cohort receiving subcutaneous therapies. This approach unlocks the potential of "personalised medicine" which supports individualised treatment and brings significant savings to the healthcare provider.

Disclosure of Interest: None declared

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AB0847 IMPACT OF SPONDYLOARTHRITIS ON LIFE QUALITY: BEFORE AND AFTER TREATMENT

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Background: Life quality issues in spondyloarthritis (SPA) are often spontaneously mentioned by patients or identified by rheumatologists. Besides classic follow up parameters, we have to consider those issues to improve our patients life quality.

Objectives: Explore and quantify the impact of SPA on life quality via everyday's life and psychological items and the effect of treatment on them.

Methods: SPA cases were collected by a group of 14 private practice rheumatologists (Rh) in the Paris area. Basic informations about the patient and his disease were provided by his rheumatologist. Questionnaire including 12 themes and 41 items was filled in by the patient.

Results: 50 cases collected, 59.5% men, mean age 45 years, 82% working Axial SPA 42%, peripheral 4%, mixt 52%. Mean duration before study: 14 years. Moderate disease 57%, severe 26.5%. HLA B27 positive 84% Drugs: NSAIDs 96%, classic DMARDS 31%, biological DMARDS 84%, corticosteroids 36%, combination therapy 42%.

Associated measures were suggested by the Rh: Physical activity (62%), rest (56%), psychological support, physiotherapy, yoga, adapting professional activity and environment...

Life quality issues are spontaneously mentioned by 40% of the patients.

Before treatment, 72% of the patients report consequences on their hobbies, 68% on their psychological well-being, 54% on their getting about, 50% on their family relations. The less impacted items are food (26%) and economy (24%).

Life quality is mostly altered by pain (71%), then fatigue (17%), handicap (7%) and other people's attitude (5%).

After treatment, social repercussions diminish by 47%, then getting about, housework, family relations, holidays, sexual life, psychological well-being, hobbies and work (between -21% and -44%).

Drug intolerance: 36%.

The items improving by more than 50% after treatment are in this order: cultural life, transports, house-keeping, do-it-yourself, sleep, going out, work (53% less sick leave).

The treatment is less efficient (<22%) on economy, dependance, disillusion, depression and sexual life.

Family circle lacks empathy in 66% of the cases, family relations stay difficult after treatment.

Conclusions: SPA diminishes quality of life in 75% of our patients, but only 40% mention it spontaneously. All the parameters impacted by SPA were significantly improved after treatment. The best improvement concerned hobbies, including culture, do-it-yourself and going out. One patient of two found correct sleep and felt psychologically better. Sick leave was reduced by half, but, unfortunately, family relations didn't improve.

The rheumatologist has to track, in a trusting patient-physician relation, the daily situation impacted by the SPA.

Disclosure of Interest: None declared

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Spondyloarthritis – clinical aspects (other than treatment)

AB0848 FOUR YEARS OF DELAY IN THE DIAGNOSIS OF SAPHO SYNDROME: SINGLE TERTIARY CENTRE EXPERIENCE

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Background: SAPHO syndrome is a chronic disease with bone, joint and skin involvement characterised by synovitis, acne, pustulosis, hyperostosis and osteitis. It is a rare disease and its diagnosis may depend on detailed clinical examination as well as radiological evaluation

Objectives: In this study, we aim to present clinical features and diagnostic course of patients with SAPHO syndrome who are followed in our tertiary referral clinic.

Methods: All patients with SAPHO syndrome diagnosed since February 2014 have been registered with a standard form. Patients are prospectively monitored since then. Diagnosis was based on the criteria by Benhamou et al.¹ In the questionnaire, demographic data (age, sex, duration of illness), clinical features (skin and joint involvement), laboratory characteristics (acute phase reactants, HLA-B27), radiological imaging (bone scintigraphy (increased activity in the sternum, bilateral sternoclavicular joints and clavicles), MRI) disease activity parameters (BASDAI, BASFI) were questioned. There were 24 patients with SAPHO syndrome. The data of 21 patients were presented because the clinical findings of 3 patients were insufficient.

Results: Data of 21 patients with SAPHO syndrome were available and 11 (52.4%) patients were female. Mean age at diagnosis was 39.9±12.9, mean age of symptom onset was 35.2±12.9, mean follow-up duration was 18.1±25.1 months. The mean delay time of diagnosis SAPHO syndrome was calculated as 49.0±82.5 months. Thirteen patients (61.9%) were followed up with another clinical diagnosis before SAPHO diagnosis. The clinical characteristics of the patients are shown in Figure 1. HLA-B27 was positive in 3 of 13 patients. Mean activity scores of our patients at initial visit were; BASDAI: 4.8±2.8, BASFI: 4.6±2.2, CRP2.3±4.2 mg/dL and erythrocyte sedimentation rate 23.8±22.6 mm/h. Scintigraphy findings were positive in 16 (94.1%) of 17 patients. The diagnosis of 2 patients was supported by MRI. The remaining 2 patients were diagnosed with X-ray and clinic findings.

Involvement pattern	n (%)
Spinal involvement	14 (66.7)
Peripheral joint involvement	8 (38.1)
Skin involvement	16 (76.2)
- PPP	10 (47.6)
- Serious acne	5 (23.8)
- Psoriasis vulgaris	5 (23.8)
- Hidradenitis suppurativa	1 (4.8)
Skin involvement time	
- Before muscle skeletal symptoms	7 (43.8)
- Muscle skeletal symptoms at the same time	1 (6.3)
- After musculoskeletal symptoms	8 (50)
Osteoarticular symptoms	19 (90.5)
- Cervical pain	10 (47.6)
- Thoracic pain	15 (71.4)
- Lumbosacral pain	15 (71.4)
Anterior chest wall pain	20 (95.2)
IBP	12 (57.1)
Morning stiffness (more than 1 hour)	10 (47.6)
Sternocostal joint involvement	7 (33.3)
Sternoclavicular joint involvement	18 (85.7)
Manubrium sternal involvement	11 (52.4)
Costochondral joint involvement	6 (28.6)
Hip joint involvement	10 (47.6)
Sacroiliitis	10 (47.6)
Osteoitis	10 (47.6)
Entesis	4 (19)
Uveitis	3 (14.3)

PPP: palmoplantar pustulosis, IBP: Inflammatory Back pain

Abstract AB0848 – Figure 1. Clinical characteristics of patients at diagnosis

PPP: palmoplantar pustulosis, IBP: Inflammatory Back pain

Conclusions: There is a certain diagnostic problem in the SAPHO syndrome. Delay of SAPHO diagnosis was almost 4 years and 62% of patients had wrong diagnosis before SAPHO syndrome. Anterior chest wall involvement with dermatological findings should be alerting to the physicians. Bone scintigraphy can be helpful to diagnose SAPHO syndrome. It is important to distinguish SAPHO syndrome from other spondyloarthritis and/or psoriatic arthritis because of the potential different treatment strategies.

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