Objectives: To assess in clinical practice the improvement in quality of life from the patient's perception as a result of pharmacological treatments in axSpA.

Methods: A sample of 680 patients diagnosed with axSpA was interviewed through an online survey as part of the Spanish Atlas-2017, which aimed to promote early referral, improve healthcare, and the use of effective treatments in patients with axSpA. For this study, self-reported data from patients who had received both NSAIDs and BT were analysed. Patients were asked about the improvement they had experienced on 7 different aspects of quality of life after starting treatment with NSAIDs or BT: independence, leisure and free time, social relations, sport and physical activity, and mood and sexual relations. Improvements were measured on a 0 to 10 Likert Scale and classified as low (≤ 5) and high (≥ 6). Non-parametric (Wilcoxon) tests were used to compare the degree of improvement between patients with biological therapy and those with NSAIDs.

Results: A total of 189 patients who had received both types of drugs were included. The mean (SD) age was 44.03 (± 10.11) years, 50.3% were females, 70.9% married and 47.1% belong to a patients' association. The mean (SD) disease duration was 21.3 $\pm$ 10.7 years and 67.7% were HLA-B27+. A higher percentage of patients perceived a high level of improvement after receiving a BT than after receiving an NSAID, for both overall quality of life assessment (57% vs 22%, respectively) and the different quality of life-related aspects. Additionally, the mean degree of improvement for overall quality of life assessment and the different aspects related to this were reported to be significantly higher after receiving BT than after NSAIDs (overall improvement: 5.46 $\pm$ 2.59 vs 3.19 $\pm$ 2.45; $p < 0.001$, respectively).

Abstract AB0875 – Table 1. Mean improvement degree and percentage of patients who reported high improvement (≥ 6 in 0–10) in different aspects related to quality of life after receiving biological therapy and NSAIDs

	NSAID		Biological Therapy		p value Wilcoxon
	High improvement (%)	Degree of improvement, Mean (SD)	High improvement (%)	Degree of improvement, Mean (SD)	
Independence	22.6	3.40 (2.79)	53.0	5.83 (3.01)	<0.001
Leisure & Spare Time	22.9	3.41 (2.73)	58.2	5.81 (2.80)	<0.001
Employment	20.7	3.01 (2.84)	53.6	5.48 (3.36)	<0.001
Social Relations	19.4	3.05 (2.50)	52.1	5.45 (2.95)	<0.001
Sport & Physical Activity	14.4	2.62 (2.71)	41.3	4.88 (3.05)	<0.001
Emotional Wellbeing	17.4	2.70 (2.83)	53.9	5.78 (2.88)	<0.001
Sexual Activity	16.0	2.52 (2.66)	53.4	4.65 (3.28)	<0.001
Global	22.2	3.19 (2.45)	57.0	5.46 (2.59)	<0.001

Conclusions: In clinical practice, patients' self-reported satisfaction overall and related to different aspects of quality of life is substantially greater after being treated with BT than with NSAIDs. However, these results need to be confirmed in a longitudinal study

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AB0876 CORRELATION BETWEEN FAECAL CALPROTECTIN LEVELS AND TOBACCO USE IN PATIENTS WITH SPONDYLOARTHRITIS AND WITHOUT PREVIOUS DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE

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Background: It is estimated that between 5% and 10% of patients with spondyloarthritis (SpA) are associated with inflammatory bowel disease (IBD). It has also been proven through endoscopic and histological studies that up to 60% of patients with SpA have microscopic inflammatory intestinal lesions, with a subclinical character and of which the true clinical relevance is unknown, although a greater percentage of these are those that will evolve to IBD.

Objectives: To assess whether tobacco use may be associated with higher faecal calprotectin (FC) levels in patients with diagnosis of SpA and without clinical suspicion or previous diagnosis of IBD.

