AB0878
COMPARISON OF CLINICAL FEATURES IN PATIENTS WITH PSORIATIC ARTHRITIS AND PATIENTS WITH SPONDYLOARTHRITIS WITH INFLAMMATORY BOWEL DISEASE
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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.

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 PsO, 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, 2 (29.4%) in IBD-SpA (p=0.001). Biologics were used in 29 (29.2%) 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.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>PsO (n=65)</th>
<th>PsA (n=74)</th>
<th>IBD-SpA (n=17)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>56.0±14.7</td>
<td>60.2±14.0</td>
<td>44.7±10.9</td>
<td>0.003</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>36 (48.6)</td>
<td>29 (44.6)</td>
<td>8 (47.0)</td>
<td>1.0</td>
</tr>
<tr>
<td>Height, m</td>
<td>1.63±0.09</td>
<td>1.61±0.09</td>
<td>1.65±0.07</td>
<td>0.506</td>
</tr>
<tr>
<td>BMI, kg/m²</td>
<td>24.2±4.5</td>
<td>23.3±7.2</td>
<td>23.3±7.2</td>
<td>0.18</td>
</tr>
<tr>
<td>DAS28-CRP</td>
<td>3.26±1.26</td>
<td>4.02±1.5</td>
<td></td>
<td>0.12</td>
</tr>
<tr>
<td>CRP, mg/dl</td>
<td>1.32±3.3</td>
<td>6.7±24.8</td>
<td></td>
<td>0.09</td>
</tr>
<tr>
<td>MMP-3, mg/ml</td>
<td>99.9±95.3</td>
<td>92.1±50.0</td>
<td></td>
<td>0.59</td>
</tr>
<tr>
<td>ACPA positive, n (%)</td>
<td>6 (8.1)</td>
<td>0 (0)</td>
<td>7 (5.9)</td>
<td>1</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>SpA type</th>
<th>PsA (n=74)</th>
<th>IBD-SpA (n=17)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axial SpA, n (%)</td>
<td>4 (5.4)</td>
<td>2 (29.4)</td>
<td>0.01</td>
</tr>
<tr>
<td>Peripheral SpA, n (%)</td>
<td>70 (94.6)</td>
<td>12 (70.6)</td>
<td></td>
</tr>
</tbody>
</table>

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:

Disclosure of Interest: None declared

AB0879
FIBROMYALGIA IN PATIENTS WITH ANKYLOSING SPONDYLITIS: PREVALENCE AND RELATIONSHIP WITH DISEASE ACTIVITY
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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 who 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±1.01, p<0.01), higher ASDAS-VS (3.51±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:

Disclosure of Interest: None declared

AB0880
THE OBJECTIVE AUTOMATED MEASUREMENT OF FLUORESCENCE-SIGNAL INTENSITIES IN FLUORESCENCE-OPTICAL IMAGING TECHNIQUE DISCRIMINATES BETWEEN DISEASE ACTIVITY AND ITS RESPONSE IN ANITNF TREATED PSORIATIC ARTHRITIS PATIENTS – AN INTERIM ANALYSIS OF THE XPLORE-STUDY
M. Köhn1,2, S. Ohmdorf2, T. Rossmannoth, A. Földenauer, U. Henkemeier4, G. Schmitta, J. Berger, H. Burkhardt2, B. Behrens2, on behalf of The Xplore Study Group.1 Rheumatology, Goethe-University Frankfurt/Main; 2 Clinical Research, Fraunhofer IME TMP, Frankfurt/Main; 3 Rheumatology and Immunology, Universitätsmedizin Charité, Berlin; 4 CIRL, Goethe-University Frankfurt/Main; 5 Rheumatology and Immunology, Universitätsmedizin Charité, Frankfurt/Main; 6 Xiralite 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 40% of the patients are primary non-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 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.

Disclosures of Interest: None declared

* 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.