AB0878

COMPARISON OF CLINICAL FEATURES IN PATIENTS WITH PSORIATIC ARTHRITIS AND PATIENTS WITH SPONDYLOARTHRITIS WITH INFLAMMATORY BOWEL DISEASE

M. Uematsu^{1,2}, K. Inui¹, T. Okano¹, Y. Yamada¹, K. Mandai¹, Y. Sugikoka³, K. Mamoto¹, T. Koike^{3,4}, H. Nakamura¹. ¹Department of Orthopedic surgery, Osaka City University Graduate School of Medicine; ²Department of Orthopedic surgery, Higashisumiyoshi morimoto hospital; ³Center for Senile Degenerative Disorders (CSDD), Osaka City University Graduate School of Medicine, Osaka; ⁴Search Institute for Bone and Arthritis Disease (SINBAD), Shirahama Foundation for Health and Welfare, Wakayama, Japan

Background: Spondyloarthritis (SpA) is one of the representative comorbidity in patients with psoriasis (PsO) and inflammatory bowel disease (IBD) disease. However, the difference of clinical features between SpA due to PsO (PsA) and SpA due to IBD (IBD-SpA) are unclear.

Objectives: The purpose of this study is to compare the clinical features between patients with PsA and IBD-SpA.

Methods: Overall, 192 patients with PsO and 37 patients with IBD were included in this cross-sectional study. Clinical classification of PsA and IBD-SpA were performed according to the CASPAR¹ criteria and ASAS criteria.² Disease activity (DAS28-CRP), C-reactive protein (CRP), matrix metalloproteinase-3 (MMP-3), anti-cyclic citrullinated peptide antibody (ACPA), rheumatoid factor (RF), biologic disease modifying anti-rheumatic drugs (bDMARDs) use, and proportion of peripheral and axial disease were evaluated in patients with PsA and IBD-SpA.

Results: In this analysis, 74 patients were classified as PsA, 65 patients as PsO, 17 patients as IBD-SpA and 20 patients as IBD. The mean age was 56.0±14.7 years in PsA, 44.7±10.9 years in IBD-SpA (p=0.003). The mean BMI was 24.2±4.5 kg/m² in PsA, 23.3±7.2 kg/m² in IBD-SpA (p=0.18). DAS28-CRP was 3.26±1.26 in PsA, 4.02±1.5 in IBD-SpA (p=0.12). Axial SpA was observed in 4 (5.4%) in PsA, 5 (29.4%) in IBD-SpA (p=0.01). Biologics were used in 29 (39.2%) patients in PsA, 13 (76.5%) patients in IBD-SpA (p=0.007). Proportion of seropositive ratio was not significant in this two groups.

Abstract AB0878 – Table 1. Characteristics in patients with PsO, PsA, IBD and IBD-SpA.

	PsA (n=74)	PsO (n=65)	IBD-SpA (n=17)	IBD (n=20)	P value*
Age, years	56.0±14.7	60.2±14.0	44.7±10.9	45.0±12.8	0.003
Female, n (%)	36 (48.6)	29 (44.6)	8 (47.0)	16 (80.0)	1.0
Height, m	1.63±0.09	1.61±0.09	1.65±0.07	1.59±0.06	0.43
Body weight, kg	65.3±16.8	61.7±13.1	64.7±24.8	51.8±12.2	0.34
BMI, kg/m ²	24.2±4.5	23.7±3.9	23.3±7.2	20.4±3.9	0.18
DAS28-CRP	3.26±1.26	1.91±0.9	4.02±1.5	2.53±0.8	0.12
CRP, mg/dl	1.32±3.3	0.32±0.6	1.0±1.1	0.78±2.4	0.12
MMP-3, ng/ml	99.9±95.3		92.1±59.0		0.90
ACPA positive, n (%)	6 (8.1)		0 (0)		0.59
RF positive, n (%)	7 (9.5)		1 (5.9)		1

*Mann-Whitney U-test and Fisher's exact test were performed in comparison with PsA and IBD-SpA.

Abstract AB0878 – Table 2. Prevalence of axial SpA and peripheral SpA in patients with PsA and IBD-SpA.

	PsA (n=74)	IBD-SpA (n=17)	P value
Axial SpA, n (%)	4 (5.4)	5 (29.4)	0.01
Peripheral SpA, n (%)	70 (94.6)	12 (70.6)	

Conclusions: The clinical features between patients with PsA and IBD-SpA were compared. The patient with IBD-SpA was younger than patient with PsA and the prevalence of axial disease was more frequent in IBD-SpA.

REFERENCES:

- [1] Taylor W, Gladman D, Helliwell P, et al. Classification criteria for psoriatic arthritis: development of new criteria from a large international study. *Arthritis Rheum.* 2006;54:2665–73.
- [2] Rudwaleit M, van der Heijde D, Landewé R, et al. The Assessment of SpondyloArthritis International Society classification criteria for peripheral spondyloarthritis and for spondyloarthritis in general. *Ann Rheum Dis.* 2011;70:25–31.

