shown to be able to identify patients with CLBP at high risk for axSpA in a primary care setting. The CaFaSpA referral rule consists of 4 items: inflammatory back pain, family history of axSpA or related disease, good reaction to NSAIDs and duration of back pain $\geq$5 years. If at least 2 out of 4 items are present, the referral rule is positive and a referral to a rheumatologist is advised.
Objectives: To assess the effect of the CaFaSpA referral rule on disability in young CBPP patients by comparing it with usual care, using the format of an impact analysis.
Methods: A cluster randomized controlled trial with GP practices as clusters. GP practices were randomized to either the intervention (use of the referral strategy) or control (usual care) group. Within these GP practices, patients aged 18–45 years with current CLBP were recruited. The primary outcome was disability caused by low back pain, measured with the Roland Morris Disability Questionnaire (RMDQ) scale 0–24. RMDQ score was obtained at baseline and 4 months after a referral advice was made. A higher RMDQ score means more disability. For statistical analysis a linear mixed effects regression model was used.

Results: 92 primary care practices were randomized, 679 patients participated (64% women, mean age 36.2 years (SD7.5) and median CLBP duration 9 years (IQR 4–15 years). 333 patients were randomized to the intervention group, both groups had similar characteristics at baseline. Sixty percent of participants had a positive referral rule. RMDQ scores are shown in table 1. Sub scores are shown for patients with a positive outcome of the referral rule (PRR) and a negative outcome of the referral rule (NRR). The change in RMDQ score after 4 months in the intervention group was -0.74 (95% confidence interval (CI) -1.31 – -0.18) and in the control group -0.46 (95% CI -0.98 – 0.05). There was no significant difference between groups.

Table 1. Estimated RMDQ scores with linear mixed effects regression model in young chronic low back pain patients by application of the CaFaSpA referral rule versus usual care*

	RMDQ at baseline	RMDQ after 4 months
Use of referral rule, mean (95% CI)	8.38 (7.58 - 9.18)	7.64 (6.78 - 8.49)
PRR^, mean (95% CI)	8.51 (7.56 - 9.45)	7.77 (6.74 - 8.79)
NRR±, mean (95% CI)	8.19 (7.02 - 9.35)	7.44 (6.18 - 8.69)
Usual care, mean (95% CI)	8.61 (7.82 - 9.39)	8.14 (7.33 - 8.96)
PRR^, mean (95% CI)	8.58 (7.65 - 9.50)	7.83 (6.87 - 8.79)
NRR±, mean (95% CI)	8.65 (7.55 - 9.76)	8.74 (7.54 - 9.93)

*= There were no significant differences between use of the referral rule and usual care; RMDQ=Roland Morris Disability Questionnaire; ^PRR=positive referral rule; ±NRR= negative referral rule

Conclusions: Compared with usual care, use of the CaFaSpA referral rule in CLBP patients in a primary care setting did not significantly impact disability in these patients, 4 months after a referral advice was made. Results after 12 and 24 months should be awaited before definitive conclusions about the impact of the CaFaSpA referral rule for axSpA in CLBP patients can be made.
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AB0723 TECHNICAL AIDS AGREED AMONG SPECIALISTS FOR THE MANAGEMENT OF COMORBIDITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: THE GECOAX PROJECT

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Background: The management of comorbidity in patients with axial spondyloarthritis (Ax-SpA) needs improvement; the implementation of clinical practice guidelines is still deficient and heterogeneous.
Objectives: To prioritise comorbidities in Ax-SpA and to elaborate practical aids for their identification and follow-up.
Methods: A multidisciplinary panel [10 rheumatologists (6 experts in Ax-SpA), 2 family doctors, 1 internist, 1 cardiologist, 1 gastroenterologist, 1 psychologist and 3 methodologists] prioritised, in a discussion group, a list of comorbidities based on frequency and impact. Each comorbidity was discussed largely and systematic reviews were performed to support or discard items. In a second meeting, items to be included were presented, discussed, and those with lower priority disregarded.
Results: The panel produced a checklist for health professionals and another for patients. Each item is supported by arguments and references. Table 1 shows, schematically, the items included in the checklists.

