AB1293

INCIDENCE OF SACROILIITIS IN INFLAMMATORY BOWEL DISEASE: A SINGLE-CENTRE STUDY FROM TIANJIN, CHINA

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Background: Time trend studies have shown a rising incidence and prevalence of inflammatory bowel diseases (IBD) in China. IBD is a complex disease, which can present with a large number of extraintestinal manifestations (EIMs), such as skin, eye and joint lesions. Among these EIMs, spinal involvement is often silent and do not correlate with IBD activity. So the prevalence of spinal involvement in IBD is poorly understood.

Objectives: To estimate the incidence of sacroiliitis and other extraintestinal complaints among patients with IBD in Tianjin Union Medical Center.

Methods: From September 2017 to January 2018, for all patients who came to our hospital do endoscopic examination, we picked out patients who had a diagnosis of IBD (include ulcerative colitis, crohn's disease and colitis). All IBD patients who agreed to participate in the study completed a questionnaire. To investigate the incidence of spondyloarthritis, part of patients took screening test. Radiologic examination of pelvic to screen sacroiliitis, blood sample to test erythrocyte sedimentation(ESR), C-reactive protein(CRP) and human leukocyte antigen B27 (HLA-B₂₇).

Results: 87 patients were enrolled; 93.1% had ulcerative colitis (UC), 1.1% had Crohn's disease (CD), and 5.7% had colitis. Among them, 54% were female. The mean age of onset in female and male was 47.6 years (range from 28 to 81) and 41.3 years (range from 18 to 72) respectively. Of the 87 patients, 56 patients (64.4%) had a history of articular pain, some of which were involved in axial articular (45/56), peripheral articular (2/56), and both axial and peripheral articular (9/56). 20 patients (22.98%) had history of enthesitis (e.g. plantar fasciitis, tendinitis achillea, anterior chest wall pain). 4 patients (4.6%) had history of skin impairment (e.g. nodule erythema, psoriasis, urticaria). 6 patients (6.9%) had history of ocular lesions (e.g. red eye, sore eye, epiphephsitis, cataract, vitreous opacity). 5 patients (5.7%) had oral ulcer. 3 patients had family history of gastrointestinal disease (2 bowel cancer, 1 UC). 25 patients conducted radiologic examination of pelvic (14 X-ray, 10 CTs and 1 MR). 8 patients (32%) revealed sacroiliitis. Among these 8 patients, 2 of them showed asymptomatic radiological involvement of sacroiliac joint. The texts of HLA-B₂₇ were performed in 29 patients (include patients who conducted radiologic examination of peivic), and all revealed negative results. 52 patients tested ESR and CRP, 30 patients showed higher results than normal bias.

Conclusions: This study displayed the incidence of sacroiliitis, among patients with IBD in our centre, it showed that patients with IBD have a higher incidence of sacroiliitis. In order to evaluate the patients comprehensively, IBD patients with articular pain should be evaluated by rheumatologist. Besides, among our patients with IBD, the occurrence of HLA-B₂₇ is low, and there were no correlation between IBD activity and articular symptoms or inflammatory indicators.

REFERENCE:

[1] inflammatory bowel disease, extraintestinal manifestations, sacroiliitis

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IMPACT OF WORK STATUS ON HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN RA

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Background: Compared to the general population, RA patients (pts) are less likely to be employed and have lower HRQoL.^{1,2} However, data on impact of work status on HRQoL in RA pts are limited.

Objectives: Evaluate association between work status and HRQoL in RA pts.

Methods: We analysed data from adult pts enrolled in a large sequential RA registry. Physicians assessed pt demographics, clinical characteristics, disease activity and laboratory parameters at baseline (BL) and then annually. Follow-up questionnaires to assess pt-reported outcomes were administered every 6 months and included HRQoL measures (12-Item Short-Form Health Survey physical and mental component summary [SF-12 PCS, MCS], EuroQoL-5 Dimension [EQ-5D]) and work status; higher score indicates better health for all 3 HRQoL measures. General linear mixed models with repeated measures were used for SF-12 analysis and finite mixture models for the EQ-5D analysis, controlling for BL covariates.

Results: A total of 974 RA pts with HRQoL information were included: 49.3% (n=480) 'employed for pay', 38.9% (n=379) 'employed not for pay' (retired,

homemaker or student), 11.8% (n=115) 'not employed or on disability'. Pts employed for pay were younger and had lower disease activity compared with other groups (table 1). Compared with pts 'not employed or on disability', pts employed had significantly higher PCS (mean [SE] 7.17 [0.82]; p<0.001), MCS (5.39 [0.80]; p<0.001) and EQ-5D (0.48 [0.16]; p=0.0031) scores. Similar results were observed comparing pts 'employed not for pay' to pts 'not employed or on disability' (Table 2).

Abstract AB1294 – Table 1. BL Characteristics by Work Status

Variable	Employed (n=480)	Employed not for pay* (n=379)	Not employed or disabled (n=115)
Age, years	52.66 (0.53)	66.21 (0.60)	56.69 (0.90)
RA disease duration, years	12.78 (0.46)	18.40 (0.67)	17.09 (1.05)
DAS28 (CRP)	2.94 (0.07)	3.51 (0.08)	4.03 (0.16)
Multidimensional HAQ	0.36 (0.02)	0.60 (0.03)	0.99 (0.05)
SDAI	13.34 (0.65)	18.83 (0.89)	24.75 (1.84)
TJC (28 joints)	7.47 (0.47)	11.67 (0.66)	14.64 (1.41)
Female, n (%)	395 (82.29)	310 (81.79)	106 (92.17)
Biologic DMARDs, n (%)	239 (49.79)	174 (45.91)	64 (55.65)
Seropositive, n (%)	230 (60.53)	211 (67.2)	59 (64.13)
Household income <\$50,000, n (%)	86 (18.90)	146 (45.63)	65 (60.74)
Household income ≥\$50,000, n (%)	369 (81.10)	174 (54.38)	42 (39.25)
Stopped work due to RA, n (%)	9 (1.88)	101 (27.15)	80 (70.18)

Data are mean (SE) unless otherwise indicated; *Retired, homemaker or student

Abstract AB1294 – Table 2. Multivariate Analysis of Impact of Work Status on HRQoL

Effect	SF-12 PCS general linear model		SF-12 MCS general linear model		EQ-5D mixture model	
	Estimate (SE)	Pr > t	Estimate (SE)	Pr > t	Estimate (SE)	Pr > t
Employed for pay (vs not employed or disabled)	7.17 (0.82)	<0.0001	5.39 (0.80)	<0.0001	0.48 (0.16)	0.0031
Employed not for pay (vs not employed or disabled)	3.75 (0.82)	<0.0001	6.78 (0.81)	<0.0001	0.42 (0.16)	0.0104
Income <\$50,000/year (vs ≥\$50,000/year)	-1.04 (0.56)	0.0655	-2.56 (0.55)	<0.0001	-0.19 (0.12)	0.1084

Other covariates included in the model were age, sex, disease duration, disease activity, acute-phase reactant (CRP), BMI, serostatus and time points

Conclusions: Work status and household income in RA are independently associated with HRQoL. More studies are needed to evaluate impact of work on changes in HRQoL in RA pts.

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