Acknowledgements: We wish to thank Tomoko Nakatsuka for clinical assistant.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4473

AB0879

FIBROMYALGIA IN PATIENTS WITH ANKYLOSING SPONDYLITIS: PREVALENCE AND RELATIONSHIP WITH DISEASE ACTIVITY

M. Sahli, O. Saidane, I. Mahmoud, A. Ben Tekaya, R. Tekaya, L. Abdelmoula. *Rheumatology, Charles Nicolle Hospital, Tunis, Tunisia*

Background: Spondyloarthritis (SpA) is an inflammatory rheumatic disease, characterised by spinal involvement, peripheral arthritis, or enthesitis with marked pain, stiffness, and fatigue. Fibromyalgia (FM) may be associated with SpA, and shares some common symptoms.

Objectives: We aimed to estimate the prevalence of FM in SpA and its influence on the assessment of SpA disease activity.

Methods: This single-centre cross-sectional study included consecutive patients with SpA according to the Assessment of SpondyloArthritis International Society criteria. FM was diagnosed according to the 2010 American College of Rheumatology criteria. All patients underwent clinical evaluation of disease activity using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), the Bath Ankylosing Spondylitis Functional Index (BASFI) and the Ankylosing Spondylitis Disease Activity Score (ASDAS) and then compared in patients with and without FM.

Results: The study included 100 patients with SpA, 67 males and 33 females with a median age of 44.65 years. The prevalence of fibromyalgia was 20%. Patients fulfilling the criteria of FM presented a higher total BASDAI (5.86 (±1.97) vs. 3.15 (±1.99), p<0.01), higher ASDAS-CRP (3.43 (±1.13) vs. 2.41 (±1), p<0.01), higher ASDAS-VS (3.5 (±1.12) vs. 2.53 (±1.02), p<0.01) and poorer function scores (BASFI) (6.76 (±1.97) vs. 3.8 (±2.59), p<0.01).

Conclusions: FM is a frequent comorbidity in patients with SpA. In patients with SpA-FM, disease activity may be overestimated and this overestimation could lead to inappropriate treatment escalation.

REFERENCES:

- [1] Azevedo VF, Paiva E dos S, Felipe LRH, Moreira RA. Occurrence of fibromyalgia in patients with ankylosing spondylitis. *Rev Bras Reumatol.* 2010;50:646–50.
- [2] Salaffi F, De Angelis R, Carotti M, Gutierrez M, Sarzi-Puttini P, Atzeni F. Fibromyalgia in patients with axial spondyloarthritis: epidemiological profile and effect on measures of disease activity. *Rheumatol Int.* 2014;34:1103–10.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5992

AB0880

THE OBJECTIVE AUTOMATED MEASUREMENT OF FLUORESCENCE-SIGNAL INTENSITIES IN FLUORESCENCE-OPTICAL IMAGING TECHNIQUE DISCRIMINATES BETWEEN DISEASE ACTIVITY AND ITS RESPONSE IN ANTITNF TREATED PSORIATIC ARTHRITIS PATIENTS – AN INTERIMS ANALYSIS OF THE XPLORE-STUDY

M. Köhm^{1,2}, S. Ohrndorf³, T. Rossmann², A. Foldenauer², U. Henkemeier⁴, G. Schmitt⁵, J. Berger⁶, H. Burkhardt^{1,2}, F. Behrens^{1,2}, on behalf of The Xplore-Study Group. ¹Rheumatology, Goethe-University Frankfurt/Main; ²Clinical Research, Fraunhofer IME TMP, Frankfurt/Main; ³Rheumatology and Immunology, Universitätsmedizin Charité, Berlin; ⁴CIRI, Goethe-University Frankfurt/Main; ⁵Rheumatology and Immunology, Universitätsmedizin Charité, Frankfurt/Main; ⁶Xiralite GmbH, Berlin, Germany

Background: Psoriatic arthritis (PsA) is a chronic inflammatory disorder combining joint and musculoskeletal inflammation. AntiTNF-therapy is induced after failure of NSAID and DMARD treatment. Up to 30%–40% of the patients are primary not responding adequately to the induced biological therapy. In daily practice response is calculated by improvement of disease activity measured by clinical examination and calculated using composite indices. Feasible and robust biomarkers for prediction of response are missing.

Methods: Fluorescence optical imaging (FOI) is used as method for detection of changes in microvascularisation of the hands as potential marker for inflammation. ICG is injected as fluorescence agent, that is than stimulated by light and recorded by a specific camera system. An automated computer-based reading of the disease activity (DACT) is used as an objective method to display overall fluorescence-signals and their intensities. In a prospective multicentre study, the value of FOI in measurement of disease activity and its predictive value to discriminate responders in newly treated PsA patients is currently investigated in the XPLORE-study. This interim analysis investigates the value of baseline (BL) DACT to discriminate between responders (at least low disease activity (LDA) with DAS28 ≤3.2) and non-responders compared to standard clinical disease measurements (SJC, TJC, DAS28) over the 52 weeks observational period.