stress tended to be lower at the radius on follow-up however these parameters were not significantly different at the tibia (table 1).

Abstract AB0843 – Table 1

	RADIUS			TIBIA		
	Baseline	Follow-up	p	Baseline	Follow-up	p
Total volumetric BMD (mg/cm ³)	318.93 ±311.80	317.37 ±378.61	0.49	301.89 ±48.99	302.06 ±50.71	0.70
Cortical volumetric BMD (mg/cm ³)	857.22 ±51.43	851.48 ±52.96	0.08	869.69 ±38.21	866.62 ±39.91	0.11
Trabecular volumetric BMD (mg/cm ³)	158.33 ±42.34	156.81 ±41.88	0.21	155.200 ±44.34	154.26 ±45.25	0.35
BV/TV (%)	0.132 ±0.035	0.131 ±0.035	0.19	0.129 ±0.037	0.129±0.04	0.37
Trabecular number (per mm ³)	1.985 ±0.302	2.017 ±0.319	0.32	1.793 ±0.36	1.809±0.37	0.56
Trabecular thickness (mm)	0.067 ±0.013	0.065 ±0.013	0.12	0.072 ±0.01	0.071±0.01	0.17
Trabecular separation (mm)	0.435 ±0.104	0.429 ±0.106	0.46	0.483 ±0.13	0.478±0.13	0.06
Cortical thickness (mm)	0.765 (0.72–0.85)	0.760 (0.71–0.82)	0.80	0.751 (0.58–0.84)	0.745 (0.55–0.83)	0.78
Cortical porosity (%)	0.019 (0.71–0.82)	0.017 (0.016–0.024)	0.81	0.049 (0.02–0.06)	0.048 (0.017–0.065)	0.80
Stiffness (N/mm)	1.37±0.42	1.33±0.34	0.03	1.57±0.31	1.58±0.31	0.72
Stress (MPa)	27.23 ±10.52	26.30±9.83	0.03	32.78±7.8	32.70±7.71	0.71

Conclusions: This is the first study to document the changes in bone strength in AS patients with the use of TNF inhibitors. Treatment with TNF inhibitors might maintain bone microarchitecture at cortical and trabecular sites in patients with AS.

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AB0844

EFFECTIVENESS AND RETENTION RATE OF CERTOLIZUMAB PEGOL IN SPONDYLOARTHRITIS. REAL LIFE DATA

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Background: Certolizumab pegol (CZP) is available for patients with axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA). The efficacy and the safety of CZP are well established from clinical trials. However, evidence of its effectiveness in regular clinical practice is limited.

Objectives: To evaluate the effectiveness and safety of CZP in a real word setting in axSpA patients.

Methods: Multicentric cohort of SpA patients treated with CZP according to routine clinical practice. The study was approved by the local Ethics Committee. Maximum follow-up was 12 months. Clinical response was evaluated through BASDAI, ASDAS, BASFI and MASES scores. Safety variables: discontinuation rate.

Results: 336 patients with axSpA were included: 56.5% male, mean age 45.8 (±12.1) years, median disease time 4.3 (0, 49.5) years, 68.5% of patients were HLAB27 positive, and never smokers 64.7%. Prior bDMARD received (27.2% none; 37.9% 1, 35%≥2). At baseline 36.8% had concomitant DMARDs and 82.8% NSAIDs. 31.8% of patients had peripheral arthritis and 42.7% entesitis at baseline. CZP retention time 10.3 months. Statistically significant differences in BASDAI, BASFI, ASDAS y MASES were observed at the last visit comparing to baseline (table 1). In the last observation, 41.0% of the patients achieved BASDAI50, 34% were in ASDAS remission (ASDAS <1.3) and 49% presented a minimal clinical improvement (ASDAS at least 1.1). 46.3% of patients had resolution of the entesitis (MASES=0). According to Kaplan-Meier analysis, the drug survival of CZP was 83.3%, and no differences were observed in retention rates

when CZP were used as first option (83.3%) or after failure to other biologicals (79.1%) (figure 1). 56/336 (16.7%) withdrawn CZP treatment: 34/336 (10.1%) due to lack of effectiveness, 16/336 (4.8%) due to adverse event and 6/336 (1.8%) for other reason. Serious adverse event was found in 23/336 (6.8%) patients.

Abstract AB0844 – Table 1. Evolution of clinical variables of activity

	Baseline	Last visit
BASDAI evolution	6,2±1.6(n=263)	3,9±2.2(n=260)*
BASFI evolution	5,6±2.1(n=225)	3,7±2.3 (n=241)*
ASDAS evolution	3,7±2.7(n=322)	2,4±2.2 (n=321)*
MASES score	3,9±2.7(n=78)	1,2±1.8(n=51)*

*p<0,001, Wilcoxon's test

Abstract AB0844 – Figure 1. CZP Retention rate in axSpA patients without and with previous biological experience.

Conclusions: Real life experience from this nationwide rheumatology study, demonstrated the effectiveness and safety of CZP in patients with axSpA, with a significant reduction of BASDAI, BASFI, ASDAS and MASES scores. No differences were observed in the retention rate regardless previous biological treatment.

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AB0845

THE EFFECT OF BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS PATIENT REPORTED OUTCOMES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS; A SYSTEMATIC LITERATURE REVIEW AND A CALL FOR ACTION

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Background: Patient reported outcomes (PROs) have gained relevance in the evaluation of several diseases such as axial spondyloarthritis (axSpA). They allow the clinician to have a quantitative measurement of several aspects of the disease, according to the patient perspective.

Objectives: In this review we intended to evaluate the efficacy of different biologic disease-modifying anti-rheumatic drugs (bDMARD) in achieving the minimum clinically important difference (MCID) in several PROs. Data from randomised controlled trials (RCT) conducted in radiographic axSpA (r-axSpA) and non-radiographic axSpA (nr-AxSpA) patients were included.

Methods: A systematic literature review (SLR) was performed using the MEDLINE database (August 17 2017) with the filters "published in the last 10 years" and "humans". Abstracts from the EULAR 2017 were also considered. The PICO (P,