Methods: This is a single centre, cross-sectional, observational study with prospective collecting data. Data were included for consecutive patients from Rheumatology consultation who had been previously diagnosed of SpA, fulfilled ASAS criteria and without digestive symptoms suggestive of IBD (chronic diarrhoea, rectal bleeding, perianal disease, chronic abdominal pain – persistent or recurrent). Details about demographic characteristics, clinical and laboratory variables related with SpA (BASDAI, HLA B27, acute phase reactants), treatments and FC were collected. A pathological cut-off point of FC > 50 mg/kg was determined. Patients on NSAIDs treatment were advised to discontinue its use 2 weeks before collecting stool samples. This study was approved by the Clinical Research Ethics Committee.

Results: 99 patients were included: 53.5% women, with a mean age of 46 $\pm$ 11 years. nonspecific digestive disorders (dyspeptic symptoms, H. pylori y gastroesophageal reflux) were observed in 9% of the patients. Among all, 18% were smokers. Mean BASDAI was 3.7 $\pm$ 2.5; 39% of patients were being treated with any concomitant DMARD and 67% were on NSAIDs. 49.5% of the patients⁴⁹ showed elevated FC determinations, with an mean level of 276 mg/kg (range 52–3,038). The percentage of patients with high levels of FC was significantly increased in smokers (72.2% vs. 44.4%, $p = 0.033$), with higher levels of FC in smokers than non-smokers (262 mg/L vs. 121 mg/L. $p = 0.126$). The remaining analysed variables did not show any significant differences in terms of FC levels.

Conclusions: Microscopic bowel inflammation is described in approximately 50% of patients with SpA and it is related with more severe disease. Tobacco use has been associated with worse prognosis and response to treatment in SpA. A relationship between elevated FC levels (inflammatory activity biomarker) and tobacco use in patients with SpA without previous diagnosis or clinical suspicion of IBD is established in this study.

Disclosure of Interest: None declared

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AB0877 ANALYSIS OF THE ASSOCIATION OF THE PERIPHERAL INVOLVEMENT OF THE SPONDYLOARTHRITIS WITH THE EXTRA-ARTICULAR MANIFESTATIONS

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Objectives: Patients with SpA present peripheral involvement, such as arthritis and enthesitis, or only axial involvement, such as sacroiliitis and spondylitis. The differentiation of the peripheral and axial presentation is important, being able to guide different therapeutic strategies.

Methods: This is a retrospective observational study, conducted in two clinics in Florianópolis. The population was composed of patients with AS and non-radiographic and peripheral axial SpA, according to the criteria of modified New York and ASAS group, respectively, served from 1997 to 2017.

Results: 153 patients were analysed, 82 were male (53.59%), 71.29% were HLA B27 positive (77/108 tested), 87.3% had sacroiliitis detected on x-ray, CT or MRI, 104 presented peripheral involvement (67.97%) and 49 (32.02%) purely axial involvement. Arthritis occurred in 86 (56.2%) and enthesitis in 57 (37.3%) patients. The use of synthetic DMARD occurred in 78.4% of the patients, more frequently in the group with peripheral involvement, with methotrexate being used in 74% versus 56.3% of those with purely axial involvement ($p < 0.05$). The use of biological DMARD occurred in 104 (68%), in the majority of the anti-TNF class (96.1%), with the highest frequency of use in patients with axial involvement (77.1% versus 64.4%), but not statistically significant ($p > 0.05$). Extra-articular manifestations were found in 72 (47.1%) of the patients, with uveitis being the most frequent (26.8%). The presence of uveitis occurred in 68.3% of patients with isolated axial involvement versus 31.7% of patients with peripheral involvement ($p = 0.179$). The cutaneous involvement occurred in 18.3% of the patients with peripheral involvement compared to 8.3% of those with an isolated axial condition. Regarding bowel involvement and cardiovascular impairment, there was no significant difference in prevalence between the two groups.

Conclusions: Extra-articular manifestations are frequent in SpA, but are not more frequent in patients with peripheral involvement versus patients with pure axial involvement. Peripheral involvement is associated with greater use of synthetic DMARDs when compared to pure axial involvement.

Disclosure of Interest: None declared

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