Conclusions: Peripheral manifestations appear in 64% of patients with SpA and in more than 50% after axial symptoms onset. Peripheral arthritis, were more frequently mono- or oligo- rather than poly-articular, and the presence of psoriasis or any of the three peripheral manifestations acts as risk factor for the development of other peripheral symptoms.

REFERENCE:

- [1] Dougados M, d'Agostino MA, Banessiano J, et al. Joint Bone Spine 2011 Dec;78(6):589–603. doi:10.1016/j.jbspin.2011.01.013

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5309

THU0250

IMPACT OF GUT INVOLVEMENT IN EARLY SPONDYLOARTHRITIS. THE DESIR COHORT

D. Wendling¹, X. Guillot¹, C. Prati¹, C. Miceli-Richard², A. Molto², R. Lories³, M. Dougados². ¹Rheumatology, CHRU Besançon, Besançon; ²Rheumatology, Cochin Hospital, Paris, France; ³Skeletal Biology, KU Leuven, Leuven, Belgium

Background: Inflammatory bowel disease (IBD) is a well-known extra articular feature of spondyloarthritis (SpA), with increasing evidence of a pathophysiological relationship.

Objectives: The aims of this study were to evaluate in the DESIR cohort a) the prevalence of IBD at baseline and M60, and b) the incidence of IBD over the first 5 years of follow-up, c) factors (epidemiological, clinical, imaging, biological data available in the database) associated with IBD, a on the prevalent cases at baseline and at year 5 and also on the incident cases.

Methods: DESIR is a prospective observational cohort of patients with recent onset (<3 years) inflammatory back pain, suggestive of axial SpA. All available factors in the database were compared between patients with and without past or present IBD at baseline and at M60, and with and without incident cases of IBD over the 5 years of follow-up, by uni and multivariate analysis.

Results: At baseline, 706 patients were analysed, 35 had a past history or a concomitant IBD: prevalence 4.94% [CI 95%: 3.3–6.5]. IBD was significantly associated (univariate) with family history of IBD, DMARD use, steroid use, history of uveitis, elevated ESR and negatively associated with psoriasis, HLA-B27 and NSAID score. In multivariate analysis IBD was positively and independently associated with history of uveitis; OR 3.62 [1.95–6.74], levels of DKK-1: OR 1.03 [1.02–1.05] and TNF serum levels: OR 1.17 [1.08–1.26]. IBD was not associated with phenotypic presentation (peripheral arthritis, enthesitis, dactylitis, uveitis) or baseline serum levels of other cytokines (IL-6, IL-17 A, IL-17 F, IL-23, IL-23).

At M60, 480 patients were analysed, 58 with IBD: prevalence 12.1% [9.17–14.99]. In univariate analysis on prevalent cases, IBD was associated with lower NSAID score, worse activity and function indexes (ASDAS-CRP, BASFI, SF-36, HAQ, ASQoL), use of DMARD anti TNF, more sick leave. In multivariate analysis, IBD was associated with fulfilment of modified New York criteria: OR 4.85 [2.23–10.57], sick leave: OR 1.01 [1.005–1.014], BASDAI: OR 1.10 [1.05–1.16], and with smoking: OR 2.79 [1.53–5.07]. No association with MRI scores, enthesitis, psoriasis, BMD.

After a 5 year follow-up period, 23 new incident cases of IBD were recorded, giving an estimated occurrence rate of 0.95/100 [0.57–1.35] patient-years in this population. Incidence of IBD was independently associated (multivariate) with: HLA B27: OR 0.36 [0.22–0.59], fulfilment of modified New York criteria at M0: OR 3.35 [1.85–6.08], family history of IBD: OR 3.31 [1.62–6.77].

Conclusions: In early SpA, IBD occurs with an incidence of around 1/100 patient-years, and is associated with poor outcome at 5 years, family history of IBD, absence of HLA-B27, fulfilment of modified New York criteria.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3205

THU0251

CHARACTERISTICS OF NEWLY DIAGNOSED AXIAL SPONDYLOARTHRITIS PATIENTS IN RHEUMATOLOGY PRACTICES ACROSS GERMANY

D. Poddubnyy¹, E. Edelmann², V. Rios Rodriguez¹, S. Saringen³, T. Mosch³, J. Sieper¹. ¹Charité Universitätsmedizin Berlin, Berlin; ²Rheumazentrum Bad Aibling, Bad Aibling; ³AbbVie Deutschland GmbH and Co KG, Wiesbaden, Germany

Background: There is still limited knowledge about early axial spondyloarthritis (axSpA) patients in primary rheumatology care.