Table 1. Items included in the checklist

Usual treatment	Of note: oral anticoagulants, antihypertensive drugs, ASA, steroids and NSAIDs.
Specific comorbidities	Hypertension, heart failure, renal failure, liver cirrhosis, gastric ulcer, infections, tuberculosis, neurological disease, and fracture risk.
Vaccine schedule and dental hygiene	Patient's vaccination status; prevention of infections.
Life-style	Physical activity (amount and type). Alcohol consumption. Detect possible abuses; important risk factor for other comorbidities.
Depression, quality of sleep and sexual life	The impact of Ax-SpA in the psychosocial sphere is relevant and should be carefully evaluated. Specific questionnaires are recommended.
Non-preventable diseases	Frequent association with uveitis, inflammatory bowel disease and cardiac pathology; systematise questions

Conclusions: These checklists are intended to facilitate the systematic evaluation of co-morbidity associated with Ax-SpA, thus allowing an earlier detection and better control and management of these patients by the rheumatologist.

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AB0724 HIGHER LIKELIHOOD OF ANTI-TNF PRESCRIPTION IN MEN VS WOMEN WITH ANKYLOSING SPONDYLITIS DESPITE SIMILAR DISEASE BURDEN: RESULTS FROM ROUTINE CARE AT TWO ACADEMIC RHEUMATOLOGY CENTERS OF USA AND SPAIN

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Background: Ankylosing spondylitis (AS) has been considered to be more prevalent in men compared to women. Besides, the clinical presentation in women is thought to be milder and more peripheral than in men. Some studies have suggested a higher burden of disease in women[1,2] but others not confirm these differences[3,4].
Objectives: To evaluate possible gender differences in men and women with AS seen in routine care at two academic rheumatology centers of the USA and Spain.
Methods: Sixty one men and 30 women with AS in Spain and 61 men and 31 women in the USA completed a Multidimensional Health Assessment Questionnaire (MDHAQ). The MDHAQ includes (0–10 scores) for physical function, pain, patient global estimate (PATGL), compiled into a 0–30 RAPID3, and fatigue scores. Furthermore, demographic data, biological (anti-TNFα) and DMARD therapies, were obtained from the medical records. A comparative analysis of men and women was performed by Mann-Whitney U tests for non-parametric quantitative data (median/interquartile range), and Chi square tests for qualitative data (frequencies/percentajes).
Results: We have not detected significant differences in men and women for function, pain, PATGL, or fatigue although a trend towards higher RAPID3 values was seen in females in both sites (Table). Anti-TNFα medications were prescribed more often in men than in women (81.2% vs 65.6%, in all patients p=0.02), statistically significant in Spain (82% vs 60%, p=0.02), and numerically higher in the USA (80.3% vs 71%, p=0.31). DMARD medications tend to be more prescribed in women than men in all patients (17.2% vs 23%, p=0.35) although no statistically significant.

Table 1. Health status and treatment of patients with SpA at two academic centers (*p<0.05)

	USA		Spain	
	Men (N=61)	Women (N=31)	Men (N=61)	Women (N=30)
Age, years	41.5 (31.7–56.9)	36.2 (31.7–56.8)	52.0 (46.0–65.4)	54.6 (43.3–61.4)
Education, years	16 (12–17)	16 (11–18)	9 (8–12)	8 (8–12)
White	31 (51%)	17 (55%)	56 (92%)	30 (100%)
Duration disease, years	12.1 (6.1–21.5)	6.3 (4–16.6)	22 (12.1–34.8)	21.4 (12.1–30.1)
HLA-B27+	26 (68%)	21 (88%)	49 (86%)	20 (69%)
MDHAQ				
Function, (0–10)	2 (0.3–4)	2.3 (0.3–4)	1.2 (0–2.7)	0.8 (0–2.3)
Pain, (0–10)	4 (1–7)	5 (2–7.5)	3 (1.5–6)	4 (1–5)
PATGL, (0–10)	3 (1.5–6.3)	5 (2–6.5)	4 (2–5.5)	3.5 (1–5.5)
RAPID3, (0–30)	8.5 (4.2–15.3)	11.8 (4–16.8)	6.8 (3.5–14.2)	8.1 (3.3–12.7)
Fatigue, (0–10)	3 (0–6.5)	5 (3–8)	3 (1–4.5)	2.8 (1–5.5)
Treatment				
Anti-TNFα	49 (80%)	22 (71%)	50 (82%)	18 (60%)*
DMARD	9 (15%)	7 (23%)	13 (21%)	7 (23%)

Conclusions: Men with SpA receive anti-TNFα more likely than women; although disease burden appears somewhat higher in women. This pattern is similar in both Spain and the USA, though statistically significant only in the Spanish population. Other parameters may be having weight in the management of SpA, such as radiographic signs versus peripheral manifestations.
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