

Abstract THU0247 – Figure 1. Example of graph in SpA-Net reporting the evolution of ASDAS in relation to medication use over time

**Conclusions:** SpA-Net enables regular monitoring of pts with SpA and can serve as a first step to optimise knowledge and communication between pts and care providers. Both pts and care providers thought SpA-Net improves quality of care in daily practice.

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**THU0248 ASSOCIATION OF KINESIOPHOBIA, AEROBIC EXERCISE, FUNCTIONAL IMPAIRMENT AND DISEASE ACTIVITY OF PATIENTS WITH RHEUMATOID ARTHRITIS AND SPONDYLOARTHRITIS**

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**Background:** Rheumatoid arthritis (RA) and spondyloarthritis (SA) are the most common chronic inflammatory rheumatism, leading to functional disability, but also cardiovascular mortality. Aerobic exercise (AE) is one of the most effective non-pharmacological resources for cardiovascular rehabilitation while the patients RA and SA have difficulty to join the practice of physical exercise. It can be explained by the presence of kinesiophobia, fear that the movement exacerbates the pain and disease.

**Objectives:** To compare the level of AE of patients with RA and SA with healthy subjects and to verify the association between kinesiophobia, the level of activity of the disease and the functional disability

**Methods:** Fifty RA patients and fifty SA patients followed by the rheumatology department of the University Hospital of Besançon and fifty healthy age-matched subjects were included. The main inclusion criteria: between 18 and 80 years old and without orthopaedic surgery <1 year. The disease activity (DAS-28 and ASDAS), the functional disability (HAQ and BASFI), the level of AE (SQUASH questionnaire) and kinesiophobia (TSK questionnaire) were evaluated. The control group answered to the SQUASH questionnaire. The t-test was used to compare inflammatory rheumatism groups with the control group (healthy subjects). The Pearson Correlation Test for each group (RA and SA) was used to verify the associations between variables.

**Results:** The level of AE is significantly higher in healthy subjects (p=0.022). In the RA group, kinesiophobia is associated with disease activity, functional disability and level of AE. In the SA group, kinesiophobia is associated only with the functional disability. Patients have a low level of AE compared to healthy subjects. However, only the RA group has an association between kinesiophobia and AE. In the SA group, functional disability appears to be a factor limiting the practice of AE.

Abstract THU0248 – Table 1. Results of pearson correlation test between variables

	Aerobic Exercise	Kinesiophobia	Functional Disability	Disease Activity
RA	-	r = -0.280*	r = -0.414**	r = -0.149
	r = -0.280*	-	r = 0.522**	r = 0.327*
	r = -0.414**	r = 0.522**	-	r = 0.531*
SA	-	r = -0.165	r = -0.40	r = -0.064
	r = -0.165	-	r = 0.345*	r = 0.224
	r = -0.040	r = 0.345*	-	r = 0.737**

\* p < 0.005; \*\* p < 0,005

**Conclusions:** RA and SA patients need to be encouraged and better informed about the benefits of physical exercise.

**Disclosure of Interest:** None declared

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**THU0249 MORE THAN 60% PATIENTS WITH SPONDYLOARTHRITIS REPORT PERIPHERAL MANIFESTATIONS: AN ANCILLARY ANALYSIS OF THE ASAS-COMOSPA STUDY**

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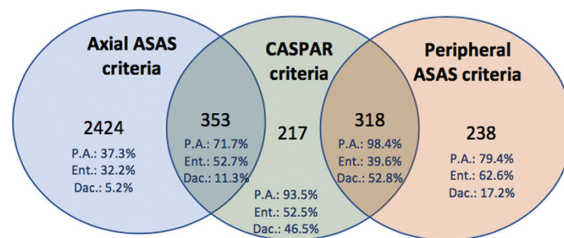
**Background:** Peripheral manifestations (arthritis, enthesitis and dactylitis) can be observed in patients with Spondyloarthritis (SpA)<sup>1</sup>, but the factors associated with their presence are not well known. Studies are needed in order to thoroughly evaluate these symptoms.

**Objectives:** a) To describe the prevalence of peripheral manifestations in patients with SpA in a world-wide population; and b) to determine the factors associated with the presence of these manifestations.

**Methods:** Data from the ASAS-COMOSPA study were analysed. The prevalence of each peripheral manifestation was evaluated with regard to the criteria fulfilled by the patient (ASAS axial, ASAS peripheral, CASPAR) and with regard to the time of occurrence of axial symptoms (before/concomitant/after). Factors associated with the presence of these peripheral manifestations were also explored by univariate and multivariate logistic regression.

**Results:** Out of the 3984 patients included in ASAS-COMOSPA, 2562 (64.3%) reported, at least, one peripheral manifestation. Among these, 2051 patients (51.5% from the total database) had current or past history of peripheral arthritis, being more frequent among patients who met CASPAR and Peripheral ASAS criteria (see figure 1). Involvement was more frequently oligoarticular (40.2%) and appearing after axial symptom onset (48.9%). Multivariate analysis showed that patients from South America [OR 2.45, (95%CI 1.93–3.11)], the presence of enthesitis [OR 2.46, (95%CI 2.11–2.86)], dactylitis [OR 6.46, (95%CI 4.78–8.71)], skin psoriasis [OR 2.46, (95%CI 1.79–3.37)], HLAB27+ [OR 0.83, (95%CI 0.72–0.97)] and inflammatory back pain (IBP) [OR 0.37, (95%CI 0.29–0.47)] were associated with peripheral arthritis.

A total of 1506 (37.8%) and 618 (15.6%) patients reported enthesitis and dactylitis, respectively. Both occurred after axial symptoms onset in 58.3% and 60.8% of the patients, respectively. Similar results than peripheral arthritis were obtained in the multivariate analysis regarding these two peripheral manifestations, with exception of IBP and HLAB27+, which were not associated with enthesitis.



\*434 patients fulfil neither axial ASAS, nor peripheral ASAS, nor CASPAR criteria. (P.A. 43.8%, Ent. 34.8%, Dac. 11.3%).

P.A.: Peripheral Arthritis, Ent.: Enthesitis, Dac.: Dactylitis.

Abstract THU0249 – Figure 1. \*434 patients fulfil neither axial ASAS, nor peripheral ASAS, nor CASPAR criteria.