Methods: Rheumatologist from n=70 study centres across Germany recruited patients with spondyloarthritis (SpA) diagnosed for the first time (time since diagnosis <1 year) over three consecutive years. Patients were evaluated and

documented regarding clinical, laboratory and imaging characteristics, fulfilment of ASAS classification criteria and treatment. In addition, participating centres (n=36) documented the frequency of newly diagnosed SpA among all patients seen for the first time in their practice in one week.

Results: A total of 427 newly diagnosed SpA patients were recruited. 342 patients (mean age 38.9 years, range 18–73; 55.3% males) had a new diagnosis of axSpA (mean symptom duration 81.5 months (range 0–599)) and are presented here in more detail. 36.5% were classified as radiographic axSpA according to the modified New York criteria and 19.3% were imaging (magnetic resonance imaging and X-rays) negative. The laboratory, clinical and imaging characteristics of these patients are shown in the table 1. 85.4% of these patients diagnosed as axSpA by the rheumatologist fulfilled the ASAS classification criteria. 69.9% were treated with NSAIDs, 3.8% with conventional DMARDs and 1.2% with biologics when seen for the first time by the rheumatologist. The therapy has been continued or changed as follows by the rheumatologist at first visit after making the diagnosis of axSpA: NSAIDs in 80.7%, conventional DMARDs in 8.8% and biologics in 10.5%. However, additional treatment with biologics might be initiated at follow-up visits.

The proportion of SpA patients among all newly diagnosed patients with rheumatic conditions documented in one week was 17.5% (10.1% axSpA and 7.4% peripheral SpA).

Abstract THU0251 – Table 1. Clinical, laboratory and clinical characteristics of patients with axial SpA (n=342)

Parameter	Prevalence, %
Inflammatory back pain, current	74.9
Arthritis, current	14.6
Enthesitis, current	10.5
Positive family history	18.1
Uveitis, ever	12.0
Psoriasis, ever	10.5
Inflammatory bowel disease, current	1.8
HLA-B27 positiv	69.6
CRP positive, current	37.7
MRI sacroiliac joints positive, current	60.8
MRI spine positive, current	11.7
Definite radiographic sacroiliitis (X-ray positive)	29.5
MRI and X-ray negative	19.3

Conclusions: The characteristics of axSpA patients seen in primary rheumatology practices are comparable to what has been reported. The majority of patients are still in the stage of non-radiographic axSpA when diagnosed first and the majority of patients have active MRI inflammation in the sacroiliac joints but not in the spine. In about 10% of patients a TNF-blocker was started already at first visit.

Disclosure of Interest: D. Poddubnyy Grant/research support from: AbbVie, MSD, Novartis., Consultant for: AbbVie, BMS, Boehringer, MSD, Novartis, Pfizer, and UCB., Speakers bureau: AbbVie, BMS, Janssen, MSD, Novartis, Pfizer, and UCB., E. Edelmann Consultant for: AbbVie, Boehringer-Ingelheim, Lilly, Mundipharma, MSD, Novartis, Pfizer, Roche, UCB., V. Rios Rodriguez Consultant for: AbbVie, MSD and Novartis., S. Saringen Shareholder of: AbbVie Inc., Employee of: AbbVie Deutschland GmbH and Co. KG., T. Mosch Shareholder of: AbbVie Inc., Employee of: AbbVie Deutschland GmbH and Co. KG., J. Sieper Grant/research support from: AbbVie, Merck, and Pfizer., Consultant for: AbbVie, Janssen, Lilly, Merck, Novartis, Pfizer, and UCB., Speakers bureau: AbbVie, Janssen, Merck, Novartis, Pfizer, Roche, and UCB.

DOI: 10.1136/annrheumdis-2018-eular.1917

THU0252

THE RATE OF US VERIFIED HIP INVOLVEMENT IN PATIENTS WITH ANKYLOSING SPONDYLITIS

E. Agafonova¹, T. Dubinina², A. Dyomina², O. Rumyantseva¹, S. Erdes¹.

¹Laboratory Spondyloarthritis; ²Laboratory of Scientific Organizational Problems in Rheumatology, V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Hip joint (HJ) involvement is one of the most common extra-axial manifestations of ankylosing spondylitis (AS).

Objectives: To correlate clinical manifestations of coxitis with the ultra-sound findings in AS patients.

