mSASSS value was 3.8 (IQR 1.0–22.1) in AS and 0.0 (IQR 0.0–1.4) in nr-axSpA patients. The mean Berlin AS Spine Score for patients with axSpA was 5.3 (SD 7.1). Patients received a treatment with NSAIDs (62.7%), DMARDs (20.9%) and/or biologics (49.4%). A significant correlation of the ASAS HI was found for BASMI ($r=0.5$), BASDAI ($r=0.7$), ASDAS ($r=0.5$), BASFI ($r=0.8$), BMI (0.3) and Berlin Score (0.3). ASAS HI did not correlate with radiographic damage (mSASSS $r=0.2$, presence of bamboo spine $r=0.2$) and CRP ($r=0.07$). Stratifying patients by symptom duration (cut-off 3 years) did not affect these results. Logistic regression showed influence of obesity but not of inflammation or structural damage on global functioning (table 1).

Abstract AB0893 – Table 1

	Univariable		Multivariable	
	OR (CI)	p	OR (CI)	p
Age	1.04 (1.02–1.06)	0.001	-	NS
Male sex	0.47 (0.24–0.93)	0.003	0.09 (0.01–0.71)	0.022
BMI	1.10 (1.03–1.18)	0.006	1.24 (1.05–1.48)	0.013
BASDAI, 0–10	1.35 (1.17–1.57)	<0.001	-	NS
ASDAS	2.51 (1.76–3.57)	<0.001	-	NS
BASFI, 0–10	2.03 (1.66–2.48)	<0.001	1.85 (1.19–2.87)	0.006
BASMI, 0–10	2.0 (1.56–2.54)	<0.001	-	NS
mSASSS, 0–72	1.02 (1.00–1.05)	0.089	-	NS
Berlin Score, 0–72	0.98 (0.91–1.04)	0.490	-	NS

Conclusions: The influence of obesity on functioning is remarkable in patients with SpA. In contrast, the influence of structural damage and spinal inflammation on functioning was limited in this study, probably due to the relatively low mSASSS and MRI scores. Further studies with inclusion of more severely affected patients are needed to study the association of functioning, spinal mobility, obesity and radiographic damage over a broader range of affected patients.

Disclosure of Interest: None declared

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AB0894 A COMPARISON OF CLINICAL FEATURES IN PATIENTS WITH SPONDYLOARTHRITIS AND UNILATERAL OR BILATERAL HIP ARTHRITIS

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Background: Axial spondyloarthritis (AS) is a frequent chronic and progressive disease that affects mainly young adults and is characterised by inflammation of the axial skeleton, but peripheral joints such as hips may also be involved. The incidence of hip involvement in AS is around 30%.¹ Nevertheless, data concerning clinical features in patients with spondyloarthritis comparing unilateral and bilateral hip arthritis are lacking.

Objectives: To compare clinical, functional and radiologic outcomes in patients with AS with unilateral or bilateral hip arthritis.

Methods: Cross-sectional study on 100 patients with AS according to the ASAS criteria of 2009² who had unilateral and bilateral hip joint lesions defined by hip pain, limited joint motion and radiographic hip abnormalities. Demographic and clinical outcomes were performed including HLA B27 status. Spinal mobility outcomes were assessed by Schöber index and Bath Ankylosing Spondylitis Metrology Index (BASMI). Radiographic measurements were performed and included Bath Ankylosing Spondylitis Radiology Index (BASRI) and modified Stoke Ankylosing Spondylitis Spinal Score (mSASSS).

Results: Bilateral hip joint lesion was reported in 76% of patients which 14 were women and mean age was 37.14 years. Bilateral hip involvement was associated with less height ($p=0.002$), more long disease duration ($p=0.015$), more several clinical spinal involvements with more spinal stiffness ($p=0.000$) and less spinal mobility ($p=0.004$). Extra-articular manifestations were comparable in patients with unilateral and bilateral hip arthritis ($p=0.55$), however HLA B27 antigen was significantly more common ($p=0.003$) in patients with bilateral hip arthritis. BASRI hip ($p=0.042$) and mSASSS ($p=0.009$) scores were used to assess structural damage on plain radiographs and were significantly more important in bilateral involvement. Nevertheless, protrusive form was more frequent in patient with unilateral hip involvement ($p=0.05$).

