expansion in AS group (p<0.001). PFTs were found to be restrictive in 14 AS patients (83.6%) with mean of FVC (70.3±9%), FEV1 (55.2±15.9%), FEV1/FVC (80.1±20) and these restrictive PFTs were associated with SCJ synovitis (p<0.03). SCJ PD activity (p<0.03) and highly associated with MSJ ankylosing (p<0.001). All AS patients (100%) with ankylosed MSJ by US had limited chest expansion and restrictive PFTs. In AS group, ultrasonographic changes and restrictive PFTs were found to be higher with older age, male sex, smoking, longer disease duration and high BASDAI and BASFI.

Conclusions: Our study demonstrated that ultrasound detected subclinical changes in ACJ joints is associated with restrictive pattern of PFTs in AS patients.

REFERENCES:

Disclosure of Interest: None declared

THU0255 HIGH DISEASE ACTIVITY, REDUCED PHYSICAL FUNCTION, LONG DISEASE DURATION, FATIGUE AND LIVING WITHOUT A PARTNER ARE FACTORS RELATED TO WORSE HEALTH RELATED QUALITY OF LIFE IN ANKYLOSING Spondylitis

H. Forssblad-D’Oleia, L. Lawa, J. Beckman Rehmanb, A. Demingerb, E. Klingberga, L. T.H. Jacobssonb. aDepartment of Public Health and Clinical Medicine, Rheumatology, Umeå University, Umeå; bInstitute of Medicine, Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden

Background: Ankylosing spondylitis (AS) begins in early life. The disease often leads to reduced physical function and also reduced health related quality of life (HRQoL). Knowledge is limited about factors related to HRQoL and how it develops over time.

Objectives: To assess HRQoL by SF-36 in a cohort of patients with AS compared with controls and to explore associations between HRQoL and spinal radiographic damage, physical function, disease activity and demographic data.

Methods: A cohort of patients with AS from Western Sweden were assessed at baseline and after 5 years with x-ray of the spine for mSASSS, clinical examination and questionnaires, including BASMI, BASFI, ASDAS, BASDAI and SF-36.

In this abstract we report the baseline results. Each patient’s SF-36 results were compared with 5 age- and sex matched persons (n=1055) from the SF-36 Swedish normative population database. Associations between SF-36 mental component summary (MCS) and physical component summary (PCS) scores and disease related and demographic factors were investigated. Univariate logistic regression analyses were assessed with PCS and MCS below/above their respective median values (below median-1 and above median+0) as dependent variables and disease related and demographic variables as covariates. Variables with p-values<0.2 in the univariate analyses were entered as covariates in multivariate models after checking for multicollinearity.

Results: 210 patients, age (median, IQR) 49.0 (40.0, 61.2) years, symptom duration 24.0 (13.0, 34.0) years, men 58%, HLAB27 87% were included. AS patients scored significantly lower compared with AS men in three domains, Physical Function, Vitality and Mental Health. Both men and women scored significantly lower in PCS compared with MCS. The results of the multiple logistic regressions are shown in the table 1.

Conclusions: Patients with AS had significantly lower HRQoL compared with controls. Women with AS scored lower in some domains compared to men and PCS was more affected compared to MCS in both sexes. Both demographic and disease related factors were associated with HRQoL, partly overlapping for PCS and MCS. By modifying factors, such as ASDAS and fatigue, HRQoL may potentially be improved. The development of SF-36 over 5 years will be investigated.

Disclosure of Interest: H. Forssblad-D’elia: Grant/research support from: Advisory Board Fees from Sandzø, Novartis and Abbvie and an unrestricted grant from Novartis, L. Law: None declared, J. Beckman Rehman: None declared, A. Deminger: None declared, E. Klingberg: None declared, L. T.H. Jacobsson: None declared

THU0256 ASSOCIATIONS BETWEEN TRAECULAR BONE SCORE AND VERTEBRAL FRACTURES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

H.R. Kim, Y.S. Hong, K.Y. Kang. Catholic University of Korea, Seoul, Korea; Republic of Ireland

Background: The bone tissue directly exposed to infiltration in ASpA is the trabecular bone of the vertebral, and consequently, vertebral osteoporosis and resorption of trabecular bone are increased in axial spondyloarthritis. The trabecular bone score (TBS) is a novel tool used to evaluate bone microarchitecture. ASpA patients showed poor bone quality compared with matched controls.

Objectives: This study aims to compare TBS between ASpA patients with and without vertebral fractures and investigate associations between TBS and vertebral fractures.

Conclusions: Patients with ASpA had significantly lower TBS compared with controls. Women with AS scored lower in some domains compared to men and PCS was more affected compared to MCS in both sexes. Both demographic and disease related factors were associated with HRQoL, partly overlapping for PCS and MCS. By modifying factors, such as ASDAS and fatigue, HRQoL may potentially be improved. The development of SF-36 over 5 years will be investigated.

Disclosure of Interest: H. Forssblad-D’elia: Grant/research support from: Advisory Board Fees from Sandzø, Novartis and Abbvie and an unrestricted grant from Novartis, L. Law: None declared, J. Beckman Rehman: None declared, A. Deminger: None declared, E. Klingberg: None declared, L. T.H. Jacobsson: None declared