Methods: 224 consecutive AS patients (mean age 33.2±14.2 y) meeting 1984 modified N-Y criteria and hospitalised in V.A. Nasonova Research Institute of Rheumatology with hip pain were evaluated. Patients' mean age at the onset of the disease was 26.3±20.3 y., 93% of them were HLA-B27-positive. Median AS duration was 57 [12–444] months, the BASDAI score was 5.7±3.1. The diagnosis of coxitis was based on clinical signs and symptoms, such as inguinal pain and/or limitation in the range of hip motion (ROM) at the time of patients' admission to the clinic. All patients (regardless current complaints) were subjected to ultrasound

(US) examination of the HJ (Sono Diagnost 360 (Philips)) using linear (7,5 MHz) and convex (5,0 MHz) transducers. A neck capsular pattern (NCP – the distance between the signals from inner surface of the femoral neck and the joint capsule) more than 7 mm was used as the US criterion, verifying the clinical diagnosis of coxitis.

Results: The US criterion of coxitis was found in 119 (53%) out of 224 patients, and two groups of pts were analysed based on NCP values with 7 mm threshold.

Parameters	P		
	Group ¹ without US signs of coxitis (n=105)	Group ² US confirmed coxitis (n=119)	
Gender(f/m), n	79/26	77/40	0,01
AS duration, mo, Me[25%, 75%]	43 ^{19;80}	102 ^{24;120}	0,0006
BASDAI, Me ^{25;75}	4,1 ^{2;6; 5,5}	5,2 ^{4;2; 6,7}	0,0001
BASFI, Me ^{25;75}	2,4 ^{2;0; 3,8}	3,4 ^{2;0; 5,4}	0,0001
HLA-B27, n (%)	96 (91%)	113 (95%)	0,4
ASDAS (?RP) ?? ^{25;75}	2,8 ^{2;0; 3,8}	3,5 ^{2;6; 3,8}	0002
ESR, mm/h, Me [25%; 75%]	10 ^{5; 25}	25 ^{8; 35}	0001
CRP, mg/mL, Me [25%; 75%]	10,5 ^{3;8; 28,5}	23,0 ^{4;9; 43,5}	0,06
Peripheral arthritis%	38 (36%)	28 (30%)	0,06

Conclusions: US criterion of coxitis, i.e., increased NCP, was found in 53% of patients with clinical AS manifestations. Patients with US-confirmed coxitis demonstrate more active disease with greater functional impairment and longer history of AS, as compared to AS population without US signs of hip involvement.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2044

THU0253

THE CHRONIC SPINAL PAIN IN SPONDYLOARTHROPATHIES, OSTEOARTHRITIS, AND FIBROMYALGIA: THE ROLE OF CENTRAL SENSITISATION

E.F. Ayhan^{1,2}, Ö. F. Çelik¹, M.A. Güler¹. ¹Department of Physical Medicine and Rehabilitation, Divisions of Rheumatology, Pain Medicine, Health Science University, Ankara Health Research and Training Hospital, Ankara; ²Department of Physical Therapy and Rehabilitation, Usak University, High School of Health Sciences, Usak, Turkey

Background: Central sensitisation (CS) is a new phenomenon associated with several medical diagnoses, including post-cancer pain, low back pain, osteoarthritis (OA), whiplash, and fibromyalgia (FMS).¹ Central sensitisation inventory (CSI) suggest the tool generates reliable and valid data that quantify the severity of several symptoms of CS.²

Objectives: To the best of our knowledge, there is no study to evaluate CS pain in patients with Spondylarthritis (SpA). The aim of this study was to show the role of CS pain in patients with painful spine of SpA, OA, and FMS.

Methods: Totally 137 patients with chronic spinal pain (42 SpA, 45 OA and 50 FMS) were included. CSI consists of 2 parts^{1,2}: CSI-A and CSI-B (restless leg, chronic fatigue, FMS, temporomandibular disorders, migraine/tension type headache, irritable bowel, multiple chemical sensitivity, whiplash, anxiety/panic attack, and depression).

Results: Only 4 patients (9.52%) had active SpA (BASDAI $\geq$ 4). Twelve patients (28.57%) have used anti-TNF drugs. Age, BASDAI and VAS-pain scores were not related with SS-A or SS-P positivity. Spine in patients with SpA was less painful compared with them of OA and FMS (p=0.001). The CS pain was detected in most with FMS, compared with OA, and SpA patients (p<0.001). Similarly, CSI-A score was the highest in patients with FMS group (p<0.001) and similar in both OA and SpA groups (p=0.197). CS-related syndromes (CSI-B) were also detected similarly in both SpA and OA groups, but less than FMS group (p<0.001). The numbers of CS syndromes were also similar in both SpA and OA (p=0.551) and lower than FMS group (p=0.003). Table 1 shows the clinical parameters in all groups.

