was associated with higher serum concentrations of IL-17A (p<0.01), irrespective of the presence of HLA-B27, CRP and IL-6 (both p<0.05) but not TNFα (p=0.2).

Conclusions: In a cross-sectional study, the presence of IgA Abs against CD74 was associated with serum levels of pro-inflammatory biomarkers such as CRP (and IL-6) and IL-17 but not TNFα irrespective of HLA-B27 status. Longitudinal prospective studies are needed to show that the measurement of IgA anti-CD74 Abs and/or serum cytokines can help to guide treatment decisions.

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THE RELATIONSHIP BETWEEN DISEASE-SPECIFIC INDICES AND BALANCE IN PATIENTS WITH ANKYLOSING SPONDYLITIS

V. Acar1, N. İçin1, B. Gürpınar1, G. Can2, F. Öner2. 1Physical Therapy and Rehabilitation, 2Rheumatology, Dokuz Eylül University, izmir, Turkey

Background: Axial and periferal joint stiffness, impaired joint mobility and postural deformities may affect balance in AS. However factors affecting balance in AS patients are still unclear. There is limited literature investigating balance-related factors in patients with AS and the results are contradictory.

Objectives: The aim of the study was to investigate relationship between disease-specific indices and balance in patients with AS.

Methods: 72 patients (46 male, 26 female) with AS were included in the study. The demographic and anthropometric features (age, weight, height, body mass index (BMI)) of patients were recorded. Disease-specific indices used in the study were Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI) and Bath Ankylosing Spondylitis Mobility Index (BASMI). BASDAI for disease activity, BASFI for functional capacity, BASMI for spinal mobility were used. Static and dynamic balance was evaluated with Biodex Balance System SD. Limits of stability and bilateral stance (stable platform) postural stability test results were recorded. Overall stability (OA) indices were used. A high score in the OA index indicates poor balance. Spearman correlation test used for statistical analysing. Correlation analyses were performed between BASDAI, BASFI, BASMI scores and Biodex test results

Results: The mean age of patients was 39.95±8.84 years and mean BMI was 26.55±3.82 kg/m2. BASDAI, BASFI and BASMI scores of patients are shown in table 1.

Abstract AB0898 – Table 1

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Improvement n=42</th>
<th>Worsening n=58</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>30/34.8%</td>
<td>15/17.4%</td>
</tr>
<tr>
<td>II</td>
<td>21/24.4%</td>
<td>26/30.2%</td>
</tr>
<tr>
<td>III</td>
<td>18/20.9%</td>
<td>36/41.8%</td>
</tr>
</tbody>
</table>

Comparison of improvement rates in I and III trimesters, p=0.05.

Conclusions: Therefore, the majority of patients reported the diverse fluctuations in AS course during pregnancy, although 50% of responders noticed worsening back pain, although special attention should be given to correct evaluation of AS activity in these patients keeping in mind the increased physiological load on the backbone during the second half of pregnancy.

Disclosure of Interest: None declared


ANKYLOSING SPONDYLITIS AND PREGNANCY: DATA FROM THE QUESTIONNAIRE SURVEY-BASED PILOT STUDY

Z. Gandaloeva, O. Kritchevskaya, T. Dubinina, S. Erdes. Laboratory of spondyloarthrits, V. A. Nasonova Research Institute of Rheumatology, Moscow, Russia., Moscow, Russian Federation

Objectives: To study the effect of pregnancy on ankylosing spondylitis (AS) course.

Methods: 86 AS patients having pregnancy in the course of the disease were included into questionnaire survey. Patients’ mean age was 34 [30:37] years, mean disease duration was 120 [72:180] months. The questionnaire items were designed to elucidate modifications in AS course during the last pregnancy with live birth outcome. The study is based on patient’s self-reported health (SRH) status (improvement, worsening, no change).

Results: All responders reported delivery of full-term babies at mean 39 weeks [38:40] of gestation. Delivery was documented by 46 (53.5%) responders. Caesarean section – by 40 (46.5%). AS worsening or improvement during all three trimesters is shown in the table 1.

Abstract AB0899 – Table 1

Comparison of improvement rates in I and III trimesters, p=0.05.

Worsening of underlying disease (as compared to the condition 3 months prior to pregnancy) during whole pregnancy was reported by 3 (3.5%) women, absence of noticeable changes was reported by 13 (15.1%) patients, and AS improvement – by 9 (10.4%) participants.

61 (71%) of responders reported fluctuating AS activity during pregnancy. AS worsening was associated with exacerbation of back pain in 44 (51%), emergence and/or recurrence of arthritis – in 15 (17.4%), or uveitis – in 9 (10.4%), and other symptoms – in 11 (12.8%) patients.

Conclusions: Therefore, the majority of patients reported the diverse fluctuations in AS course during pregnancy, although 50% of responders reported the improvement in the course of the disease at least during one trimester (more often in the first). Nevertheless, almost 70% of responders reported AS worsening with exacerbations rates increasing in parallel with increasing gestation age. 50% of participants noticed worsening back pain, although special attention should be given to correct evaluation of AS activity in these patients keeping in mind the increased physiological load on the backbone during the second half of pregnancy.

Disclosure of Interest: None declared