(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