(CVD) (53.92%), including hypertension (50.0%) and cardiosclerosis (34.31%), endocrine and metabolic disorders (66.67%), including hypercholesterolemia (65.70%) and obesity (32.35%), diseases of the digestive system (30.39%), dor-sopathies (22.55%). The number of comorbidities was associated with age ($p=0.42$, $p<0.001$) and body mass index ($p=0.29$, $p<0.001$).

In patients with bilateral ($n=44$), compared with those affected by unilateral ANFH ($n=58$), prevalence of younger age (43.5 (36–51) vs. 54,^{43–62} $p<0.01$) and male gender (odds ratio (OR) 2.99 (95% confidence interval (CI) 1.28–6.99), $p<0.05$) were detected. A history of (CVD) was more frequent in patients with unilateral ANFH (63.79% vs. 40.91%, OR 3.62 (95%CI 1.67–7.88), $p<0.05$), as well as hypertension (62.07% vs. 34.09%, OR 3.16 (95%CI 1.40–7.17, $p<0.01$). Patients with unilateral ANFH were more likely to have higher number of comorbidities (3.80^{1,17–6.43} vs. 2.89 (0.73–5.05)) and Charlson Comorbidity Index (0.72 (0.43–1.47) vs. 0.52 (0.43–1.87)).

Conclusions: ANFH is associated with high prevalence of comorbidities, especially CVD.

CVD, including hypertension, were more likely to be found in patients with unilateral ANFH, as well as higher comorbidity burden. It can be explained by the fact that patients with CVD received treatment according to national guidelines, including antihypertensive drugs, anticoagulants, statins, etc. This indicates that performing secondary prevention of CVD can be important in both CVD and ANFH, as such treatment can influence on intraosseous blood circulation in the contralateral joint.

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SAT0618

RELATIONSHIP BETWEEN ARTERIAL STIFFNESS AND DISEASE DURATION IN BEHCET'S DISEASE

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Background: There are few studies in the literature investigating arterial stiffness in Behcet's Disease (BD). The association of arterial stiffness with duration of disease is unknown.

Objectives: The aim of this study is to compare arterial stiffness by assessing pulse wave velocity (PWV) and augmentation index (AI) measurements in healthy controls (HC) and patients diagnosed as BD with low and high disease duration.

Methods: Seventy BD patients and 40 HC without diabetes mellitus, Hypertension or chronic renal failure were included in the study. Patients with BD who were diagnosed within 12 months were taken to the group with low disease duration (LDD) and the others to the group with high disease duration (HDD). Demographic data and lipid parameters of all participants were recorded and PWV and AI measurements were made from brachial artery. The clinical characteristics of the patients with BD were recorded and the Behcet's Syndrome Activity Scale (BSAS) questionnaire was filled in for all patients with BD. Findings were compared between LDD, HDD and HC groups.

Results: Age, gender and body mass indexes were not statistically different between groups ($p=0.134$, $p=0.948$, $p=0.929$ respectively). Augmentation index and PWV measurements were different between groups ($p=0.014$, $p=0.024$ respectively). In the HDD group, both PWV and AI were significantly higher than HC ($p=0.013$, $p=0.006$ respectively). In LDD group AI was significantly higher than HC however PWV was not ($p=0.047$, $p=0.919$ respectively). There was moderate correlation between PWV and disease duration (Rho:0.393; $p<0.001$) and there was no correlation between AI and disease duration ($p=0.287$)

Abstract SAT0618 – Table 1. Demographic data, parameters of arterial stiffness, lipid parameters in all participants and disease duration, BSAS scores in patients with BD.

	Healthy controls (n=40)	The time since the diagnosis of BD		P
		LDD ¹ (12 months <=) (n=32)	HDD ² (12 months <) (n=38)	
Age (year)	38.35±8.99	37.16±8.89	41.37±9.38	0.134
Gender (f/m)	23/17	20/12	19/19	0.948
BMI ³ (kg/m ²)	26.55±3.65	26.33±3.68	26.22±4.38	0.929
BSAS ⁴ (0-100)		42.97±21.59	42.87±22.83	0.985
Disease duration (month)		0 (0-6.7)	120 (36-186)	<0.001
Augmentation index (%)	22.53±7.80	26.63±9.72	28.87±11.24	0.014
Pulse wave velocity (m/s)	5.75 (5.3-6.4)	5.8 (5.3-6.5)	6.6 (5.6-7.0)	0.024
LDL (mg/dl)	124.25±29.99	114.89±29.41	115.80±27.78	0.593
T. Cholesterol (mg/dl)	204.25±36.80	191.82±42.66	188.80±29.62	0.426
Triglycerides (mg/dl)	105.62±35.46	127.82±77.22	125.40±58.38	0.507
HDL (mg/dl)	54.75±10.34	52.35±13.62	47.65±10.71	0.182

LDD: Low disease duration, HDD: High disease duration, BMI: Body mass index, BSAS: Behcet Syndrome Activity Scale, BD: Behcet Disease

Conclusions: The augmentation index is higher in patients with BD than HC regardless of the duration of the disease. Pulse wave velocity does not increase in the early period of the disease in patients with BD but increases with prolonged disease duration.

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SAT0619

ASSOCIATIONS BETWEEN CLINICAL MANIFESTATIONS OF BEHCET'S SYNDROME AND WORK OUTCOMES: RESULTS FROM A UK CROSS-SECTIONAL ANALYSIS

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Background: Behcet's syndrome (BS) is a multi-systemic auto-inflammatory disease which exhibits significant heterogeneity in clinical manifestations, including orogenital ulceration, skin rash, arthralgia and ocular, venous, gastro-intestinal and neurological involvement. BS affects adults of working age, usually presenting between 20–40 years,¹ and can therefore have a significant impact on work. The association between individual and cumulative clinical manifestations of BS on employment status has not previously been assessed.

Objectives: To 1) describe demographics, clinical manifestations, work outcomes and use of unemployment benefits in a UK BS cohort and 2) to explore the relationship between individual and cumulative manifestations of BS and work outcomes.

Methods: A cross sectional analysis was performed using the Liverpool Behcet's Centre of Excellence clinical database. Inclusion criteria were clinical characteristics meeting International Criteria for Behcet's Disease (ICBD) diagnostic criteria and recorded employment data. Patients meeting ICBD but thought unlikely to have BS on clinical review by our multi-disciplinary team were excluded. Demographics, clinical manifestations, work outcomes and use of employment related benefits were described. A binomial variable 'Out of work' was generated and defined as unemployment, sickness absence, or patients marked as retired but of working age, a carer or a homemaker if the patient had to stop work due to BS. Associations between Out of work and: 1) individual clinical manifestations of BS, and 2) number of clinical BS manifestations, were explored using multivariate logistic regression adjusted for age, gender, mean EQ5D score and socio-economic status. Odds ratios (OR) and 95% confidence intervals were calculated.

Results: 120 patients met inclusion criteria. Mean age was 41.1 years and 33 patients (28%) were male. The minimum number of clinical manifestations were two in order to meet ICBD; the frequencies were 100% oral ulceration, 94% genital ulceration, 71% arthralgia, 43% skin rash and 20% ocular, 7% neurological, 6%