Abstract THU0253 – Table 1. The comparisons of clinical characteristics

	1. SpA	2. OA	3.FMS	P1-3	P2-3
Age	41,0 ±10,03	61,2 ±9,67	45,22±8,6	0233	0000
Female%	%38,09	%88,88	% 94	0001	0370
BASDAI	2,42±1,18				
VAS	3,48±2,17	6,78 ±1,70	8,00±1,8	0000	0001
CSI-A%	%45,23	%62,22	%94	0000	0000
CSI-Ascore	36,26 ±18,5	43,6 ±13,1	58,92 ±14,78	0000	0000
CSI-B%	%40,47	%28,88	%100	0000	0000
CSI-Bscore	0,93±1,3	0,51 ±1,05	1,98±1,2	0000	0000
Restless leg	%9,52	%4,44	%8,00	0796	0477
Chr.fatigue	%7,14	%2,22	%6	0825	0360
Fibromyalgia	%7,14	%2,22	%100	0000	0000
TMD	%11,90	%17,77	%0	0012	0002
Migraine/TTH	%14,28	%2,22	%30	0086	0231
Irrit.bowel	%9,52	%2,22	%5	0285	0621
Multi-chem s.	%0	%0	%5	0190	0175
Whiplash	%2,38	%0	%2	0901	0340
Anxiety/panic	%14,28	%2,22	%18	0779	0030
Depression	%16,22	%15,55	%28	0222	0215

Conclusions: Central sensitisation should be considered in patients with chronic persistent pain, not only having FMS, but also half of the patients having SpA and OA. It is not a rare phenomenon and if it exists, effective pain management strategies could be needed in addition to the specific pharmacologic treatment.

REFERENCES:

- [1] O'Leary H, et al. Nervous System Sensitization as a Predictor of Outcome in the Treatment of Peripheral Musculoskeletal Conditions: A Systematic Review. *Pain Pract* 2017;17(2):249–266.
- [2] Neblett R, et al. The Central Sensitization Inventory (CSI): The Journal of Pain 2013;14(5):438–45.
- [3] Düzce E. SS Ölçeğinin Türkçe Geçerlilik&Güvenilirliği. *Trakya FTR AD Uzmanlık Tezi* 2017.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3916

THU0254

RELATION BETWEEN SUBCLINICAL ULTRASONOGRAPHIC CHANGES OF THE ANTERIOR CHEST WALL JOINTS AND PULMONARY FUNCTION TESTS IN ANKYLOSING SPONDYLITIS PATIENTS

F.I. Abdelrahman¹, M. Mortada¹, W. Mansour², A.B. Abdulsattar¹. ¹Rheumatology, ²Pulmonology, Zagazig University, Zagazig, Egypt

Background: Ultrasonography can detect subclinical changes in anterior chest wall (ACW) joints of patients with ankylosing spondylitis (AS).¹ Pulmonary functions may be affected during the course of AS.²

Up to the best of our knowledge, there are no previous studies of the relationship between ultrasound detected subclinical changes in ACW and the pulmonary functions in AS patients.

Objectives: To detect the relation between ultrasonographic changes of asymptomatic ACW joints and pulmonary function tests (PFTs) in patients with AS.

Methods: The study included 88 sternoclavicular joints (SCJ) and 44 manubri-sternal joints (MSJ) in 44 subjects (22 AS and 22 control). None of the participants had a history of respiratory complaints such as dyspnea, chronic cough, or chest pain. High resolution Computed Tomography (HRCT) was done on the chest to exclude interstitial lung problem that may affect chest expansion and PFTs.

Ultrasound (US) assessments were performed to detect synovitis, erosions, ankylosis, osteophytes, or Doppler signals. Chest expansion was measured. PFTs was done and included measurement of the forced expiratory volume in 1 s (FEV1), forced vital capacity (FVC), and the ratio offorced expiratory volume in 1 s to the forced vital capacity (FEV1/FVC). In AS group, Ankylosing Spondylitis Disease Activity Score (ASDAS), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and Bath Ankylosing Spondylitis Functional Index (BASFI) were recorded.

Results: US detected subclinical changes of ACW joints in (77.3%) of AS patient with significant difference between total US changes in AS(77.3%) and control (21.2%) (p<0.001). MSJ ankylosing was highly associated with limited chest