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

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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 and unstable platform), single leg 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 AB0897 – Table 1. BASDAI, BASMI and BASFI scores

<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. 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 participants 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


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

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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] month. 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 delivered delivery of full-term babies at mean 39 weeks [38:40] of gestation, vaginal 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 AB0898 – Table 1

Trimester Improvement n=42 Worsening n=58
I 30/34.8% 15/17.4%
II 21/24.4% 26/30.2%
III 18/20.9% 36/41.8%

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.

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Disclosure of Interest: None declared


ONLY positive weak correlation was found between BASFI score and right leg stance overall postural stability index (r=0.25, p=0.034). No other correlation was detected between BASDAI, BASFI, BASMI scores and Biodex balance test results.

Conclusions: The results of our study indicated that there is no relationship between BASDAI, BASFI, BASMI scores and balance except BASFI score and right leg stance postural stability. Our results contradict some previous studies while supporting some studies. This may be due to in our study BASDAI, BASFI and BASMI scores are lower than previous studies or the usage of different methods from previous studies for evaluating balance and postural stability in AS. Further studies are required to establish the actual status of relationship between balance and clinic measurements in AS patients.

REFERENCE:

Disclosure of Interest: None declared

Stéroïdal anti-inflammatory drugs; csDMARDs: conventional synthetic disease-modifying antirheumatic drugs; bDMARDs: biological disease-modifying antirheumatic drugs.

**Objectives:** To describe the clinical, demographic, epidemiological and radiographic characteristics of patients with PsA in our centre, as well as pharmacological survival and reasons for the suspension of different biological treatments.

**Methods:** Retrospective analysis of patients with PsA treated between 1985 and 2015 at a University Hospital with a referral area of 850,000 inhabitants. Demographic, clinical, laboratory and imaging data, as well as patients’ clinical and medical treatment records.

**Results:** The main characteristics of the cohort are summarised in Table 1: Approximately one third of patients with PsA (32.3%) required treatment with a biological drug during the course of their disease. The most frequently prescribed first-line drugs (89.5%) were tumour necrosis factor-α inhibitors (TNFi).

The course of their disease, 27 (21.9%) patients who started biological treatment received a biological drug other than TNFi. Of the 124 patients who started treatment with a biological DMARD, more than half (65.52%) required a change to a second drug, and of these, 27 (41.5%) changed to a third, with up to 7 different biological drugs required in one case. The mean survival time for the first bDMARD was 42.8±42.3 months, with secondary failure the most common cause of treatment change (37.8%), followed by adverse effects (27.1%) and primary failure (18.9%). The adverse effects registered were: 20% infections, 20% appearance of neoplasms, 5% allergic reactions and 55% other causes.

**Conclusions:** PsA presents a similar distribution by sex and is usually diagnosed at around the age of 50, having been preceded by cutaneous involvement. PsA is an entity of considerable severity and up to a third of patients will require biological treatments during its evolution. More than half of them will receive a second biological treatment. The retention rate of each drug varies but tends to decrease with each drug change.

**Disclosure of Interest:** None declared.