Conclusions: Bilateral hip arthritis seems to be more frequent and more severe than unilateral involvement in patients with AS.

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AB0895 ARE LATERAL SPINE BONE MINERAL DENSITY MEASUREMENTS USEFUL IN AXIAL SPONDYLOARTHRITIS?

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Background: Bone loss leading to osteoporosis (OP) is a well-known feature of axial spondyloarthritis (AS) although this disease is characterised by calcification in extra osseous tissues and new bone formation. In fact, dual-energy X-ray absorptiometry (DEXA) is the most common imaging method used to measure the bone mineral density (BMD). However, many studies have shown an inferiority of the postero-anterior (PA) spine measurements in reflecting the bone loss compared to lateral spine measurements because of the bridging syndesmophytes which may overestimate the BMD.

Objectives: Our aim is to evaluate the Lateral spine BMD (L-BMD) in AS and to assess its association with the disease features.

Methods: Seventy-five patients who met the Modified New York Classification criteria for AS were enrolled in this cross-sectional study. BMD was measured using DEXA at PA lumbar, lateral lumbar and hip regions.

Results: Sixty-two men and 13 women were enrolled with an average age of 36.8 ± 11.8 years. Bone loss (osteopenia or OP) was noted in 65% of the patients ($n=46$) in PA lumbar and in 63% in lateral lumbar ($n=45$). In L-BMD, BMD was correlated with early menopause and vitamin D level ($p=0.01$ and $p=0.04$ respectively). T-score in lateral spine was correlated with coffee consumption ($p=0.02$), physical inactivity ($p=0.037$), sexual hormones disorders ($p=0.02$), hip arthritis ($p=0.017$), BASMI ($p=0.001$), BASFI ($p=0.03$) and ASDAS_{VS} ($p=0.03$) scores, ESR ($p=0.003$) and CRP ($p=0.03$) levels, and hip ($p=0.004$), spine ($p=0.007$) and total ($p=0.001$) BASRI.

Conclusions: L-BMD seems to be a reliable measurement in AS, and may avoid the overestimation of the BMD values and allows consequently to detect spinal osteoporosis and prevent fractures in AS.

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AB0896 ASSOCIATION OF IGA ANTIBODIES AGAINST CD74 WITH PRODUCTION OF IL17A BUT NOT OF TNFALPHA IN PATIENTS WITH ACTIVE AXIAL SPONDYLOARTHRITIS

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Background: Axial spondyloarthritis (axSpA) is strongly associated with HLA-B27. Recently, IgA antibodies (Abs) against CD74 (IgA-anti-CD74) and T-cells carrying CD-74-specific T-cell receptors were also found to be associated with axSpA, especially in patients with ankylosing spondylitis, the radiographic form of axSpA. Tumour necrosis alpha (TNF α) inhibitors and IL-17 antagonists are efficacious in patients with active axSpA.

Objectives: To investigate whether IgA-anti-CD74 Abs are associated with pro-inflammatory cytokines in the sera of patients with HLA-B27-positive and -negative patients with active axSpA.

Methods: Blood samples of 62 HLA-B27-positive and 58 HLA-B27-negative patients with axSpA (44% AS) prior to starting a biologic therapy were collected. A cytometric bead-array (CBA Flex Set) was used to measure serum levels of interleukin (IL)–17A, IL-6, IL-1 α , TNF α , and interferon (INF)- γ . IgA-anti-CD74 Abs were measured by ELISA, using the predefined cut-off of 15 U/ml. Their mean concentrations were compared between groups using T-tests. The patients who were positive or negative for IgA-anti-CD74 Abs were compared using chi-square test.

Results: IgA-anti-CD74 Abs were detected in 54/120 axSpA patients (45%). There were no differences in the baseline demographics and clinical assessments in patients with or without IgA-anti-CD74 Abs. The presence of IgA-anti-CD74 Abs