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THU0262

IDENTIFYING PATIENTS WITH AXIAL SPONDYLOARTHRITIS FROM A COHORT OF PATIENTS WITH CHRONIC BACK PAIN IN ORTHOPAEDICS CARE (AWARE STUDY)

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Background: Making an early diagnosis of axial spondyloarthritis (axSpA) has remained a challenge. The combination of clinical items suggestive of inflammatory back pain has proved useful for early identification of patients with axSpA in a pilot study in primary care.¹ It has been shown that at least three of five features have a high prognostic impact.

Objectives: To evaluate the performance of these 5 clinical items (called AWARE criteria) to identify patients with axSpA from a large cohort of patients with chronic back pain in orthopaedics care.

Methods: In adult patients with chronic back pain (>3 months) and age at onset of symptoms <45 years, who were concerned for referral to rheumatologists, the AWARE criteria were assessed and documented prior referring to the rheumatologists.

Results: A total of 1306 patients (pts) first seen by orthopaedic surgeons were included. Of those, 500 pts were also seen by rheumatologists, and 188 (37.6%) were diagnosed as axSpA, and, amongst others, 52.2% with non-specific back pain by clinical judgment. A total of 87 cases (17.4%) were diagnosed with ankylosing spondylitis (AS) and 101 (20.2%) with non-radiographic axSpA. A total of 206 pts fulfilled the ASAS classification criteria. The mean age of patients with axSpA was 38±11.5 years, 46.2% were male, the mean duration of back pain was 94.1±103.6 months. The AWARE criteria had a sensitivity and specificity of 93.6% and 17.0% if ≥3 criteria were chosen, and 6.3% and 83.0% with <3 criteria. In axSpA vs. non-axSpA pts, imaging (MRI or x-ray) was positive in 90.6% vs 9.4%, HLA B27 in 69.4% vs 30.6%, 57.6% vs. 42.1% had a good response to NSAIDs, and an elevated CRP in 70.1% vs. 29.9%. A minority of axSpA patients had arthritis (5.6%), enthesitis (6.2%), dactylitis (1%), uveitis (3.8%), psoriasis (4.8%) and IBD (3.6%). Positive imaging (MRI or x-ray) resulted in the highest likelihood ratio (LR) for a diagnosis of axSpA. In combination with HLA B27 +the LR was highest (127.1).

Conclusions: Even though the procedure of how patients were preselected in this study caused a selection bias for statistical analyses we think that this study confirms the usefulness of the original AWARE criteria to improve the identification of young patients with chronic back pain in primary care. The important role of imaging and HLA B27 was confirmed. In future studies the two-step approach with three clinical question first and then HLA B27 testing if necessary will be further investigated.

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THU0263

ANALYSIS ON CHARACTERISTICS OF 82 PATIENTS WITH ANKYLOSING SPONDYLITIS IN JAPAN

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Background: Ankylosing spondylitis (AS) is the prototype of spondyloarthritis, which affects sacroiliac joints, spine, peripheral joints and entheses. HLA-B27 is known to be related with AS and there is a considerable number of patients

suffering from AS among other rheumatic diseases. In Japan, however, the prevalence of AS was reported to be less than 0.1% much lower than western countries and also other East Asian countries^{1) 2) 3)}. This is due to the low frequency of HLA-B27 in Japanese (0.3%) compared to 5%–10% in the countries mentioned above. Because of small number of AS patients, clinical features and HLA-B27 positivity has not been well investigated in Japanese patients with AS. Since our hospital has an outpatient specialising in AS and there are many patients, we conducted a survey on AS

Objectives: In this study, we examined the characteristics of patients with AS in our hospital and compared the data of patients with AS in Japan and overseas.

Methods: We conducted a questionnaire survey on patients fulfilling the modified New York criteria for AS. A questionnaire included demographic data and histories. We also retrospectively investigated the data of blood test, radiographs and the presence of inflammatory back pain (IBP), HLA-B27, enthesitis, dactylitis, radiographic sacroiliitis and extra-articular manifestation.

Results: A total of 82 patients (82.9% male) including Japanese (68), Chinese,⁹ Korean⁵ with AS who fulfilled the modified New York criteria were enrolled from May in 2013 to April in 2016. Of 68 patients with HLA-B27 test result, 61 patients (89.7%) were HLA-B27 positive. Of 54 Japanese patients, 48 patients (88.9%) were HLA-B27 positive. IBP, enthesitis, dactylitis, bamboo spine and uveitis were found in 67 patients (81.7%), 31 patients (37.8%), 5 patients (6.1%), 44 patients (53.7%) and 30 patients (36.6%), respectively.

Conclusions: In Japanese AS patients, the prevalence of HLA-B27 was high (almost 90%) and other characteristics were similar with those of Western countries. In Japan where the frequency of HLA-B27 is very low, B27 positivity is considered to have high diagnostic value.

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THU0264

IMPACT OF EXTRA-ARTICULAR MANIFESTATIONS ON PATIENT-REPORTED OUTCOMES IN ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS: INTERIM RESULTS FROM THE COMPLETE STUDIES

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Background: Extra-articular manifestations (EAMs) in rheumatic diseases have been previously found to negatively impact health outcomes including quality of life and work capacity. Even though EAMs may be directly associated with worse response to treatment, differences in patient-reported outcomes (PROs) based on the presence of EAMs could be an important contributory variable.

Objectives: To assess the impact of EAMs on PROs among patients with active AS or PsA followed in Canadian routine clinical care.

Methods: Patients eligible for the COMPLETE studies are anti-TNFα naïve adults, with active AS or PsA per the judgment of the treating physician, who require change in their treatment regimen. In the current analysis patients enrolled between July/2011 - June/2017 were included. EAMs were defined as the presence of the following at baseline: enthesitis, uveitis, inflammatory bowel disease (IBD) or psoriasis (EAM_{AS1} for AS); enthesitis, uveitis, or IBD (EAM_{AS2} for AS); enthesitis or dactylitis (EAM_{PsA} for PsA). PROs included the Short Form Health Survey (SF-12), Work Limitations Questionnaire (WLQ) and Beck's Depression Inventory (BDI). PROs were compared between patients with and without EAMs using the independent samples t-test. The independent association between presence of EAMs and PROs at baseline was assessed with multivariate generalised linear models adjusting for disease state (high/very high vs. inactive/low/moderate disease based on the BASDAI for AS and the DAS28 for PsA), disease type, and ever smoking.

Results: A total of 609 AS and 406 PsA patients were included with a mean (SD) age of 43.1 (13.4) and 51.3 (12.3) years, respectively. EAM_{AS1} and EAM_{AS2} prevalence among AS patients was 33.9% and 25%, respectively, while among PsA patients EAM_{PsA} prevalence was 45.4%.