with PR had an increased risk of RA (HR, 118.76; 95% CI, 89.81–157.04), SS (HR, 59.57; 95% CI, 43.87–80.88), SLE (HR, 51.56; 95% CI, 32.96–80.66) PM (HR, 47.38; 95% CI, 6.90–476.83), and SSc (HR, 13.42; 95% CI, 3.79–47.55) but not of DM (HR, 3.44; 95% CI, 0.34–34.59).

**Conclusions:** Patients with PR had an increased risk of developing RA, SS, SLE, PM, and SSc.

**REFERENCES:**


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**AB1306**

**EPIDEMIOLOGY OF ACUTE ANTERIOR UVEITIS, PSORIASIS, INFLAMMATORY BOWEL DISEASE, PALINDROMIC RHEUMATISM AND SJÖGRENS SYNDROME IN TREATED ANKYLOSING Spondylitis PATIENTS IN TAIWAN**

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**Background:** The population-based epidemiology of extra-articular manifestations of ankylosing spondylitis (AS), including acute anterior uveitis (AAU), psoriasis (PsO), inflammatory bowel disease (IBD), and palindromic rheumatism (PR) has not been investigated. Whether or not the incidences of palindromic rheumatism (PR) and Sjögren’s syndrome (SS) are higher than non-AS individuals is also unknown.

**Objectives:** This study aimed to investigate the incidences of AAU, PsO, IBD, PR, and SS in a population-based AS cohort compared with a matched non-AS cohort in Taiwan.

**Methods:** Using 2003–2012 claims data from the Taiwanese National Health Insurance Research Database, we firstly identified 30,900 AS patients newly-diagnosed from 2006 to 2012 who received at least 3 courses of AS-related therapy (i.e., non-steroidal anti-inflammatory drugs, methotrexate, salazopyrine or corticosteroid) and defined the first day of AS diagnosis as the index date of the AS cohort. Then we randomly selected 3 09 000 non-AS individuals matching, were matched for age, gender and ethnicity with 63 patients who did not develop SS.

**Results:** The incidence rate of AAU (IR, 7.0 per 105 years vs. 2.9 per 105 years; IRR, 2.39; 95% CI, 1.97–2.82), PsO (IR, 167 per 105 years vs. 73 per 105 years; IRR, 2.30; 95% CI, 1.97–2.70), Crohn’s disease (IR, 2.7 per 105 years vs. 0.2 per 105 years; IRR, 14.44; 95% CI, 2.75–92.48), ulcerative colitis (IR, 6.1 per 105 years vs. 0.1 per 105 years; IRR, 78.03; 95% CI, 9.35–617.98), PR (IR, 591 per 105 years vs. 29 per 105 years; IRR, 20.33; 95% CI, 17.87–23.12), and SS (IR, 84 per 105 years vs. 6 per 105 years; IRR, 13.61; 95% CI, 10.05–18.43).

**Conclusions:** Consistent with prior studies, our data showed that the incidence of AAU, PsO, and IBD were higher in AS patients than non-AS individuals. We also found that AS patients had a higher incidence of PR and SS compared with non-AS individuals.

**REFERENCE:**